

**2021-2022**

**CHSU STUDENT CATALOG AND  
HANDBOOK**

**July 1, 2021 – June 30, 2022**



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[www.chsu.edu](http://www.chsu.edu)

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## Message from the President

We are honored and proud that you have selected California Health Sciences University to help you achieve your education and career goals! At CHSU, we are committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion among all of our students, faculty, staff, administration, and all other members of our academic community.

We strive to inspire and prepare you to help advance our mission - to improve the health care outcomes of people living in the Central Valley. To help you and your student colleagues achieve your goals, we are committed to providing a quaint and supportive campus culture, developing a distinctive approach to education, and ensuring our programs are accessible to and affordable for all students. Because only together, can we resolve the dire health provider shortages in the Central Valley and help to support the underserved communities in our region and beyond!

We hope you feel the CHSU pride in being part of our history in the making! We are accredited by the WASC Senior College and University Commission (WSCUC), we offer the first and only Doctor of Pharmacy and Doctor of Osteopathic Medicine programs in the Central Valley. You'll benefit from the inter-professional collaboration and learn about our current and future programs as the University continues to expand. We are grateful for the opportunity to help you achieve your career and personal goals to help treat, heal, and serve the precious members of our community.

You will have an amazing impact on our world! From the founders and the board of trustees to the leadership, faculty and staff at CHSU, please know that you have the entire campus community and the local community here to support you. With dedication and compassion, together we can improve the health care outcomes of the great people in our region.



**Florence T. Dunn**

President

California Health Sciences University (CHSU)

# COVID Information



## COVID-19 Notice

CHSU is committed to providing students, faculty and staff with an environment where learning continues to thrive. CHSU continues to closely monitor the ongoing Coronavirus Disease 2019 (COVID-19) pandemic. Our top priority remains the health, safety, and well-being of our community, on and off campus. Having said that, none of us can guarantee what shape COVID-19 will take, and none of us –including CHSU – can guarantee a COVID-19- free environment. It would be disingenuous to suggest otherwise. Taking steps to minimize the risk of COVID-19 infections (or any other spread of disease) at CHSU is a shared responsibility and CHSU cannot do it alone. Every member of our community – including you –must do their part. This means adhering to national, state, and local health guidelines and requirements, and adhering to those measures CHSU deems safe and appropriate for its campus, as set forth in CHSU’s Student COVID-19 Prevention Program as it may change from time to time (available on the CHSU website). You are required to comply with the requirements of the CPP. In complete transparency, then, you understand that if you return to the physical campus of CHSU there is a risk you may contract COVID-19 and while we hope everyone remains safe and healthy, we cannot categorically guarantee that this will not happen.



# Using The Catalog and Student Handbook



To our students returning to CHSU, thank you for your feedback on our processes over the past years, which along with evolving trends in health sciences education, have informed the content and structure of the Student Catalog. To our new students, welcome to CHSU! You selected CHSU because our vision to improve the health care outcomes of people living in the Central Valley is what will motivate you to succeed every day.

Our purpose in assembling the catalog is to ensure that all students have a source of guidance to consult when you have questions about the various processes you will encounter. In some cases, the catalog will provide you with introductory content that will refer you to an additional area of the CHSU website; in other cases, the catalog will cover an issue in its entirety.

Our education programs demand much of our students: as CHSU graduates, you will be expected to do whatever it takes to expand your core competencies to ensure that all your patients get the very best care from you. Our curricula have been designed to provide the necessary challenges and experiences to make this expectation a reality. Our student support systems have been carefully designed to foster professional development and intellectual growth so that our graduates are equipped to master the trials and tribulations that such professional leadership entails.

We expect you will take the time to read and use this important resource assembled by your faculty and administration. The content is organized to allow you develop and live the CHSU values during your time here:

***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.

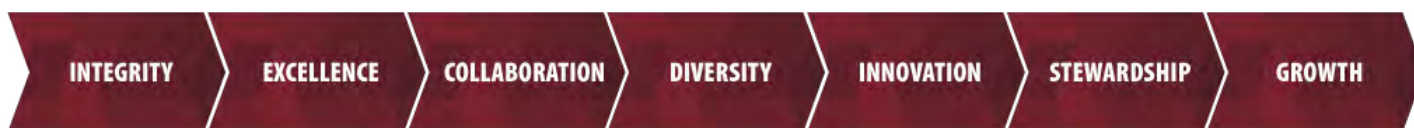
***Collaboration:*** We strive to contribute positively to each other, our students, patients, university, and community, through a culture of trust, respect, transparent communication, cooperation, cheerfulness, gratitude, and shared victories.

***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.



## Catalog Disclosure: CHSU Student Responsibility & Conditions of Accuracy

The information within is accurate at the time of publication. Students are responsible for informing themselves of and satisfactorily meeting all requirements pertinent to their relationship with the University. Students and others who use this catalog should be aware that the information changes from time to time at the sole discretion of California Health Sciences University (CHSU) and that these changes might alter information contained in this publication. Any such changes may be obtained in the addendum to the catalog. CHSU reserves the right, at any time and without notice, to make any changes to all rules, policies, procedures and any other information that pertains to students or the institution including, but not limited to, admission, registration, tuition and fees, attendance, curriculum requirements, conduct, academic standing, candidacy and graduation. This catalog does not constitute a contract, or terms or conditions of contract between the student, faculty and/or staff at CHSU.

While CHSU strives to support the students enrolled in its academic programs, CHSU cannot guarantee the graduation of any student, eventual licensure of any student, that the student will pass required board exams or other government exams, admission to residency programs, or that the student will be successful in applications with employers following graduation. The CHSU graduate is solely responsible for meeting all graduation requirements, for obtaining licensure, and securing employment in the student's chosen profession. The employment rates of prior CHSU graduates are available from the Student Performance Fact Sheet (SPSF) available on [chsu.edu](http://chsu.edu) and from the Bureau of Private Post-Secondary Education (BPPE) of the California Division of Consumer Affairs.

As a prospective student you are encouraged to review this catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

Text for the catalog was prepared and accurate as of June 2021. The information herein applies to the academic year July 1, 2021- June 30, 2022.

# About CHSU



# CHSU Governing Statute 1 Mission, Vision and Values

## 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.

## CHSU Vision

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

## CHSU Value

### *INTEGRITY*

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. 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.

### *EXCELLENCE*

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.

### *COLLABORATION*

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.

### *DIVERSITY*

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.

### *INNOVATION*

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

### *STEWARDSHIP*

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

### *GROWTH*

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.

## CHSU General Information

California Health Sciences University (CHSU) is a privately owned institution established in 2012 that offers a local option for those seeking to attend a pharmacy or medical school to help remedy the shortage of health care services. CHSU is committed to health sciences research and improving the access and delivery of quality health care in the San Joaquin Valley. Currently, CHSU offers a four-year Doctor of Osteopathic Medicine (DO) program. As of fall 2020, CHSU is no longer accepting applications for the College of Pharmacy (PharmD) program. The PharmD program is currently offering a teach out program for the remaining PharmD students attending CHSU. (For information, please refer to ACPE Accreditation section of this catalog)

The California Health Sciences University Campus is located in Clovis, CA. The campus includes three buildings which house University Administrative offices and the College of Pharmacy. The University Administrative offices are located at 120 N. Clovis Avenue. Classes for Pharmacy students are held at 45 N. Clovis Avenue and 120 N. Clovis Avenue. The College of Osteopathic Medicine is located at 2500 Alluvial Avenue, Clovis, CA.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling 888-370-7589 or by completing a complaint form, which can be obtained on the bureau's Internet Web site <http://www.bppe.ca.gov>.

For more information, contact the Bureau for Private Postsecondary Education at (916) 431- 6959, or toll- free (888) 370-7589, or visit its website at [www.bppe.ca.gov](http://www.bppe.ca.gov).

### SCHOOL PERFORMANCE FACT SHEET

In compliance with the California Postsecondary Education Act of 2009, California Health Sciences University provides the following Statements of Fact: The Bureau for Private Postsecondary Education (BPPE), as the regulatory body for private postsecondary institutions for the State of California, requires that each institution provide the following information to students, prior to enrollment, as evidence of recognition of the need to address consumer protection:

- Completion rates for each program of instruction;
- Placement rates for each program of instruction;
- License-examination passage rates for any program to which that statistic is applicable;
- Salary or wage information for each career, occupation, trade, job, or job title, as applicable, for which students are prepared.

The data are published on the university website (<https://chsu.edu/performance-fact-sheet/> ) and updated annually. This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law.

Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 North Market, Suite 225, Sacramento, CA 95834, <http://www.bppe.ca.gov/>; Phone: (916) 431-6959; Toll-Free: 888-370-7589; Main Fax: 916-263-1897

### RIGHT TO CANCEL

A student has the right to cancel their enrollment agreement and obtain a refund of all charges paid through

attendance at the first class session or the seventh day after enrollment, whichever is later, less the maximum nonrefundable two-hundred and fifty dollars (\$250) seat deposit. Students who wish to cancel their enrollment agreement must notify the applicable College's Office of Admissions of the cancellation by email, mail, or in person. If a student obtains a loan to pay for an educational program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund. If the student receives federal student financial aid funds, the student is entitled to a refund of the monies not paid from federal financial aid funds.

## **NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION**

The transferability of credits you earn at California Health Sciences University is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree or diploma you earn in your program is also at the complete discretion of the institution to which you may seek to transfer. If the credits, degree, or diploma that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending California Health Sciences University to determine if your credits, degree, or diploma will transfer.

## **NOTICE CONCERNING LIMITED ENGLISH SPEAKERS**

The College of Pharmacy and College of Osteopathic Medicine programs are taught entirely in English and fluency is required. If English is not the student's primary language and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language.

## **GAINFUL EMPLOYMENT DISCLOSURE**

The Doctor of Pharmacy program prepares graduates for the following United States Department of Labor's Standard Occupational Classification codes:

- 29-1050 - Pharmacists
- 29-1051 - Pharmacists, Hospitals
- 25-1071 - Pharmacology Professors
- 19-1042 - Research Pharmacologists
- 19-1041 - Pharmacoepidemiologists

The Doctor of Osteopathic Medicine program prepares graduates for the following United States Department of Labor's Standard Occupational Classification codes:

- 29-1210 Physicians
- 29-1211 Anesthesiologists
- 29-1212 Cardiologists
- 29-1213 Dermatologists
- 29-1214 Emergency Medicine Physicians
- 29-1215 Family Medicine Physicians
- 29-1216 General Internal Medicine Physicians
- 29-1217 Neurologists
- 29-1218 Obstetricians and Gynecologists
- 29-1221 Pediatricians, General
- 29-1222 Physicians, Pathologists

- 29-1223 Psychiatrists
- 29-1224 Radiologists
- 29-1229 Physicians, All Other
- 29-1240 Surgeons
- 29-1241 Ophthalmologists, Except Pediatric
- 29-1242 Orthopedic Surgeons, Except Pediatric
- 29-1243 Pediatric Surgeons
- 29-1249 Surgeons, All Other

A degree program that is unaccredited or a degree from an unaccredited institution may not be recognized for some employment positions.

## **CHSU FINANCIAL DISCLOSURE**

California Health Sciences University DOES NOT have a pending petition in bankruptcy, nor is the institution operation as a debtor in possession, nor has the institution filed a petition within the last five years, nor has it had a petition in bankruptcy filed against it within the preceding five years that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code.

## **Approval to Operate**

### **BUREAU FOR PRIVATE POSTSECONDARY EDUCATION DISCLOSURES**

The information within is accurate at the time of publication. Students are responsible for informing themselves of and satisfactorily meeting all requirements pertinent to their relationship with the University. Students and others who use this catalog should be aware that the information changes from time to time at the sole discretion of California Health Sciences University (CHSU) and that these changes might alter information contained in this publication. Any such changes may be obtained in the addendum to the catalog. CHSU reserves the right, at any time and without notice, to make any changes to all rules, policies, procedures and any other information that pertains to students or the institution including, but not limited to, admission, registration, tuition and fees, attendance, curriculum requirements, conduct, academic standing, candidacy and graduation. This catalog does not constitute a contract, or terms or conditions of contract between the student, faculty and/or staff at CHSU.

The California Health Sciences University is a private institution that is approved to operate as such by the California Bureau for Private Postsecondary Education. “Approval to Operate” means that California Health Sciences University is in compliance with state standards as set forth in the CEC and 5, CCR.

Any questions a student may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 1747 North Market, Suite 225, Sacramento, CA 95834, <http://www.bppe.ca.gov/>, Phone: (888) 370-7589 or (916) 431-6959 or Fax: (916)263-1897.

## **Accreditation**

### **WASC SENIOR COLLEGE AND UNIVERSITY COMMISSION (“WSCUC”)**

California Health Sciences University is accredited by the WASC Senior College and University Commission (WSCUC). WSCUC is a regional accreditor recognized by the United States Department of Education. 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 the website at: [www.wscuc.org](http://www.wscuc.org). WSCUC is located at: 985 Atlantic Avenue, Suite 100, Alameda, CA 94501, Phone: (510) 748-9001, Fax: (510) 748-9797.

## **ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE)**

### *ACPE Accreditation Disclosure Statement*

The Accreditation Council for Pharmacy Education (ACPE) withdrew its pre-candidate accreditation status from the College of Pharmacy for issues of compliance with the following standards: Standard No. 8: Organization and Governance Standard, No. 18: Faculty and Staff – Quantitative Factors, and Standard No. 22: Practice Facilities effective August 14, 2020. The College is implementing a teach-out plan that will afford currently enrolled students in the Classes of 2021, 2022, and 2023 the same rights and privileges as graduates from a program holding ACPE Candidate status. Graduates of a class designated CALIFORNIA HEALTH SCIENCES UNIVERSITY COLLEGE OF PHARMACY as having Candidate accreditation status have the same rights and privileges of those graduates from a fully accredited program. ACPE conveys its decisions to the various boards of pharmacy and makes recommendations in accord with its decisions. It should be noted, however, that decisions concerning eligibility for licensure by examination or reciprocity reside with the respective state boards of pharmacy in accordance with their state statutes and administrative rules. The Doctor of Pharmacy program of the California Health Sciences University College of Pharmacy was previously awarded Candidate accreditation status during the June 20-23, 2018, meeting of the ACPE Board of Directors based upon an on-site evaluation conducted February 14-16, 2018, and discussion with University and School officials.

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.

## **COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA)**

The California Health Sciences University College of Osteopathic Medicine was awarded pre-accreditation status during the April 23-25, 2020 meeting of the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA).

The American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) accredits osteopathic medical education programs leading to the DO degree in the United States (programmatic accreditation). The COCA also accredits free-standing colleges of osteopathic medicine where no other educational program is offered (institutional accreditation) and serves as the federal Title IV gatekeeper for those institutions. By assessing the compliance of osteopathic medical education programs based on the nationally accepted standards of the COCA, we serve the interests of the public and of the students enrolled in our Colleges of Osteopathic Medicine (COMs). To achieve and maintain accreditation, an osteopathic medical education program leading to the Doctor of Osteopathic Medicine (DO) degree must meet the standards found on the COCA website: <https://osteopathic.org>.

Information on how to file a complaint directly with COCA can be found on its website at <https://osteopathic.org>. COCA is located at 142 E. Ontario St., Chicago, IL 60611 and can be reached by phone at 888-626-9262.

## **Complaints Concerning Approval to Operate or Accreditation Standards**

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.

Information regarding accreditation status is available on CHSU’s website.

**A. 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 1747 North Market, Suite 225, Sacramento, CA 95834, 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 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.

*a. 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.

*b. 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.

*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.

*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.

*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.

*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.

# Professionalism & Conduct



# 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.



## 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:

### ***INTEGRITY***

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.

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.

### ***EXCELLENCE***

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.

### ***COLLABORATION***

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.

### ***DIVERSITY***

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.

## ***INNOVATION***

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

## ***STEWARDSHIP***

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

## ***GROWTH***

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.

## **GOVERNING STATUTES**

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.

## **LAW AND POLICY COMPLIANCE**

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.

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.

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.

## **PROFESSIONALISM**

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.

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.

## **USE OF UNIVERSITY RESOURCES**

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.

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.

## **CONFLICTS OF INTEREST**

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.

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.

## **INTELLECTUAL HONESTY/ACADEMIC INTEGRITY**

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.

## **RESEARCH MISCONDUCT**

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).

## **RESPECT FOR OTHERS AND FACULTY/STUDENT/STAFF INTERACTIONS**

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.

**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.

**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.

**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 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.

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

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.

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.

CHSU College of Pharmacy ("COP") has adopted a Code of Ethics and Professionalism applicable to all members of the COP community.



## Non-Discrimination and Equal Opportunity Statement

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.

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.

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.

## Confidentiality of Information Policy

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.

## Due Process

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.

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.

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.

## Disclosure of Information Policy

### STUDENTS RIGHTS PERTAINING TO EDUCATIONAL RECORDS

The Family Educational Rights and Privacy Act (FERPA) give students at CHSU certain rights with respect to their educational records. These rights include: The right to inspect and review educational records within 45 days of the day the Office of the Registrar receives a written request for access. The student should submit to the Registrar a written request that identifies the record(s) the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected.

A student has the right to request the amendment of the educational records if the student believes them to be inaccurate. The student may ask the University to amend a record that the student believes is inaccurate. The student should write to the Registrar, clearly identify the part of the record that is inaccurate and specify why the record is inaccurate. If the University decides not to amend the record as requested by the student, the Registrar (or an appropriate official, if the record is maintained by another office), will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when the student is notified of the right to a hearing.

A student has the right to consent to disclosures of personally identifiable information contained in the student's educational record, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A "school official" is a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including law enforcement personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a "legitimate educational interest" if the official needs to review an educational record in order to fulfill his or her professional responsibility. Another exception which permits disclosure without student consent is disclosure to officials of another school, school system, or institution of post-secondary education where a student seeks or intends to enroll. Upon the request of an institution in which a student seeks or intends to enroll, the University will forward the student's education records to the requesting institution. Upon request, the student may obtain a copy of the record that was disclosed and have an opportunity for a hearing as provided above.

It is the right of a currently enrolled student to request that his/her "directory information" not be released by CHSU. Absent such a request, the University, at its discretion and without the written consent of the student, may release "directory information," which is determined by FERPA, and in accordance with University policies and procedures. A student request for non-disclosure of directory information must be filed with the Office of the Registrar. A student has the right to file a complaint with the Department of Education concerning alleged failures by CHSU to comply with the requirements of FERPA. The student may contact:

Family Policy Compliance Office  
U.S. Department of Education

## **RECORDS NOT SUBJECT TO REVIEW**

A student's record is open to the student, with the following exceptions:

- Instructors or administrators' notes;
- Application materials;
- Confidential letters of recommendation received by the University placed in files;
- Records of parents' financial status in support of applications for financial assistance;
- Employment records;
- Medical and psychological records;
- Some items of academic record under certain conditions;
- Other records pursuant to the policies and procedures of the Registrar.

## **RETENTION OF STUDENT RECORDS**

Student records are kept in the Office of Registrar. Confidentiality and safety of these records are a top priority. Dependent upon the type of record, they will be maintained for specified timeframes.

- Admissions records: 5 years
- Academic records: 5 years
- Transcripts, Degrees: Indefinitely

## **Directory Information**

The purpose of this policy is to define what student information California Health Sciences University considers as "Directory Information" and may be released to the general public.

### **DIRECTORY INFORMATION**

The items listed below are designated as directory information and may be released for any purpose at the discretion of the institution:

- Student's name
- E-mail address (CHSU email address only)
- Address
- Telephone listing
- Photo
- Major field of study
- Classification (e.g. Class of, Graduate)
- Enrollment status
- Dates of attendance
- Club and/or organization memberships

- Degrees, honors and awards received
- The most recent educational agency or institution attended

## **NON-DISCLOSURE OF DIRECTORY INFORMATION**

A student may request non-disclosure of “Directory Information” to the general public. The student must submit a Request to Opt Out of Directory Information form to the Office of the Registrar indicating what directory information not to be disclosed. This form remains in effect on the student’s record until written notification has been received from the student to update the previous request to opt out of directory information.

## **DISCLOSURE OF PERSONAL IDENTIFIABLE INFORMATION**

A student may provide written consent for California Health Sciences University to release personally identifiable information (PII) from their education record to specific individuals and entities, by submitting a Request for Release of Information Form. Examples of PII include, but are not limited to: social security number, grades, GPA, etc. A complete list is available from the Office of the Registrar.

The student must indicate the name(s) of the recipients and what information is to be disclosed. The Request for Release of Information form will be provided at each annual student orientation and will be available on the Office of the Registrar webpage. A student who does not want any Directory Information disclosed within the CHSU community or to external entities, must submit a Request to Opt Out of Directory Information form to the Office of the Registrar.

## **RESPONSIBILITY**

The Office of the Registrar retains all Release of Information Forms in each student file and is responsible for annual notification of Family Educational Rights and Privacy Act (FERPA) privacy rights to students registered at CHSU.

## **Privacy of Personal Information Policy**

The purpose of this policy is to ensure the protection of personal information that is collected, stored, and/or shared by the University.

## **PRIVACY OF PERSONAL INFORMATION**

CHSU is responsible for taking all reasonable and appropriate steps for the protection of the confidentiality, availability, privacy, and integrity of information in its custody. This includes the physical security of the equipment where information is processed and maintained, and the preservation of information in case of intentional, accidental, or natural disaster. In addition, CHSU is responsible for the maintenance and currency of applications that use this information.

## **POLICY STATEMENT**

Enforcement of CHSU’s Information Security Policies and compliance with Federal and State regulations regarding information technology is the responsibility of the President. Policy enforcement may be delegated to the Executive Director of IT. All CHSU Information Security Policies will be reviewed on an annual basis for compliance with applicable Federal and State regulations.

This policy applies to all students, faculty and staff, consultants, or any other persons having access to CHSU Information Technology. All unauthorized modifications, deletions, or disclosures of information included in CHSU data resources that compromise the integrity of CHSU’s educational, scholarly, and administrative programs, violate individual privacy rights, or constitute a criminal act are expressly forbidden.

This policy is not limited to those systems and equipment operated and maintained by Information Technology Service department, but applies to all data, systems and equipment on and off campus that contain protected, confidential, or mission critical data, including college and departmental level systems and equipment, and vendor hosted solutions.

## **APPLICABILITY AND AREAS OF RESPONSIBILITY**

### **Privacy of Personal Information**

All users of CHSU information systems or network resources are advised to consider the open nature of information disseminated electronically and must not assume any degree of privacy or restricted access to information they create or store on CHSU systems. No CHSU information system or network resource can absolutely ensure that unauthorized persons will not gain access to information or activities. However, CHSU acknowledges its obligation to respect and protect confidential and protected information about individuals stored on CHSU information systems and network resources.

### **Collection of Personal Information**

To comply with state and federal laws and regulations, CHSU will not collect personally identifiable information unless the need for it has been clearly established.

#### **Where such information is collected:**

The University will use reasonable efforts to ensure that personally identifiable information is adequately protected from unauthorized disclosure.

The University will store personally identifiable information only when it is appropriate and relevant to the purpose for which it has been collected.

#### **Access to Personal Information**

Except as noted elsewhere in CHSU policy, information about individuals stored on CHSU information systems may only be accessed by:

- The individual to whom the stored information applies or his/her designated representative(s).
- Authorized CHSU employees with a valid related business need to access, modify, or disclose that information.
- Appropriate legal authorities.

When appropriate, authorized CHSU personnel following established procedures may access, modify, and/or disclose information about individuals stored on University information systems or a user's activities on CHSU information systems or network resources without consent from the individual. For example, CHSU may take such actions for any of the following reasons:

- To comply with applicable laws or regulations.
- To comply with or enforce applicable CHSU policy.
- To ensure the confidentiality, integrity or availability of CHSU information.
- To respond to valid legal requests or demands for access to CHSU information.

If CHSU personnel accesses, modifies, and/or discloses information about an individual and/or his/her activities on CHSU information systems or network resources, staff, faculty, and any other employees will make every reasonable effort to respect information and communications that are privileged or otherwise protected from disclosure by CHSU policy or applicable laws.

## **Access to Electronic Data Containing Personal Information**

- Individuals who access or store protected data must use due diligence to prevent unauthorized access and disclosure of such assets.
- Browsing, altering, or accessing electronic messages or stored files in another user's account, computer, or storage device is prohibited, even when such accounts or files are not password protected, unless specifically authorized by the user for university related business reasons. This prohibition does not affect:
  - Authorized access to shared files and/ or resources based on assigned roles and responsibilities.
  - Authorized access by a network administrator, computer support technician, or departmental manager where such access is within the scope of that individual's job duties.
- Access to implicitly publicly accessible resources such as University websites.
- CHSU response to subpoenas or other court orders.

### **THE FOLLOWING INDIVIDUALS AND ORGANIZATIONAL UNITS HAVE POLICY RESPONSIBILITIES:**

The President delegates the Information Security responsibility to the Executive Director of IT

### **UNIVERSITY COLLEGES AND DEPARTMENTS MUST:**

- a. Adhere to all CHSU Security Policies and have plans and procedures for the protection for their data. These plans and procedures must ensure business continuity, including protection against natural, accidental, or intentional disasters. The plans must include access control, password security, backup and off-site storage of mission critical data, and procedure for cost/effective security systems including virus scanners and firewalls that insure protection against known vulnerabilities.
- b. Inform users granted access to personal information of their responsibilities to secure such data from unauthorized release.
- c. Develop and maintain control records in a secure environment.
- d. Establish monitoring procedures to identify unauthorized access to or anomalous activity.
- e. Report suspected unauthorized acquisition of personal information to the Information Security Officer.

### **DATA END USERS MUST:**

1. Protect the resources under their control, such as access passwords, computers, and data they download.
2. Report any unauthorized acquisition or anomalous activity of personal information to the IT Services Department which may have resulted in the release of personal information to unauthorized individuals.

## Secure Student Recordkeeping Policy

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

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

## Policy & Procedure for Disease Prevention caused by Exposure to Infectious and Environmental Hazards

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 of an exposure incident.

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 orientations. Employees are assigned electronic courses during onboarding. Osteopathic Medical students are trained during orientation week by the Clinical Education department. In addition, COM students undergo training again by the Clinical Education department during Clerkship Orientation, which takes place during the Entrustable Professional Activities (EPA) course at the end of OMS-II year. Students also will be oriented at the beginning of their clinical clerkships to their hospital's or clinic's written Exposure Control Plan (ECP) required by the Occupational Safety and Health Administration (OSHA) and must follow the respective institution's ECP. Pharmacy students are trained by the COP Experiential Education department prior to commencing experiential learning.

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

Each college and the Human Resources Office will maintain an internal procedure governing the tracking of training and exposures.

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 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.
3. Additional steps to prevent exposure that faculty, staff and students must take:
  - Use blunt instruments in laboratory settings as 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.

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 IIPP, 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.**

## CHSU Policy and Procedures for Claims of Unlawful Discrimination, Harassment and Title IX Misconduct

### I. NON-DISCRIMINATION POLICY STATEMENT & PURPOSE

California Health Sciences University ("CHSU") is committed to creating and maintaining an inclusive environment, where all individuals can achieve their academic and professional aspirations free from Sex-Based Misconduct, and other forms of unlawful discrimination, harassment, or related retaliation. CHSU does not discriminate in the operation of or access to the University's programs on the basis of the following protected classes: race (including natural hairstyle or hair texture related thereto); color, national origin (including possessing a driver's license issued under Vehicle Code § 12801.9), ethnicity or ancestry; age (40 and over); physical or mental disability, perceived disability or perceived potential disability; sex; gender; sexual orientation; gender identity, transgender status, gender expression, pregnancy or perceived pregnancy, childbirth, breastfeeding or medical conditions related to pregnancy, childbirth or breastfeeding; medical condition (including cancer-related physical or mental health impairment or history of same); citizenship; military and veteran status; genetic characteristics; political affiliation; religious belief or practice; marital status; or any other classifications protected by applicable federal, state, or local laws and ordinances ("Protected Class" or "Protected Classes").

This Non-Discrimination Policy ("Policy") prohibits the following conduct ("Prohibited Conduct"):

1. Harassment or discrimination, including, but not limited to, Sex-Based Misconduct against students, employees, and applicants for admission or employment based on membership in a Protected Class;
2. Harassment or discrimination based on the perception that a person is a member of a Protected Class or is associated with a person who has, or is perceived to have, membership in a Protected Class;
3. Any and all Retaliation against any person for submitting a report of violation of this Policy or for cooperating in the administration of this Policy, including participation in an investigation or adjudication process;
4. Knowingly submitting a complaint under this Policy based on false allegations or to knowingly provide false information in connection with an investigation or adjudication of a complaint processed under this Policy;
5. Any Responsible Employee who fails to report allegations of Prohibited Conduct, including, but not limited to, Sex-Based Misconduct or Title IX Sexual Harassment;
6. Any person in a position of power or influence that intentionally deters or hinders another person from reporting allegations of conduct which, if true, would violate this Policy; and
7. Any other violation of this Policy.

The intent of this Policy is to provide for the University to act consistently with its legal obligations under Title IX of the Education Amendments of 1972 ("Title IX"), Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA"), the Equal Pay Act of 1963, the Age Discrimination Act of 1975, Title I and Title IV of the Americans with Disabilities Act ("ADA") of 1990 and as amended by ADA Amendments Act of 2008, the Immigration

Reform and Control Act of 1986 (“IRCA”), the Rehabilitation Act of 1973, and other applicable federal and state anti-discrimination laws. CHSU recognizes that the law in these areas may change. To the extent this policy conflicts with applicable federal or state law, CHSU will act in compliance with law.

The purpose of this policy is to:

1. Define Prohibited Conduct;
2. Ensure members of the University community respond appropriately when incidents of Prohibited Conduct occur;
3. Provide for methods of reporting Prohibited Conduct to appropriate University administrators;
4. Establish fair and equitable procedures for filing and handling complaints of Prohibited Conduct; and
5. Ensure that when Prohibited Conduct does occur the University takes appropriate action to stop, prevent and remedy the Prohibited Conduct;
6. Set forth grievance procedures for the handling of Formal Title IX Sexual Harassment complaints, as required by federal regulations set forth at 34 Code of Federal Regulations Section 106.45.

This policy shall be reviewed periodically to determine if modifications are appropriate.

## **II. APPLICATION AND SCOPE**

This policy applies to all members of the University community, including CHSU employees, students, applicants for admission or employment, third-party contractors and vendors, independent contractors, volunteers and any third party who enters CHSU facilities. Every member of the community is responsible for complying with this Policy.

This policy applies to prohibited conduct alleged to have occurred: (a) on CHSU property; (b) in connection with CHSU activities, programs, or events; (c) online or off-campus where the conduct affects the CHSU learning or working environment, would violate other University Policies had it occurred on campus, or where the University determines it has a substantial interest.

CHSU recognizes and promotes its commitment to academic freedom and freedom of speech, as described in applicable CHSU policies. 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, such as the conduct prohibited by this Policy.

CHSU also recognizes that some students are also employed by the University (“Student-Employee”). Under this Policy, Student-Employees may be treated either as students or employees based on the circumstances of each situation, in compliance with the provisions set forth below.

Additionally, while this Policy comprehensively prohibits illegal harassment and discrimination, there will be some procedures which are only applicable to Title IX Sexual Harassment (defined below) because different legal requirements are applicable in such matters. Applicable distinctions in the processing of such complaints are addressed below.

This Policy has been approved by the Office of the President. It supersedes all other University policies regarding harassment, discrimination, Sex-Based Misconduct, or Title IX. The Title IX, Diversity and Equity Coordinator is responsible for the administration of this Policy.

### III. ESTABLISHMENT OF THE OFFICE OF THE TITLE IX, EQUITY AND DIVERSITY COORDINATOR

The President of the University shall designate and authorize an administrator to serve as CHSU's Title IX, Equity and Diversity Coordinator ("Title IX Coordinator") who has the training, experience, and resources necessary to perform the following duties:

A. Coordinate the University's compliance with Title IX of the Education Amendments of 1972 and other California state and federal laws applicable to Sex-Based Misconduct, including with respect to issuance of notification of this Policy to members of the campus community, the conduct of investigations, preparation of required reports, and effective implementation of supportive measures, and Corrective Measures.

B. Developing and maintaining the University's Title IX webpages which provide information regarding Title IX compliance, including methods for reporting Sex-Based Misconduct, applicable grievance processes and options regarding supportive measures whether or not a Formal Complaint of Title IX Sexual Harassment is filed.

C. Ensure, that the University is providing mandatory Sex-Based Misconduct prevention education and training programs to all members of the University campus, including as follows:

1. In accordance with applicable state and federal law, provide training to all students, faculty, other academic appointees, administrators, and non-academic staff regarding how Sex-Based Misconduct can be reported.
2. Provide annual training for University employees who are responsible for reporting Sex-Based Misconduct, including Title IX Sexual Harassment.
3. Provide annual training for University employees who are Confidential Resources, facilitators of informal resolution processes, investigators, Hearing Advisors, hearing officers and other decisions makers, appeal adjudicators, University officials with authority to institute corrective measures and others involved with a grievance process for complaints of Sex-Based misconduct regarding their roles and responsibilities with respect to Title IX compliance. This includes, but is not necessarily limited to, training regarding the following matters, as appropriate to the employee's role: technology to be used at a live hearing, issues of relevance of questions and evidence, and the rules applicable to questions and evidence regarding sexual predisposition or prior sexual behavior. Any materials used to train Title IX Coordinators, investigators, decision-makers, appeal adjudicator, and any person who facilitates an informal resolution process for a Formal Title IX Complaint of Sexual Harassment, must not rely on sex stereotypes and must promote impartial investigations and adjudications of Formal Title IX Sexual Harassment Complaints of sexual harassment. Additionally, training with a trauma-informed perspective is required for any CHSU employee responsible for any part of an investigation, informal resolution, or grievance process for complaints of Sex-Based Misconduct.
4. Offer primary prevention programs and awareness campaigns to the University community to promote ongoing awareness of Sex-Based Misconduct, including preventing dating violence, domestic violence, sexual assault, and stalking. These campaigns may include, but are not limited to, education about the definition of consent, consensual relationships, options for bystander intervention, trauma-informed approaches, and risk reduction awareness information. These programs are to promote behaviors that foster healthy and respectful relationships while also encouraging a safe environment for bystanders to intervene in a potential case of dating violence, domestic violence, sexual assault, or stalking.

D. Provide educational materials to promote compliance with the Policy and familiarity with reporting procedures, and post on the CHSU's website the names and contact information of the Title IX Coordinator and

other information regarding preventing and reporting Sex-Based Misconduct, including Title IX Sexual Harassment, and compliance with this policy.

E. Provide prompt and equitable response to reports of Sex-Based Misconduct, including authorizing and ensuring effective implementation of Supportive Measures and Title IX Supportive Measures for complainants and respondents, determining whether to file a Formal Title IX Sexual Harassment Complaint on behalf of the University, overseeing implementation of the University's Sex-Based Misconduct grievance processes, and effectively implementing Corrective Measures in cases of Sex-Based Misconduct.

F. Maintain records of reports of Sex-Based Misconduct, including Title IX Sexual Harassment including: investigation records, any determination regarding responsibility, any audio or audiovisual recording or transcript related to the grievance process, any supportive measures implemented, any preventative or corrective measures imposed on the respondent, any remedies provided to the complainant, any appeal and result of such appeal, any informal resolution process and result from such process, all training materials used to train Title IX Coordinator, investigators, decision-makers, and any person who facilitates an informal resolution process, for seven (7) years and in accordance with University records management policies.

G. Identify and address any patterns or systemic problems that arise during the review of reports of Title IX Sexual Harassment.

H. Ensure procedures are in place to provide support for both complainants and respondents during the University's process for responding to allegations of Sex-Based Misconduct, including Title IX Sexual Harassment.

#### **IV. APPLICABLE DEFINITIONS**

Definitions applicable to this Policy are set forth below. Under federal regulation the definitions applicable in cases of Title IX Sexual Harassment are different from the definitions applicable to other types of Prohibited Conduct as a matter of law. Accordingly, set forth below are three sections of definitions:

- A. Definitions Applicable in all Matters of Prohibited Conduct Covered by this Policy;
- B. Definitions Applicable in Matters of Prohibited Conduct Other than Title IX Sexual Harassment;
- C. Definitions Applicable Only in Cases of Title IX Sexual Harassment.

These sections are set forth below.

##### **A. Definitions Applicable in all Matters of Prohibited Conduct Covered by this Policy**

1. Responsible Employee: All employees of the University who receive, in the course of their employment, information that a violation of this Policy has occurred shall promptly report that information to the Title IX, Diversity and Equity Coordinator. This includes all students who are also employees of the University when the disclosure is made to them in their capacity as an employee. The online reporting form can be accessed at <https://chsu.edu/title-ix/>. Exceptions to the duty to report include:

- a. University employees who are Confidential Resources (as defined below) who receive, in the course of employment, information that a student has or may have suffered Sex-Based Misconduct, including, but not limited to, Title IX Sexual Harassment.
- b. Employees who learn of a report of Sex-Based Misconduct during the course of participation in a public awareness event such as a "Take Back the Night" or similar event.

2. Confidential Resources. CHSU's confidential Resources ("Confidential Resources") include only mental health counselors and other persons working pursuant to professional license requiring confidentiality while working on campus when working within the scope of their licensure. Physicians, pharmacists, and other health care professionals employed by CHSU as faculty and not employed to provide healthcare services to employees or students are not Confidential Resources. Confidential Resources are exempt from reporting Sex-Based Misconduct when working in the course and scope of their licensure. When Confidential Resources are not working in the course and scope of their licensure and they learn about allegations of Prohibited Conduct they are required to report that conduct as any other Responsible Employee. This exemption does not extend to other areas of mandated reporting obligations under federal, state or local laws, such as the California Child Abuse and Neglect Reporting Act (CANRA) or Cleary Act reporting requirement as a Campus Security Authority.
3. Preponderance of Evidence: A standard of proof that requires that a fact be found when its occurrence, based on evidence, is more likely than not to be true. This shall be the standard of proof applicable to all factfinding under this Policy.
4. Relevancy of Evidence: Throughout this policy, references are made to relevant evidence, both in the investigation phase or adjudication phase of a matter. Relevant evidence means evidence which has any tendency in reason to prove or disprove a disputed fact, including both inculpatory and exculpatory evidence, that is of consequence in determining whether the allegations of Prohibited Conduct are true or not true under the preponderance of the evidence standard. Relevant evidence includes evidence regarding the credibility of a party or witness. However, notwithstanding the above, the following evidence must be excluded:
  - a. Evidence which is disclosed to a Confidential Employee, operating within the scope of their work, unless the disclosing party and the Confidential Employee provide voluntary written consent to its use.
  - b. Evidence which is protected by a legally recognized privilege unless the appropriate party has provided voluntary written consent to its use. Legally recognized privileges including, but not limited to, the following: the attorney-client privilege, evidence maintained by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional when acting in the professional's or paraprofessional's capacity or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party.
  - c. Evidence of a complainant's prior sexual history unless one of the following exceptions applies: (i) if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Title IX Complainant; or (ii) if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.
5. Sex-Based Misconduct: Sex-based Misconduct includes:
  - a. All forms of discrimination and harassment on the basis of sex, sex stereotyping, gender or gender expression; pregnancy or perceived pregnancy, childbirth, breastfeeding, or medical conditions related to pregnancy, childbirth, or breastfeeding.
  - b. California Sexual Harassment, as defined herein.

- c. Title IX Sexual Harassment, as defined herein, and other conduct which violates Title IX of the Education Amendments of 1972.
- d. Invasion of Sexual Privacy:
  - i. 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;
  - ii. Without a person's consent, making photographs (including videos) or audio recordings, or posting, transmitting, or distributing such recorded material depicting that person's nudity or sexual acts in a place where that person has a reasonable expectation of privacy; or
  - iii. Using depictions of nudity or sexual activity to extort something of value from a person.
- e. Exposing one's genitals in a public place for the purpose of sexual gratification.
- f. Attempts to engage in any Sex-Based Misconduct, even if not completed.

6. 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 does not alone constitute consent. Affirmative consent must be ongoing and can be revoked at any time during sexual activity, even after penetration occurs. If confusion or ambiguity arises as to the willingness of the other individual to proceed, then consent should be re-obtained. 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). The following provisions apply to the definition of consent:

- a. Incapacitation: Incapacitation is a state beyond drunkenness or intoxication. A person is not necessarily incapacitated merely as a result of drinking, using drugs or taking medication.
- b. The Respondent's belief that the alleged victim consented will not provide a valid defense unless the belief was actual and reasonable. In making this determination, the factfinder will consider all of the facts and circumstances the Respondent knew, or reasonably should have known, at the time. In particular, the Respondent's belief is not a valid defense where:
  - i. The Respondent's belief arose from the Respondent's own intoxication or recklessness;
  - ii. The Respondent did not take reasonable steps, in the circumstances known to the Respondent at the time, to ascertain whether the alleged victim affirmatively consented; or
  - iii. The Respondent knew or a reasonable person should have known that the alleged victim was unable to consent because the alleged victim was incapacitated, in that the alleged victim was: asleep or unconscious; unable to understand the fact, nature or extent of the sexual activity due to the influence of drugs, alcohol or medication; unable to communicate due to a mental or physical condition. Anyone engaging in sexual activity should be aware of the other person's level of intoxication.

7. Credibility. The credibility of complainants, alleged victims, respondents and witnesses must be evaluated when there are conflicting versions of relevant events related to a matter under investigation required by this Policy. Credibility means whether or not a particular version of events should be believed. In assessing credibility of any person, factors to consider include, but are not necessarily limited to: inherent plausibility

of the person's statement; their demeanor and attitude toward the matter; whether they have motivation to inaccurately state facts; whether or not other persons or evidence corroborate their version of events (such as an eye witness or someone who discussed the events with the person around the time the events took place); the character of the testimony; the extent of the person's capacity to perceive, remember or communicate regarding the matter; consistent or inconsistent statements made by the same person; admissions of untruthfulness. No one factor is necessarily determinative of credibility. The mere fact that there was no eye witness to an alleged event does not mean a person is not credible, and similarly whether a respondent had previously engaged in similar misconduct does not mean the respondent is not credible as to the current matter being investigated.

8. Corrective Measures. Services, accommodations, corrective actions, sanctions, remedies or other measures put in place as a result of final resolution of a complaint of conduct prohibited by this Policy. Possible Corrective Measures imposed under this Policy include:

- a. Participation in a voluntary, facilitated restorative process;
- b. A written or verbal apology;
- c. A written or verbal warning, letter of reprimand, performance improvement plan, or other document outlining expectations for future behavior and related consequences;
- d. Training or other educational requirements, such as an assigned reading, a research or reflective paper, attendance at an educational seminar or program, or similar activity;
- e. Assistance from or check-ins with campus safety or security personnel;
- f. Mandatory or voluntary counseling;
- g. Mentorship, accountability meetings or coaching assignments;
- h. Community service or other volunteer activities;
- i. Modifications to job position or work assignments (such as a transfer or modification of job duties), or delivery of curriculum or course requirements, such as independent study, adjusted deadlines or remote learning;
- j. Disciplinary probation, which may include monitoring of progress, review of behavior, limitations on campus privileges, or other restrictions on participation in University events, extra-curricular or co-curricular activities over a set period of time;
- k. Prohibition from utilizing certain campus facilities;
- l. No-contact directives;
- m. Drug testing and/or drug and alcohol counseling programs;
- n. Temporary or permanent exclusion from attending University events or activities;
- o. Suspension from employment or participation in an academic program, extra-curricular or co-curricular activities;
- p. Dismissal from the University's academic programs or termination of employment;
- q. Other actions which seek to make a victim whole or which seek to prevent a recurrence of Prohibited Conduct.

## B. Definitions Applicable in Matters of Prohibited Conduct Other than Title IX Sexual Harassment

1. Discrimination: 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.
2. Harassment: Harassment is unwelcome verbal, visual or physical conduct based on a Protected Class which

creates 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 based on a Protected Class.

3. Complaint: A report of Prohibited Conduct prohibited by this Policy. A “formal” or written report or complaint is not required.
4. Complainant: A Complainant is any person who reports alleged Prohibited Conduct or an alleged victim of Prohibited Conduct, regardless of whether the alleged victim makes the report. Prohibited Conduct for purposes of this definition does not include Title IX Sexual Harassment.
5. Respondent: A Respondent is a person alleged to have engaged in Prohibited Conduct. Prohibited Conduct for purposes of this definition does not include Title IX Sexual Harassment.
6. California Sexual Harassment.
  - a. Sexual harassment is unwelcome sexual advances, unwelcome requests for sexual favors, and other unwelcome verbal, nonverbal or physical conduct of a sexual nature when:
    - i. *Quid Pro Quo*: A person’s submission to such conduct is implicitly or explicitly made the basis for employment decisions, academic evaluation, grades or advancement, or other decisions affecting participation in a University program, activity, or service; or
    - ii. *Hostile Environment*: Such conduct is sufficiently severe or pervasive that it unreasonably denies, adversely limits, or interferes with a person’s participation in or benefit from the education, employment or other programs, activities, or services of the University and creates an environment that a reasonable person would find to be intimidating or offensive.
  - b. Consideration is given to the totality of the circumstances in which the conduct occurred.
  - c. Sexual harassment need not be motivated by sexual desire. Examples of conduct that violates this policy include but are not limited to: Obscene or vulgar gestures, posters, or comments; Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies; Propositions, or suggestive or insulting comments of a sexual nature; Derogatory cartoons, posters, and drawings; Sexually-explicit e-mails or voicemails; Uninvited touching of a sexual nature; Unwelcome sexually-related comments; Conversation about one’s own or someone else’s sex life; Conduct or comments consistently targeted at only one gender, even if the content is not sexual; or Teasing or other conduct directed toward a person because of the person's gender.
7. Retaliation: Retaliation is an adverse action against a person based on their report or other disclosure of conduct prohibited by this Policy to a University employee or their participation in the investigation, reporting, remedial or disciplinary processes provided for in this Policy. An adverse action is conduct that would intimidate or discourage a reasonable person from reporting conduct prohibited by this Policy or participating in a process provided for in this Policy, such as threats, intimidation, harassment, or coercion. Retaliation does not include good faith actions lawfully pursued in response to a report of conduct prohibited by this Policy.



8. Supportive Measures. Supportive Measures are services, accommodations or other measures put in place temporarily following a complaint of conduct prohibited by this Policy to assist or protect either the Complainant, the Respondent or the University community. Supportive Measures may remain in place until the matter is resolved, changed, or ended depending on how the parties' needs evolve while the matter is being processed. Supportive measures may also become a permanent Preventative and Corrective Measure following resolution of the matter. Supportive Measures may include, but are not limited to: counseling, extensions of deadlines or other course related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures, or other measures determined to be reasonable by the Title IX Coordinator.

C. Definitions Applicable Only in Cases of Title IX Sexual Harassment

1. Formal Title IX Sexual Harassment Complaint: A document filed by a Title IX Sexual Harassment Complainant or signed by the Title IX Coordinator alleging Title IX Sexual Harassment against a Title IX Sexual Harassment Respondent and requesting that the University investigate the allegation. A parent or guardian of a Title IX Sexual Harassment Complainant who is an unemancipated minor may also file a Formal Title IX Sexual Harassment Complaint on behalf of their child or ward. References to "Formal Title IX Sexual Harassment Complaint" throughout this Policy refer to Formal Title IX Sexual Harassment Complaint.
2. Title IX Sexual Harassment Complainant: An individual who is alleged to be the victim of conduct that could constitute Title IX Sexual Harassment irrespective of whether a Formal Title IX Sexual Harassment Complaint has been filed.
3. Title IX Sexual Harassment Respondent: An Individual who has been reported to be the perpetrator of conduct that could constitute Title IX Sexual Harassment. Any individual may be a respondent, whether such individual is a student, faculty member, administrator, or other employee of the University or other person with or without any affiliation to the University.
4. Officials with Authority – Actual Knowledge. For purposes of determining actual knowledge of Title IX Sexual Harassment the following positions have authority at CHSU to institute Corrective Measures for Title IX Sexual Harassment: (i) the President, (ii) the Provost, (iii) all Deans of colleges within the University, (iv) all Assistant/Associate Student Affairs Deans of colleges within the University; (v) the Title IX Coordinator; and (vi) all employees who serve as either hearing officers, hearing panel members, decision makers, or appeal adjudicators in cases of Title IX Sexual Harassment when serving in that role. In all cases, Corrective Measures must be imposed in compliance with the Grievance Process for Complaints of Title IX Sexual Harassment.
5. Title IX Supportive Measures: Title IX Supportive Measures are non-disciplinary, non-punitive, individualized services offered as appropriate, as reasonably available, and without fee or charge to the Title IX Sexual Harassment Complainant or Title IX Sexual Harassment Respondent before or after the filing of a Formal Title IX Sexual Harassment Complaint or where no Formal Title IX Sexual Harassment Complaint has been filed. Title IX Supportive Measures are designed to restore or preserve equal access to the University's education program, or activity, without punishing, disciplining or unreasonably burdening the other party, including measures designed to protect the safety of all parties or the University's educational environment, or deter Title IX Sexual Harassment. Title IX Supportive Measures

may include, but are not limited to: counseling, extensions of deadlines or other course related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures. The determination of what Title IX Supportive Measures are appropriate in a given situation must be based on the facts and circumstances of that situation.

6. Title IX Sexual Harassment Informal Resolution: An informal resolution of Title IX Sexual Harassment which may encompass a broad range of conflict resolution strategies, including mediation or restorative justice.
7. Title IX Sexual Harassment: Sexual harassment for purposes of Title IX means conduct on the basis of sex that satisfies one or more of the following: (i) an employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct; (ii) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University's education program or activity; or (iii) Sexual Assault, Dating Violence, Domestic Violence, or Stalking. The following definitions further define Title IX Sexual Harassment:
  - a. Sexual Assault: The term Sexual Assault means an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation, including, but not necessarily limited to, fondling, rape, and statutory rape.
  - b. Dating Violence: The term Dating Violence means violence committed by a person—(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; (iii) The frequency of interaction between the persons involved in the relationship.
  - c. Domestic Violence: The term Domestic Violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
  - d. Stalking: Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to—(A) fear for his or her safety or the safety of others; or (B) suffer substantial emotional distress.

## **V. REPORTING TO POLICE FOR CRIMINAL CONDUCT; EFFECT OF CRIMINAL CHARGES OR CRIMINAL INVESTIGATION**

In an emergency situation, CHSU community members should call 9-1-1. CHSU encourages all members of its community who believe they are the victim of criminal behavior (including, but not limited to, criminal sexual violence) to report the conduct to the police even if significant time has passed since the incident. All members of the CHSU community may seek assistance in reporting a crime of sexual violence to law enforcement by contacting the Title IX Coordinator.

Complainants under this policy also may choose not to notify law enforcement. Regardless of whether a Complainant chooses to make a report to law enforcement, the Complainant may still file a Complaint under this

policy. Additionally, regardless of whether the alleged misconduct rises to the level of a criminal offense, CHSU encourages all community members to report alleged discrimination, harassment, retaliation, or sexual violence to CHSU.

The procedures outlined in this Policy are separate from any criminal process or investigation. Because the requirements and standards for finding a violation of criminal law are different from the standard under this Policy, criminal investigations, reports or verdicts may be different from the outcomes under this Policy. The University may share information and coordinate investigation efforts with law enforcement when necessary or appropriate. A delay resulting from such coordination is good cause for extending the timelines to complete the process. Any such delay will be communicated and documented to the Complainant and Respondent.

State, federal, and local government agencies are responsible for criminal prosecution. The University has no authority or responsibility for the criminal prosecution of any matter, even if the University helps someone to file a report of criminal conduct or receives a report of a complaint under this policy that may rise to the level of criminal conduct.

## **VI. REPORTING PROHIBITED CONDUCT TO THE UNIVERSITY; AMNESTY FOR STUDENT COMPLAINANTS AND WITNESSES**

CHSU is committed to enforcing this Policy. The effectiveness of the University's efforts depends in part on employees and students telling the University about inappropriate conduct. Employees and students should not assume that CHSU has knowledge of any form of illegal discrimination, harassment, or retaliation. If employees or students do not report harassing or discriminatory conduct, CHSU may not become aware of a possible violation of this Policy and may not be able to take appropriate corrective action. Any Responsible Employee who believes that this Policy has been violated is mandated to report those concerns, and for concerns related to Sex-Based Misconduct Responsible Employees must report those concerns to the Title IX Coordinator directly.

Any person can report Prohibited Conduct at any time (including during non-business hours), either verbally or in writing, in person, by mail, by telephone, email, or by any other means as follows:

1. Report to the Title IX Coordinator. As of the effective date of this policy, the University's Title IX Coordinator is Ms. Carlita Romero-Begley, PHR, SHRM-CP, Vice President of Human Resources and Title IX Coordinator, and may be contacted by phone at 559-282-8747 (direct line), via email at [cromerobegley@chsu.edu](mailto:cromerobegley@chsu.edu) or in person at Room 310B, 65 N. Clovis Avenue, Clovis, CA 93612.

The CHSU website will be kept updated with any changes to the Title IX Coordinator's name and contact information.

2. Report to Another Responsible Employee. They can report verbally, via phone or via email to any Responsible Employee, such as to the Dean or the student affairs staff of any of the University's colleges, the Office of the Provost or Office of the President. Any person or office that receives a report (except for Confidential Resources) must forward it to either the Title IX Coordinator. If the person to whom a report normally would be made to is the person accused of Prohibited Conduct, reports may be made to another [https://chsucloud.sharepoint.com/sites/CHSUOfficeoftheRegistrar/\\_layouts/15/WopiFrame.aspx?sourcedoc=%7Bee483cc5-0121-48ab-ae2c-d0ead1615d31%7D&action=editnew](https://chsucloud.sharepoint.com/sites/CHSUOfficeoftheRegistrar/_layouts/15/WopiFrame.aspx?sourcedoc=%7Bee483cc5-0121-48ab-ae2c-d0ead1615d31%7D&action=editnew) Responsible Employee or office. If the person accused of Prohibited Conduct is the Title IX Coordinator, the report may be made to the President.
3. Online Through the University Website. They can report by submitting the online form, either with their

name or anonymously. The online form is located on CHSU's website at <https://chsu.edu/title-ix/>. Forms submitted online will be delivered to the Title IX Coordinator.

While there is no time limit for submitting reports of Prohibited Conduct, such reports should be brought forward as soon as possible. Prompt reporting will better enable CHSU to respond, investigate, provide an appropriate remedy, and impose Corrective Measures, if appropriate. All incidents should be reported even if significant time has elapsed.

CHSU prefers the Complaint be made in writing and specifically identify the person(s) involved, names of witnesses and what occurred. 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 steps to address the allegation(s) in a manner appropriate to the circumstances.

The University will keep reports of Prohibited Conduct as confidential as possible but may be required to disclose information to comply with law or the University's policies and procedures, including (but not limited to) for the purposes of investigating and/or resolving the complaint.

The University encourages reporting of Prohibited Conduct. It is in the best interest of the CHSU community that individuals come forward to make reports of Prohibited Conduct, regardless of whether they have engaged in conduct in violation of university policy, such as using drugs or alcohol at or near the time of the incident. To encourage reporting in these types of situations, the University will not subject a complainant or witness of Prohibited Conduct who is a student or a student-employee to Corrective Measures for a violation of the University's code of conduct or other University policy (i.e., will grant the student amnesty) unless the University determines that the violation was egregious. Egregious violations include acts that: (1) place the health or safety of themselves or others at risk; or (2) involves plagiarism, cheating or academic dishonesty. Student-employees may still be subject to Corrective Measures as employees of CHSU for acts which put CHSU at significant risk of litigation or damage to reputation. The University reserves the right to require individuals who are granted amnesty under this section to participate in assessments, training, counseling, or educational programs, including (but limited to) topics such as health and safety, professionalism, or harassment/discrimination prevention.

The University will not pursue action against a person for a code of conduct violation that does not involve sex discrimination or sexual harassment, but arises out of the same facts or circumstances as a report or complaint of sex discrimination, or a report or Formal Title IX Sexual Harassment Complaint, for the purpose of interfering with any right or privilege secured by Title IX or its implementing regulations.

## **VII. UNIVERSITY GRIEVANCE PROCESSES**

The University has two separate grievance processes for handling reports of Prohibited Conduct, including Sex-Based Misconduct, under this Policy:

A. Grievance Process One for Complaints of Unlawful Harassment, Discrimination, and Sex-Based Misconduct Except for Formal Title IX Sexual Harassment Complaints ("Grievance Process 1"), set forth in section X of this Policy; and

B. Grievance Process Two for Formal Title IX Sexual Harassment Complaints (Grievance Process 2"), set forth in section XI of this Policy.

The following matters will be processed under Grievance Process 1:

- a. All reports of Sex-Based Misconduct which do not meet the requirements of a Formal Title IX Sexual

- Harassment Complaint which are determined by the Title IX Coordinator to fall within the Application and Scope of this Policy as set forth above (this includes, but is not necessarily limited to, reports regarding sex discrimination, failure to accommodate pregnant or parenting students, conduct which violates the Violence Against Women Act—i.e., sexual assault, domestic violence, dating violence and stalking - which occurs outside of the United States); and
- b. Formal Title IX Sexual Harassment Complaints which are dismissed under 34 Code of Federal Regulations Section 106.45; and
  - c. All other reports of Prohibited Conduct which do not involve Sex-Based Misconduct.

For matters processed under Grievance Process 1, a “formal” or “written” complaint is not required but is encouraged. Responsible Employees are required to report any allegations regarding such matters as described in this Policy.

Grievance Process 2 is reserved only for Formal Title IX Sexual Harassment Complaints which are not otherwise dismissed under 34 Code of Federal Regulations Section 106.45.

During the course of processing a report of Sex-Based Misconduct, it is possible that the alleged conduct may become a Formal Title IX Sexual Harassment Complaint after initiation of Grievance Process 1. In that case, the Title IX Coordinator shall move the matter into Grievance Process 2.

It is also possible that a Formal Title IX Sexual Harassment Complaint may be dismissed during Grievance Process 2, including, but not limited to situations where it is determined that the alleged conduct no longer meets the definition of Title IX Sexual Harassment. In that case, the Title IX Coordinator shall move the matter into Grievance Process 1, as appropriate.

In all cases, the availability of Informal Resolution procedures is governed by section IX, below.

Additionally, the University may require the Parties, Advisory Support Persons, Advisors, witnesses, third-party professionals or others involved in the grievance process to execute non-disclosure agreements, FERPA waivers or similar documents under either Grievance Process 1, Grievance Process 2 or Informal Resolution procedures.

## **VIII. INITIAL REVIEW OF REPORTS OF SEX-BASED MISCONDUCT; DISMISSAL OF FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINT AND APPEAL FROM DISMISSAL**

For reports regarding Sex-Based Misconduct, the Title IX Coordinator shall conduct an initial review of the report and determine the appropriate grievance process for the matter, as set forth in this section.

### **A. Requirements for Formal Title IX Sexual Harassment Complaint**

In order for a complaint to be subject to the Grievance Process for Complaints of Title IX Sexual Harassment, a Formal Title IX Sexual Harassment Complaint must be filed either by an alleged victim, the parent or guardian of a minor alleged to be a victim, or the Title IX Coordinator.

A Formal Title IX Sexual Harassment Complaint is considered “filed” when either of the following occurs:

1. An alleged victim files a report alleging another person has subjected them to Title IX Sexual Harassment and the report contains a physical or digital signature, or otherwise indicates that the Complainant is the person filing the Formal Title IX Sexual Harassment Complaint. If the identity of the Respondent is not known to the Complainant, the Complainant does not need to include the Respondent’s identity in the

Complaint, as this may be determined during the investigation process.

2. The Title IX Coordinator files and signs a Formal Title IX Sexual Harassment Complaint.

Additionally, at the time of filing a Formal Title IX Sexual Harassment Complaint, the following three requirements must be met:

1. The alleged victim must be participating in or attempting to participate in the education program or activity of the University.
2. The alleged misconduct must have occurred against a person in the United States either (a) on CHSU property; (b) in connection with CHSU activities, programs, or events where the University exercises substantial control over the respondent and the context in which the incident occurred; (c) buildings owned or controlled by officially recognized University student organizations, regardless whether the building is located on or off-campus and irrespective of whether the University exercised substantial control over the respondent and the context of the harassment; (d) cyber harassment conducted over computer and internet networks, digital platforms, and computer hardware or software owned or operated by, or used in the operation of, the University; or (e) off-campus conduct that has effects in the education program; and
3. The conduct alleged in the Formal Title IX Sexual Harassment Complaint must, if proven by a preponderance of the evidence, constitute Title IX Sexual Harassment.

Participation or Attempted Participation in an Educational Program or Activity: An alleged victim must be participating in or attempting to participate in the education program or activity of the University. This includes, but is not limited to:

1. Applicants for or students enrolled in a University academic programs;
2. Applicants for employment or those employed by the University;
3. Alumni of the University if they graduated from a program of the University and intend to either (a) apply to a different program offered by the University or (b) to remain involved with University's alumni programs and activities; or
4. A student who is on a leave of absence if they are still enrolled as a student of the University or if they intend to re-apply to the University after the leave of absence is concluded; or
5. A student who has left the University because of Title IX Sexual Harassment, but who wants to re-enroll if the University responds appropriately to the Title IX Sexual Harassment;

Substantial Control: When determining whether the University exercises substantial control over the respondent and the context in which the incident occurred, factors to be considered include, but are not limited to, whether the University funded, promoted, or sponsored the event.

Off-Campus Conduct: Off-Campus Conduct effects an education program when the alleged victim has to interact with the respondent in a University's education program or activity, or when the effects of the underlying Title IX Sexual Harassment creates a hostile environment in the alleged victim's workplace or educational environment.

## B. Title IX Coordinator's Decision to File a Formal Title IX Sexual Harassment Complaint

The Title IX Coordinator should file a Formal Title IX Sexual Harassment Complaint if doing so is necessary to avoid being deliberately indifferent to known Title IX Sexual Harassment, with or without the participation of

the alleged victim. In determining whether to file a Formal Title IX Sexual Harassment Complaint, the Title IX Coordinator may consider a variety of factors including, but not limited to, a pattern of alleged misconduct by a particular respondent, and/or whether the allegations involve violence, weapons, whether filing a Formal Title IX Sexual Harassment Complaint is the best mechanism to protect the campus community, or similar factors.

To the extent possible, the Title IX Coordinator will respect the alleged victim's autonomy and wishes with respect to the filing of a Formal Title IX Sexual Harassment Complaint and grievance process. As such, the Title IX Coordinator's decision to file a Formal Title IX Sexual Harassment Complaint may occur only after the Title IX Coordinator has promptly contacted the alleged victim of Title IX Sexual Harassment to discuss availability of supportive measures, explain to the process for filing a Formal Title IX Sexual Harassment Complaint and consider the alleged victim's wishes with respect to supportive measures and the Formal Title IX Sexual Harassment Complaint process.

Where the Title IX Coordinator files a Formal Title IX Sexual Harassment Complaint, the Title IX Coordinator is not considered a Complainant or otherwise a Party to the grievance process.

### C. Dismissal of Formal Title IX Sexual Harassment Complaint; Appeal of Dismissal

The University is required to dismiss a Formal Title IX Sexual Harassment Complaint if: (1) the conduct alleged, if true, does not constitute Title IX Sexual Harassment; (2) the conduct alleged did not occur in the University's education program or activity; or (3) did not occur against a person in the United States.

The University may, but is not required to, dismiss a Formal Title IX Sexual Harassment Complaint at any time during the grievance process if:

1. An alleged victim notifies the Title IX Coordinator in writing that the alleged victim would like to withdraw the Formal Title IX Sexual Harassment Complaint or allegations therein;
2. The respondent is no longer enrolled or employed by the University; or
3. Specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Title IX Sexual Harassment Complaint or allegations therein.

Circumstances preventing University from gathering sufficient evidence to reach a determination includes, but are not limited to, the following: the report of Sex-Based Misconduct does not identify an alleged victim; the report of Sex-Based Misconduct includes precisely the same allegations that the University has already processed through this Policy; the length of time between an alleged incident of Sex-Based Misconduct and the filing of a Formal Title IX Sexual Harassment Complaint prevents the University from collecting enough evidence to reach a conclusion; or when the alleged victim has stopped participating in the investigation but has not sent a written withdrawal request and the only inculpatory evidence available is the alleged victim's statement in the Formal Title IX Sexual Harassment Complaint or as told to the Title IX Coordinator or a University investigator.

In all cases of dismissal of a Formal Title IX Sexual Harassment Complaint, regardless of whether the dismissal was mandatory or permissive, such dismissal does not preclude the University, in its sole discretion, from processing a report of Sex-Based Misconduct under the University's Grievance Process 1, or another appropriate University policy or procedure.

If the University dismisses a Formal Title IX Sexual Harassment Complaint, the Title IX Coordinator will promptly send written notice of the dismissal and reasons for such dismissal simultaneously to the Parties

(“Notice of Dismissal of Formal Title IX Sexual Harassment Complaint”). Such notice shall include an option to appeal the determination regarding dismissal.

Either party may appeal the dismissal of a Formal Title IX Sexual Harassment Complaint on any of the following bases: (1) a procedural irregularity that affected the outcome of the matter; (2) new evidence not reasonably available at the time the determination of dismissal was made that could affect the outcome of the matter; or (3) the Title IX Coordinator had a conflict of interest or bias against a party generally or individually that affected the outcome of the matter.

Any appeal of a dismissal of a Formal Title IX Sexual Harassment Complaint must be made in writing to the Title IX Coordinator within five (5) business days of the date of the Notice of Dismissal of Formal Title IX Sexual Harassment Complaint and must set forth all grounds for the bases of such appeal. If an appeal does not set forth sufficient grounds for appeal, the appeal will be dismissed. If an appeal does set forth sufficient grounds for appeal the appeal will be reviewed by an appeal adjudicator for final decision regarding dismissal on or around five (5) business days of the date of the appeal.

#### D. Option to Consolidate Formal Title IX Sexual Harassment Complaints

The Title IX Coordinator may consolidate multiple Formal Title IX Sexual Harassment Complaints against more than one Title IX Sexual Harassment Respondent, or by more than one Title IX Sexual Harassment Complainant against one or more Title IX Sexual Harassment Respondents, or by one party against the other party, where the allegations of sexual harassment arise out of the same facts or circumstances. The requirement for the same facts or circumstances means that the multiple Title IX Sexual Harassment Complainants’ allegations are so intertwined that their allegations directly relate to all parties.

#### E. Offer of Title IX Supportive Measures

The Title IX Coordinator is responsible for offering and coordinating the effective implementation of Title IX Supportive Measures. In cases of alleged Title IX Sexual Harassment, regardless of whether or not a Formal Title IX Sexual Harassment Complaint has or will be filed, the Title IX Coordinator will promptly contact the alleged victim to discuss the availability of Title IX Supportive Measures and consider the person’s wishes with respect to such measures. The Title IX Coordinator will engage in a meaningful dialogue with the alleged victim to determine which supportive measures may restore or preserve equal access to the University’s education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the University’s educational environment, or deter sexual harassment. If a complainant desires supportive measures, the recipient can, and should, keep the complainant’s identity confidential (including from the respondent), unless disclosing the complainant’s identity is necessary to provide supportive measures for the complainant (e.g., where a no-contact order is appropriate and the respondent would need to know the identity of the complainant in order to comply with the no-contact order, or campus security is informed about the no-contact order in order to help enforce its terms).

When supportive measures are not provided to the alleged victim, the Title IX Coordinator shall document the reason why such measures were not provided and not clearly unreasonable in light of the known circumstances.

The Title IX Coordinator may also provide Title IX Supportive Measures to the person accused of Title IX Sexual Harassment, as appropriate.

#### F. Emergency Removal of Student Title IX Respondent; Appeal of Emergency Removal



The Title IX Coordinator may remove a student Title IX Respondent from the education program or activity on an emergency basis only if:

1. Before such removal, the University will undertake an individualized safety and risk analysis, determine that an immediate threat to the physical health or safety of any student or other individual arising from the allegations of sexual harassment justifies removal; and
2. The Title IX Respondent is provided with notice and an opportunity to appeal the decision immediately following the removal (“Notice of Emergency Removal”).

To appeal a decision for emergency removal, a student Title IX Respondent must submit their appeal (“Emergency Removal Appeal”) to the Title IX Coordinator in writing within seventy-two (72) hours of receiving the Notice of Emergency Removal. The Emergency Removal Appeal must describe the reasons why emergency removal is not appropriate.

The Emergency Removal Appeal will be reviewed by the appeal adjudicator which will issue of a final decision on emergency removal, generally within forty-eight (48) hours of the Title IX Coordinator’s receipt of the Emergency Removal Appeal. A Title IX Respondent is subject to the requirements of the emergency removal while the appeal is pending.

Nothing in this section precludes the University from placing an employee Title IX Respondent on paid administrative leave.

## **IX. INFORMAL RESOLUTION OF COMPLAINTS INVOLVING STUDENT RESPONDENTS**

Prior to the initiation of the appropriate grievance process or at any time prior to conclusion of a grievance process, a report of Prohibited Conduct (including Sex-Based Misconduct and Formal Title IX Sexual Harassment Complaints) may be resolved by an informal resolution process under the following circumstances:

1. Title IX Coordinator chooses to offer an informal resolution process;
2. In matters of Title IX Sexual Harassment, a Formal Title IX Sexual Harassment Complaint has been filed, or a Formal Title IX Sexual Harassment Complaint has been filed and then dismissed;
3. The respondent is a student, who is not also an employee, and the student is willing to accept the Corrective Measures resulting from the informal process;
4. All parties have received a written notice disclosing the allegations, the requirements of the informal process, a statement that during the informal process either party has a right to withdraw and resume the applicable grievance process, and any consequences resulting from participating in the informal process including what records will be maintained or shared from the informal process (“Notice of Informal Resolution Procedures”);
5. The parties wish to resolve the matter without completion of an investigation or adjudication, or where the respondent desires to admit responsibility for the alleged Prohibited Conduct; and
6. The complainant and respondent both voluntarily provide written consent to participate in the informal process (“Participation Agreement”).

The Title IX Coordinator has authority to: (1) require the University to be included as a party to an informal process; and/or (2) terminate the informal process at any time prior to its completion and re-initiate the applicable grievance process if facts or circumstances emerge that indicate the matter is not appropriate for an informal process. The Title IX Coordinator’s decision whether to offer an informal resolution process and whether to terminate such process prior to completion is final and not subject to appeal.

Informal resolution processes should generally be completed within thirty (30) business days from the initiation of the process. The documented agreement resulting from the informal resolution process is final and not subject to appeal. Following completion of an informal resolution process, the Title IX Coordinator (or designee) shall ensure the parties adhere to the outcome.

Information shared with a facilitator or mediator during the informal resolution process will not be used in a separate student conduct or grievance process if the informal process is not completed and the facilitator or mediator shall not become a witness to any subsequent grievance process. However, facts disclosed to a facilitator may otherwise be uncovered in the normal course of investigation if the applicable grievance process is re-initiated. Information shared between a complainant and respondent during an informal resolution process may be used in the applicable grievance process if the informal resolution process is not completed, in accordance with law and University policy.

Options which the Title IX Coordinator may offer for informal resolution of Prohibited Conduct include: (1) a facilitated restorative justice process (“RJ Process”); and (2) a facilitated mediation (“Mediation”), as described below.

#### A. Restorative Justice Process.

A facilitated restorative justice process is philosophy of justice as well as a set of practices and seeks to: (a) eliminate Prohibited Conduct; (b) prevent recurrence of Prohibited Conduct; and (c) address harm caused by Prohibited Conduct through active accountability in a manner that meets the needs of both complainant and the campus community. A RJ Process is facilitated by someone trained in trauma-informed restorative justice practices who is impartial, and free from conflicts of interest or bias (“Facilitator”).

Disputes of fact are permitted in a RJ Process; however, in all cases the student respondent must be willing to admit and take responsibility for the Prohibited Conduct as generally described in the report of Prohibited Conduct.

At the end of a RJ Process, an agreement is required to document the outcome that must be in writing signed by the parties. The Facilitator shall deliver the agreement to the Title IX Coordinator.

Aside from the requirements described above, the restorative justice facilitator has discretion in how best to conduct the process, including, but not limited to, whether face-to-face interaction between the parties occurs.

#### B. Mediation

Mediation is a process that seeks to help the parties resolve a dispute. Mediation is facilitated by an impartial facilitator who is free from conflicts of interest or bias (“Mediator”). The Mediator must be familiar with negotiation and dispute resolution protocols and may be, but is not required to be, an attorney. The Mediator does not have the authority to unilaterally impose Corrective Measures – the parties must agree to Corrective Measures to resolve the matter.

Disputes of fact are permitted in a mediation process; however, in all cases the student respondent must be willing to negotiate regarding the appropriate imposition of Corrective Measures to resolve the allegations generally set forth in the Formal Title IX Sexual Harassment Complaint.

At the end of a Mediation, the negotiated agreement must be in writing signed by the parties, and the Mediator shall forward a copy of the agreement to the Title IX Coordinator.

Aside from the requirements described above, the Mediator has discretion in how best to conduct the process, including, but not limited to, whether face-to-face interaction between the parties occurs.

## **X. GRIEVANCE PROCESS 1 FOR COMPLAINTS OF UNLAWFUL HARASSMENT, DISCRIMINATION, AND SEX-BASED MISCONDUCT EXCEPT FOR FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINTS**

The procedures set forth in this section X apply to all reports of Prohibited Conduct, including reports of unlawful harassment, discrimination and Sex-Based Misconduct, except those which meet the parameters of a Formal Title IX Complaint of Sexual Harassment and the Formal Title IX Sexual Harassment Complaint has not otherwise been dismissed.

### **A. Initial Review of the Complaint; Supportive Measures**

The Title IX Coordinator shall conduct an initial review of the Complaint to determine whether an investigation is required and whether Supportive Measures are appropriate. An investigation is required when there is a dispute of fact which impacts the determination of whether conduct violating this Policy has occurred or it is otherwise in the best interest of the campus community to do so. Supportive Measures may include (but are not limited to): separating the parties; requiring the parties to abstain from communication with each other; modification to work assignments; campus security escorts; making alternative working or academic arrangements; assistance with reporting allegations of criminal misconduct to police; options for seeking mental health counseling or other support during the processing of a Complaint. In instances of allegations of Sex-Based Misconduct where an investigation is not conducted, the Title IX Coordinator shall provide to the alleged victim information regarding Supportive Measures, on-campus and off-campus resources and supportive services, the importance of preserving evidence and identification/location of witnesses, and the availability of assistance to file a report with law enforcement and contact information to do so.

### **B. Assignment of Neutral Investigator; Notice of Complaint Procedures**

If an investigation is required, then the Title IX Coordinator shall either directly investigate the matter or may assign a qualified neutral investigator to investigate the alleged misconduct (“Investigator”). In some cases, an investigative team may be utilized. The Title IX Coordinator 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. The Investigator may be a University employee or a third-party investigator. All Investigators will carry out their roles in an impartial manner. Before the investigation begins, the Title IX Coordinator will provide the Complainant and the Respondent with a Notice of Complaint & Investigation Procedures (“Notice of Complaint Procedures”) that, generally, includes the following information:

1. The general nature of the alleged violations;
2. A summary of the grievance process, including a copy of the relevant portions of this Policy (including in matters of Sex-Based Misconduct information regarding the importance of preserving evidence and the identification and location of witnesses, and that such evidence may assist in proving a criminal offense or in obtaining a protection order);
3. The purpose of the investigation, including a statement that the investigation is when all known and/or available evidence or information must be introduced;
4. A statement that knowingly making false statements or knowingly submitting false information to the University as part of the grievance process is a violation of this Policy and the codes of conduct applicable to employees and the student code of conduct, and may subject the person doing so to corrective measures, up to and including expulsion from the University’s academic program and/or termination from

- employment;
5. The identity and contact information of the Investigator;
  6. A statement that the findings of fact will be based on a Preponderance of Evidence standard;
  7. A statement warning against interference with the integrity of the investigation, including, but not limited to, discussions with witnesses which may be perceived as threatening or coercive;
  8. Any Supportive Measures that have been imposed (including, in matters of Sex-Based Misconduct, information regarding the availability of both on-campus and off-campus resources and other supportive services);
  9. The option for a Support Person; and
  10. An admonition against Retaliation.

C. Investigation Timeline and Process; Standard of Proof

Generally, the investigation shall be complete within ninety (90) business days from the issuance of the Notice of Complaint. This deadline and all deadlines contained in this Policy may be extended by the University for good cause. The Complainant and Respondent will be notified in writing of any such extensions, the reasons for the extension and the projected new timeline. During the investigation, the Investigator will meet separately with the Complainant, Respondent, and witnesses who may have relevant information, will gather other available and relevant evidence and information. The Investigator will make findings of fact based on a preponderance of the evidence. The interviews may be electronically recorded at the discretion of the Investigator and will be maintained by the Title IX Coordinator. It will be the sole electronic recording permitted; the parties and witnesses are not permitted to make their own recording of their interview. No recording devices, including cell phones, will be permitted in the room where the interview is taking place other than the Investigator's recording device. To the extent a student who is a Respondent declines to participate in the investigation, non-participation may not be used as a basis for appeal and the Investigator will make findings of fact without the input of the Respondent. Employees of the University are required to participate in the investigation process. The Investigator may bring support staff to investigative interviews or other proceedings to assist in the process. Parties and witnesses may bring an Advisory Support Person, as described below. No other persons are permitted at an investigatory interview or other proceeding unless granted permission by the Title IX Coordinator.

D. Consent Required for Privileged Information

The Investigator cannot access, consider, disclose, or otherwise use a Party's records which are protected by a legally recognized privilege, including, but not limited to, the following: the attorney-client privilege, questions and evidence made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the Investigator obtains that party's voluntary, written consent to do so.

E. Sexual History

The Investigator may not consider a Complainant's prior sexual history with the following two exceptions: if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.

F. Investigation Documentation

The Investigator shall prepare a written summary to the Title IX Coordinator that includes a statement of the allegations and issues, the perspectives of the parties (e.g., admissions or denials), a summary of the evidence, findings of fact and information supporting such findings, credibility determinations for all witnesses, including the Complainant and Respondent, without basing such determination on the person's status as a Complainant, Respondent or witness. At the request of the Title IX Coordinator, the Investigator may also make a recommendation regarding whether any University policy violations occurred.

#### G. Investigation File

The investigation file, including the final report, interview recordings and any documentary evidence relied upon by the Investigator, shall be maintained by the Title IX Coordinator and shall not be made available to the Complainant, Respondent or any witness unless otherwise required by law, (including, but not limited to, requirements under the Violence Against Women Act). The Title IX Coordinator may share the investigation file with others as needed to carry out their obligations under this policy.

#### H. Corrective Measures

If no investigation is required, or following the completion of an investigation, the Title IX Coordinator shall: (a) forward the investigation file and/or other appropriate documentation for all matters involving employees (including student-employees) to the Office of Human Resources; and (b) forward the investigation file and/or other appropriate documentation for all matters involving students to the appropriate college-level student affairs administrator for the purpose of determining whether a policy violation has occurred and Corrective Measures should be implemented. The Office of Human Resources of the appropriate Student Affairs office may issue Corrective Measures or may refer the matter for further adjudication or resolution under other applicable University policies, and shall provide the Parties notice of the decision in writing ("Notice of Decision"), as appropriate. The Notice of Decision shall set forth the findings of fact and all Corrective Measures imposed. In cases of Sex-Based Misconduct involving a student Respondent, the Notice of Decision shall also set forth credibility assessments if such assessments determined the outcome of the matter. Corrective Measures may include, but are not limited to: training and education, counseling, suspension, participation in a voluntary restorative process, separation from employment, or expulsion from the University's academic programs, or as otherwise defined in this Policy. Except as otherwise provided below, the Notice of Decision shall be final.

#### I. Right to Request a Student Hearing in Cases of Sex-Based Misconduct where the Corrective Measures Include Student Suspension or Expulsion from An Academic or Extracurricular Program.

Following receipt of a Notice of Decision, a student Respondent may request a hearing in writing submitted to the Title IX Coordinator within five (5) business days only in situations where the Corrective Measures to be imposed include suspension or expulsion from the University's academic program or University-controlled extracurricular programs. The Title IX Coordinator shall establish procedures for the conducting of such hearings which shall, at a minimum, include the following: (a) an external hearing officer may be, but is not required to be, utilized as part of the Student hearing process; (b) at hearing the Respondent may indirectly question the Complainant and/or witnesses before a neutral decision-maker with the power to independently find facts and make credibility assessments; (c) the hearing shall be informal, and rules of evidence shall not apply; (d) questions for each person must be submitted to the Title IX Coordinator by the Respondent at least three (3) days in advance of the hearing; and (e) only questions that are relevant will be permitted at the hearing; (f) only the Parties, witnesses, Advisory Support Persons, the Title IX Coordinator, University support staff, and support staff of external professionals involved in the proceeding may attend the hearing. Following the hearing, the Title IX Coordinator will communicate the outcome to the Respondent with a Notice of Student Hearing Decision, which

shall include the decision as to findings of fact and credibility. If the Respondent wishes, they may appeal the outcome of the student hearing.

#### J. Appeal Rights

Either the Complainant or the Respondent may appeal the Notice of Decision or Notice of Student Hearing Decision in writing submitted to the Title IX Coordinator within five (5) business days from the date of the notice based on one or both of the following criteria: (1) new evidence has come to light that was not available at the time of the investigation; or (2) procedural errors or unfairness, including, but not limited to, bias of an investigator, Title IX Coordinator, hearing officer or decision-maker. Only appeals which raise new evidence or procedural issues that may alter the findings of fact or decision regarding Corrective Measures will be considered. Upon receipt of an appeal, the Title IX Coordinator will review the appeal to determine if it meets the required criteria and, if so, forward the appeal to an appeal adjudicator. The appeal adjudicator may affirm the finding, affirm but modify the Corrective Measures, or remand the matter back for further investigation and/or other proceedings. All appeals adjudicator decisions are final.

#### K. Notices

All notices and communications to CHSU faculty, staff, administration, and students will be delivered via the University's email system. All such parties have a responsibility to promptly read all University emails. For individuals outside of the CHSU community (including former employees and former/withdrawn students), notices and communications will be sent to the most recent email and physical home address on file with the Title IX Coordinator.

#### L. Advisory Support Person

The Complainant and/or Respondent may choose anyone (including legal counsel, a colleague, friend, family member or other representative) to voluntarily serve as an advisory support person ("Support Person"). The Complainant and Respondent may be accompanied by their advisory support person to any meeting or proceeding under this Policy; however, the advisory support person may not speak on their behalf, advise them on how to answer a question of the Investigator, or otherwise engage with the Investigator or others participating in any part of the process under this Policy. The Complainant and Respondent must notify the Title IX Coordinator at least three business days in advance if they wish to bring an advisory support person and must disclose their name and contact information to the Title IX Coordinator. The Title IX Coordinator may require the Complainant and/or Respondent to select a different advisory support person if the person selected is a witness to the matters contained in the Complaint.

### **XI. GRIEVANCE PROCESS 2 FOR FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINTS**

The grievance process set forth in this Section XI applies only to Formal Title IX Sexual Harassment Complaints which are not otherwise dismissed pursuant to 34 Code of Federal Regulations Section 106.45.

#### A. Formal Title IX Sexual Harassment Complaint Investigation Procedures

Formal Title IX Sexual Harassment Complaints shall be investigated as follows:

1. Initial Review of the Complaint. The Title IX Coordinator shall conduct an initial review of the Complaint to determine whether an investigation is required. An investigation is required when there is a dispute of fact which impacts the determination of whether Title IX Sexual Harassment has occurred, or it is

otherwise in the best interest of the campus community to do so. During the entirety of this grievance process, there will be a presumption that a Title IX Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the grievance process.

2. Assignment of Neutral Investigator. If an investigation is required, then the Title IX Coordinator shall assign a qualified neutral investigator to investigate the alleged misconduct (“Investigator”). In some cases, an investigative team may be utilized. The Investigator shall have no conflict of interest and be free of bias for or against a Title IX Complainant or Title IX Respondent generally or individually with respect to the people involved. Such determinations regarding bias shall be made by an objective evaluation of the circumstances without relying on stereotypes (e.g., assuming that all self-described feminists or survivors are biased against men, or that a man is incapable of being sensitive to women, or that prior work as a victim advocate or as a defense attorney renders the person biased for or against complainants or respondents). The Title IX Coordinator shall have broad discretion in selection of an Investigator, provided that the person assigned has both the skills, training and resources necessary to conduct a complete investigation. The Investigator may be a University employee or a third-party investigator.
  
3. Notice of Formal Title IX Sexual Harassment Complaint Procedures. Before the investigation begins, the Title IX Coordinator will simultaneously provide the Title IX Complainant and Title IX Respondent with a Notice of Formal Title IX Complaint & Investigation Procedures (“Notice of Formal Title IX Sexual Harassment Complaint”). If a party has already elected an Advisor and submitted the required documentation for their Advisor, the Notice of Formal Title IX Sexual Harassment Complaint shall also be delivered to the Advisor. Additionally, in the case of unemancipated minors, the Title IX Coordinator shall send a copy of such notice to the unemancipated minor’s parent or guardian and is permitted to communicate with the parent or guardian regarding the grievance process. If the alleged victim’s identity is unknown and the Formal Title IX Sexual Harassment Complaint is filed by the Title IX Coordinator, the Notice of Formal Title IX Sexual Harassment Complaint is not required to be provided to the alleged victim or a third party who may have filed the initial report of Title IX Sexual Harassment. The Notice of Formal Title IX Sexual Harassment Complaint shall include the following information, as applicable:
  - a. The alleged conduct that, if true, constitutes Title IX Sexual Harassment, including, if known, the identities of the Parties involved in, and the date, time, and location of, the alleged incident;
  - b. A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process;
  - c. A summary of the grievance process, including information regarding informal resolution procedures, each party’s entitlement to inspect and review evidence, rights regarding an Advisor and a copy of this Policy;
  - d. Information regarding the importance of preserving evidence and the identification and location of witnesses, and that such evidence may assist in proving a criminal offense or in obtaining a protection order in a court of law;
  - e. The purpose of the investigation and a statement that the investigation is when all known and/or available evidence or information must be introduced;
  - f. A statement that knowingly making false statements or knowingly submitting false information to the University as part of the grievance process is a violation of this Policy and the codes of conduct applicable to employees and the student code of conduct, and may subject the person doing so to corrective measures, up to and including expulsion from the University’s academic program and/or termination from employment;
  - g. The identity and contact information for the Investigator;
  - h. A statement that the standard of evidence is a Preponderance of Evidence;

- i. A statement warning against interference with the integrity of the investigation, including, but not limited to, discussions with witnesses which may be perceived as threatening or coercive;
  - j. Any Title IX Supportive Measures that have been imposed (including information regarding the availability of both on-campus and off-campus resources and other supportive services); and
  - k. An admonition against Retaliation.
4. Amended Notice of Formal Title IX Sexual Harassment Complaint. If during the course of the investigation, the Investigator will be investigating new allegations about the Parties that are not originally included in the Notice of Formal Title IX Sexual Harassment Complaint, then a subsequent notice containing these new allegations (“Amended Notice of Formal Title IX Sexual Harassment Complaint”) will be issued to both Parties. Additionally, if the new allegations do not constitute Title IX Sexual Harassment then the University may elect to process those allegations under other applicable grievance or dispute resolution processes, including, but not limited to, Grievance Process 1 or those contained in student or employee handbooks.
5. Investigation Process.
  - a. Timeline. Generally, the investigation shall be complete within ninety (90) business days from the issuance of the Notice of Formal Title IX Sexual Harassment Complaint to the Parties. This deadline and all deadlines contained in this Policy may be extended by the University for good cause. The Complainant and Respondent will be notified in writing of any such extensions, the reasons for the extension and the projected new timeline.
  - b. Standard of Proof. The applicable standard of proof shall be a Preponderance of the Evidence.
  - c. Interviews, Participation of the Parties & Gathering of Evidence. The Investigator is the person primarily responsible for gathering evidence sufficient to reach a determination regarding responsibility (e.g., such burden shall not rest on the Parties). During the investigation, the Investigator will meet separately with the parties and witnesses who may have relevant information and will also gather other available and relevant evidence and information. The Investigator will provide an equal opportunity for the Parties to present witnesses, including fact and expert witnesses, and will objectively review other inculpatory and exculpatory evidence. The Investigator will also consider relevant circumstances such as the ages of the Complainant and Respondent, disability status, position of authority of involved parties and other factors. The Parties are permitted to discuss the allegations under investigation with others or to gather and present relevant evidence; however, the Parties are precluded from intimidating or otherwise tampering with Parties or witnesses or otherwise interfering with the investigation, such as by attempting to alter or prevent a Party or witnesses’ testimony involved in the investigation. To the extent a student who is a Respondent declines to participate in the investigation, non-participation may not be used as a basis for appeal of the process and the Investigator will complete the investigation without the input of the Respondent. The interviews may be electronically recorded at the discretion of the Investigator and will be maintained by the Title IX Coordinator. It will be the sole electronic recording permitted; the Parties are not permitted to make their own recording of their interview. No recording devices, including cell phones, will be permitted in the room where the interview is taking place other than the Investigator’s recording device. The University reserves all rights with regard to requiring employee participation in the investigation process provided by law and University policy. The Investigator may bring support staff to investigative interviews or other proceedings to assist in the process. Parties and witnesses may bring an Advisor, as described below. No other persons are



permitted at an investigatory interview or other proceeding unless granted permission by the Title IX Coordinator.

- d. Consent Required for Privileged Information. The Investigator cannot access, consider, disclose, or otherwise use a Party's records which are protected by a legally recognized privilege, including, but not limited to, the following: the attorney-client privilege, questions and evidence made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the Investigator obtains that party's voluntary, written consent to do so.
  - e. Sexual History. The Investigator may not consider a Title IX Complainant's prior sexual history with the following two exceptions: if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Title IX Complainant, or if the questions and evidence concern specific incidents of the Title IX Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.
6. Opportunity to Review Documentation and Information During Investigation Process. During the investigation process, the Investigator shall provide both Parties an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations raised in a Formal Title IX Sexual Harassment Complaint. This includes evidence upon which the University does not intend to rely on in reaching a determination regarding responsibility, and includes inculpatory or exculpatory evidence whether obtained from a Party or other source, such that each Party should be able to meaningfully respond to the evidence prior to conclusion of the investigation. All Parties should submit any evidence that they would like the Investigator to consider prior to when the Parties' time to inspect and review evidence begins.
    - a. Redactions. The Investigator may redact information provided to either Party that is not directly related to the allegations or that is otherwise barred by a legally recognized privilege, or a Party's treatment records if the Party has not provided written consent. The Title IX Coordinator shall keep a log of all information not directly related or that is otherwise withheld from the Parties.
    - b. Procedures for Review of Documentation. The University will send to each Party and the Party's advisor, if any, the evidence subject to inspection and review in an electronic format or a hard copy. The Parties will have ten (10) calendar days after receiving this information to submit a written response which the Investigator will consider prior to completion of the investigative report. During this ten (10) calendar day period, both Parties may provide additional evidence in response to their inspection and review of the evidence that had been provided to them. The additional evidence provided by both parties will be shared with the other party and each party shall have an additional opportunity to respond to the other party's additional evidence during a five (5) calendar day period following the end of the ten (10) calendar day period. Following this process, the Investigator may also follow up with the Parties regarding any outstanding evidence either Party has not had a chance to speak to. No further review, exchange or submissions will be permitted at this stage.
  7. Investigation Report; Parties' Review of Report. The Investigator shall prepare a written investigation report that fairly summarizes relevant evidence and includes copies of relevant documents as enclosures to the report ("Investigation Report"). The Investigation Report will include a statement summarizing the

alleged misconduct, the perspectives of the parties (e.g., admissions or denials), a summary of the evidence including a list of witnesses interviewed and documents reviewed, preliminary credibility assessments for all witnesses if made, including the Complainant and Respondent (without basing such determination on the person's status as a Complainant, Respondent or witness). In a case where there are multiple Title IX Sexual Harassment Complainants and/or multiple Title IX Sexual Harassment Respondents, a single investigative report is permitted. At least ten (10) calendar days prior to the live hearing, the Investigator will send to each Party and each Party's advisor, if any, the investigative report in an electronic format or a hard copy, for their review and written response. At the same time as the Investigator sends the Investigation Report to the Parties, the Investigator shall also send a copy of the Investigation Report to the Title IX Coordinator. During this ten (10) calendar day period the Parties may provide a written response to the Investigation Report to the Investigator.

8. Title IX Sexual Harassment Case File. The Title IX Sexual Harassment Case File shall include: (a) the initial report of Sex-Based Misconduct; (b) the Formal Complaint; (c) all notices delivered to the parties; (d) copies of all documents and information provided to the parties for review and inspection (either included as part of the Investigation Report or as separate documents); (e) the Parties written responses to the Investigator regarding their inspection and review documents and information during the investigation; (f) the Investigation Report including all exhibits; and (g) the Parties written responses to the Investigation Report, if available.
9. Notices. All notices and communications to CHSU faculty, staff, administration, and students will be delivered via the University's email system. All such parties have a responsibility to promptly read all University emails. For individuals outside of the CHSU community (including former employees and former/withdrawn students), notices and communications will be sent to the most recent email and physical home address on file with the Title IX Coordinator.
10. Advisor. The Title IX Complainant and/or Title IX Respondent may choose anyone (including legal counsel, a colleague, friend, family member or other representative) to voluntarily serve as an advisory support person ("Advisor") but in all cases the parties must participate directly in all meetings or process prior to the live hearing. The Complainant and Respondent may be accompanied by their Advisor to any meeting or investigation process; however, the Advisor may not speak on their behalf, advise them on how to answer a question of the Investigator, or engage with the Investigator or others participating in any part of the investigation, (excluding the live hearing) or otherwise interfere with the investigation in any way—other than to take reasonable breaks during the meeting or proceeding to confer with the respective Party. The Complainant and Respondent must notify the Investigator at least three business days in advance if they wish to bring an Advisor and must disclose their name and contact information to the Investigator. The University may require the Parties and Party advisors to enter into non-disclosure agreements.

## B. Live Hearing Procedures

Formal Title IX Sexual Harassment Complaints shall be adjudicated at a live hearing ("Hearing") as set forth below. References to the "Parties" include the Title IX Complainant(s), Title IX Respondent(s).

1. Hearing Officer Appointment and Purpose. The Title IX Coordinator shall appoint a Hearing Officer to conduct a live hearing as required under Title IX procedures. The Hearing Officer shall be the decision maker and shall: (a) evaluate all relevant evidence, both inculpatory and exculpatory, and independently reach determinations regarding findings of fact and whether the Title IX Respondent is responsible for

Title IX Sexual Harassment; and (b) determine the appropriate Preventative and Corrective Measures, consistent with the University's past practice and this Policy.

2. Hearing Officer Qualifications. The Hearing Officer may be a University employee or external third-party, such an attorney, so long as the person:
  - a. Is not the Title IX Coordinator or Investigator;
  - b. Is free from conflict of interest or bias, including bias for or against complainants or respondents generally or with respect to the individual parties;
  - c. Has reviewed this Policy and understands the regulations applicable to the live hearing process pursuant to 34 Code of Federal Regulations Section 106.45; and
  - d. Is qualified by experience, education and/or training to effectively implement the requirements: (i) to serve impartially; (ii) understand issues of relevance of evidence (including how to apply the sexual history evidentiary rules); (iii) the preponderance of the evidence standard; and (iv) any technology to be used at the hearing.
3. Delivery of Notice, Documents, and Information. All notices to CHSU faculty, staff, administration, and students will be delivered via the University's email system. All such parties have a responsibility to promptly read all University emails. For individuals outside of the CHSU community, notices and communications will be sent to the most recent email address on file with the Title IX Coordinator or, if no email address is on file then to their last known physical address. Copies of all documents provided to the Parties will also be provided to each Party's advisor if known at the time the documents are delivered to the Parties. If a Party is an unemancipated minor, copies of all documents will be provided to the Party and a parent or guardian of the minor upon request of either the parent/guardian or Party. The Title IX Sexual Harassment Case File and other relevant documents and information will be provided electronically unless otherwise requested by a hearing participant.
4. Virtual Hearing; Participants. Generally, all hearings will be virtual. A virtual hearing means that the Parties are located in separate locations such that the parties never come face-to-face with each other, the Hearing Officer, or witnesses. This may be done through the use of technology whereby all participants are still able to simultaneously see and hear the proceedings. At a virtual hearing, the Parties have the right to be present to observe and hear (or, if deaf or hard of hearing or blind or visually impaired, to access through auxiliary aids) testimony of all individuals who testify and to propose questions to be asked of all individuals who testify at the hearing through their Advisor. The University may, in its discretion, designate that the hearing will be in-person and, if so, either Party may request a virtual hearing instead. Such request must be made in writing submitted to the Title IX Coordinator at least five (5) calendar days prior to the Hearing. Only the Parties, witnesses, Advisors, the Title IX Coordinator, University support staff, and support staff of external professionals involved in the proceeding may attend the Hearing.
5. Pre-Hearing Procedures.
  - a. Notice of Hearing. The Title IX Coordinator will send a written Notice of Title IX Sexual Harassment Hearing to the Title IX Complainant and the Title IX Respondent at least fifteen (15) calendar days before the hearing. The Notice of Title IX Sexual Harassment Hearing shall include the following information: (a) the date, time, location; (b) purpose of the hearing; (c) the name of the Hearing Officer; (d) other applicable pre-hearing, hearing and post-hearing procedures; (e) an electronic or hard-copy of the Title IX Sexual Harassment Case File; and (f) notification of whether the University

had elected to hold the hearing in-person and, if so, information regarding how to request a virtual hearing. The Hearing Officer shall also receive a copy of the Notice of Title IX Sexual Harassment Hearing.

- b. Summary of Information. At least ten (10) calendar days before the hearing, the Title IX Complainant and the Title IX Respondent will submit to the Title IX Coordinator a written summary of the information they intend to present at the hearing, including a list of documents to be presented, the names of all requested witnesses, a brief summary of such witnesses' expected testimony ("Summary of Information"). The Parties must provide the Title IX Coordinator with electronic or hard-copies of any documents not already in the Title IX Sexual Harassment Case File.
- c. Notice to Witnesses. The Title IX Coordinator shall contact each requested witness and to notify them of the date, time, location of the Hearing and procedures relevant to their appearance ("Notice to Witness of Hearing Appearance").
- d. Deadline for Response to Investigation Report. The last day for the Parties to submit their response to the Investigation Report is five (5) calendar days before the hearing.
- e. Cross-Examination or Other Questions. The University encourages that the Parties submit their questions in advance of the hearing to the Title IX Coordinator to allow for a more efficient hearing process, although this does not preclude either Party from asking questions at the Hearing which were not previously submitted. If a Party chooses to submit questions in advance, they are encouraged to do so at least three (3) calendar days prior to the Hearing.
- f. Pre-Hearing Packet. At least three (3) calendar days prior to the Hearing, the Title IX Coordinator will provide to each Party and the Hearing Officer, either a hard-copy or an electronic copy of the Pre-Hearing Packet, which shall include: (i) the Summary of Information provided by the Parties; (ii) any new documents not already provided; and (iii) a list of witnesses who are expected to appear at the Hearing.
- g. Request for Disability Accommodations. If a Party, witness, Hearing Officer or Decision-Maker Panel member requires reasonable accommodation for a disability, they shall submit such request in writing to the Title IX Coordinator along with supporting information from a healthcare provider as soon as possible and at least three (3) calendar days prior to the hearing.

## 6. Hearing Procedures.

- a. Hearing Officer Guidelines; Standard of Evidence. Prior to and during the live hearing the Hearing Officer shall approach each case without any preconceived ideas of the responsibility of the Parties involved and thoroughly review the Title IX Sexual Harassment Case File, Summaries of Information and any other relevant documents and information submitted by the Parties prior to hearing. To arrive at findings of fact and determination of responsibility the Hearing Officer must objectively evaluate relevant evidence (both inculpatory and exculpatory) and analyze whether that evidence warrants a high or low level of weight or credibility, including the credibility of each Party and witness. The Hearing Officer has discretion to accept or exclude additional information presented at the live hearing, however, the Hearing Officer may not exclude any evidence relevant to the allegations of Title IX Sexual Harassment. The standard of evidence at the Hearing shall be a

Preponderance of the Evidence. The Hearing Officer may determine that an extension or continuance of the hearing is necessary and, if so, shall coordinate with the Title IX Coordinator to issue simultaneous notices to all Parties and witnesses.

- b. Recording. The University will create an audio or audiovisual recording, or transcript, of any live hearing and will make it available to the parties for inspection and review, within a reasonable time period following the hearing. The type of recording shall be at the Title IX Coordinator's discretion. The University's recording shall be the only recording permitted at Hearing, and the Parties will receive a copy of it with the Hearing Officer's Decision.
- c. Hearing Advisor. Each Party is given the opportunity to choose their own advisor, who may but is not required to be an attorney, to attend the Hearing ("Hearing Advisor") to ask relevant questions of the other Party at the Hearing. If a Party does not select their own Hearing Advisor, the University will assign such Party their own Hearing Advisor selected by the University at no cost to the Party. The Hearing Advisor may be, but is not required to be, the Advisor who supported the Party during the investigation phase. The Parties are prohibited from being accompanied at the Hearing by anyone other than their Hearing Advisor except as follows: (i) a parent or guardian of a Party who is an unemancipated minor may attend; and (ii) additional parties required as part of a reasonable accommodation for a disability (e.g., a sign language interpreter) may attend.
- d. Availability of Evidence; Presentation of Evidence. The University will make all such evidence that has been shared with the Parties subject to the other Party's inspection and review available at the live hearing to give each Party equal opportunity to refer to such evidence during the hearing, including, but not limited to for purposes of cross-examination. The Title IX Coordinator (or designee), Investigator (or designee) or other University representative may, but is not required to, present evidence to the Hearing Officer at the Hearing. If the University presents evidence to the Hearing Officer, that shall not make the University a party to the proceeding. A designee or other University representative may be another University employee or an external third-party, such as an attorney or other qualified representative. The Complainant and Respondent will each have the opportunity to present the information they submitted (unless excluded by the Hearing Officer).
- e. Rules of Procedure and Decorum. The Hearing Officer shall decide on any procedural issues as they may come up during the Hearing. The Hearing Officer will also make any determinations necessary to ensure an orderly, productive, and procedurally proper hearing. The Hearing Officer may pause or continue the proceeding as needed in order to make appropriate decisions on procedural issues, including issues of relevance of evidence. Complaint(s), respondent(s), witnesses, and Hearing Advisors are prohibited from interrupting or disturbing the hearing process. Additionally, Hearing Advisors are prohibited from questioning witnesses or the other Party in an abusive, intimidating, harassing, unduly time consuming, repetitive, or disrespectful manner. If a Party's Hearing Advisor refuses to comply with the rules of decorum they may be removed from the Hearing and, if so, the University shall provide that Party a different Hearing Advisor to conduct the cross examination on behalf of that Party.
- f. Questions During Hearing.
  - 1. Questions by Parties' Hearing Advisors. All questioning on behalf of a Party shall be done by the Parties' Hearing Advisors. The Hearing Advisor may only ask relevant cross-examination and other questions of a party or witness. After each question is asked by the Hearing Advisor,

and before the Party or witness answers the question, the Hearing Officer will determine whether the question is relevant and, if it is not relevant, explain the decision to exclude the question. If a Party or witness is present at the Hearing, but disagrees with a relevance determination, they may either: (1) abide by the hearing-officer determination and answering the question; or (2) refuse to answer the question. A Party or witness may not answer a question that the Hearing Officer has determined to be irrelevant. Unless the Hearing Officer reconsiders the relevance determination, the Hearing Officer cannot rely on any statement made by a Party or witness which that Party or witness has declined to answer regarding cross-examination questions.

2. Questions by the Hearing Officer. Additionally, the Hearing Officer has the right and responsibility to ask questions and elicit information from Parties and witnesses on the Hearing officer's own initiative to aid the Hearing Officer in obtaining relevant evidence, both inculpatory and exculpatory.
3. Failure to Appear for Cross-Examination. If a Party or witness does not submit to cross-examination at the live hearing, the Hearing Officer must not rely on any statement of that Party or witness previously made in reaching a determination regarding responsibility; provided, however, that the Hearing Officer cannot draw an inference about the determination regarding responsibility based solely on a Party's or witness's absence from the live hearing or refusal to answer cross-examination or other questions. Statements that a Party or witness made to a third party when that witness or Party are unavailable themselves to be cross-examined at the live hearing (e.g., statements that a party made to a family member or friend), including statements made against a Party's own interests, will not be relied on when the Party having made those statements fails to submit to cross-examination.
4. Irrelevant Questions. Questions regarding the below information are deemed not relevant and will be excluded at the Hearing unless the question(s) falls into an exception described below.
  - a. Consent Required for Privileged Information. The Hearing Officer cannot access, consider, disclose, or otherwise use a Party's records which are protected by a legally recognized privilege, including, but not limited to, the following: the attorney-client privilege, questions and evidence made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the Party has provided voluntary, written consent to do so.
  - b. Sexual History. The Hearing Officer may not consider a Title IX Complainant's prior sexual history with the following two exceptions: if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Title IX Complainant, or if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.
  - c. Duplicative or Repetitive Questions. Once a question has been asked, duplicative or repetitive questions are irrelevant.

d. Questions of Witnesses Without Relevant Information. Questions of witnesses who do not have any relevant information regarding the allegations of Title IX Sexual Harassment.

5. Hearing Officer Decision. The Hearing Officer shall issue a written decision (“Hearing Officer Decision”) to the Title IX Coordinator within five (5) business days following the end of the Hearing. Additionally, where not enough information exists for the Hearing Officer to issue a decision, the Hearing Officer may remand the case for further investigation or consideration by the Investigator. The Title IX Coordinator shall simultaneously deliver the Hearing Officer Decision to the Parties within two (2) business days following receipt of it from the Hearing Officer. The Title IX Coordinator is responsible for the effective implementation of Preventative and Corrective Measures determined by the Hearing Officer. The Hearing Officer Decision becomes final when: (a) the appeal deadline has passed; or (b) the appeal process has concluded and the Parties receive notification of the appeal decision. Specifically, the Hearing Officer Decision shall include the following information:

- a. Identification of the allegations of Title IX Sexual Harassment;
- b. A description of the procedural steps taken from the receipt of the Formal Title IX Sexual Harassment Complaint through the determination, including, but not limited to any notices to the Parties, interviews with Parties and witnesses, site visits, methods used to gather other evidence, and Hearing;
- c. Findings of fact supporting the determination of whether the Title IX Respondent is responsible for Title IX Sexual Harassment;
- d. Conclusions regarding the application of this Policy;
- e. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Preventative and Corrective Measures to be imposed on the Title IX Respondent and/or provided to the Title IX Complainant in order to restore or preserve equal access to the University's education program or activity;
- f. A summary of matters not addressed under the grievance process that may be separately addressed pursuant to another University policy including, but not necessarily limited to, codes of conduct applicable to employees and the student code of conduct;
- g. A statement that the Title IX Coordinator is responsible for effective implementation of the Preventative and Corrective Measures;
- h. The University's procedures and grounds for appeal, and the name and contact information for the appeal adjudicator; and
- i. A copy of the recording of the Hearing.

6. Preventative and Corrective Measures – Guidelines for the Hearing Officer. Preventative and Corrective Measures should serve the purpose of stopping Title IX Sexual Harassment, and preventing its recurrence, and restoring or preserving equal access to the University's education program or activity. Such measures need not avoid burdening a Title IX Respondent who has been found responsible for Title IX Sexual Harassment. Importantly, Preventative and Corrective Measures should appropriately reflect the University's commitment to education, personal growth, accountability, and ethical behavior. The Hearing Officer shall ensure they are consistent and proportionate responses to conduct that violates this Policy, taking into consideration the context and seriousness of the violation, and based on a fact-specific, case-by-case inquiry.

C. Appeal of Hearing Officers Decision Regarding Title IX Sexual Harassment

An appeal by either Party may be made in writing to the appeal adjudicator within five (5) calendar days after such Party has received the Hearing Officer Decision. An appeal must state the ground on which the appeal is made. Grounds for appeal are limited to:

1. Procedural irregularity that affected the outcome of the matter; or
2. New evidence that was not reasonably available at the time the determination regarding responsibility was made, that could affect the outcome of the matter; or
3. The Title IX Coordinator, investigator, hearing officer, or Decision-Maker had a conflict of interest or bias for or against complainants or respondents generally or the individual complaint or respondent that affected the outcome of the matter.

Upon receipt of an appeal, the appeal adjudicator shall forward the appeal to the other Party. The non-appealing Party will have five (5) calendar days to submit a written statement in support of or against the appeal to the Appeal Adjudicator.

Supportive measures will continue to remain in place during the appeal process. However, no Corrective or Preventative Measures will be implemented prior to the appeal process ending.

The appeal adjudicator will issue a written decision regarding the appeal and the rationale for appeal decision within ten (10) business days from the end of the five (5) calendar day period for the non-appealing Party's statement deadline. This decision will be provided to both Parties simultaneously and will be a final determination regarding the Title IX Respondent's responsibility and cannot be further appealed.

## **XII. OUTSIDE AGENCIES**

CHSU encourages all students and employees who believe they have been subjected to unlawful discrimination or harassment to bring their concerns to the University so that appropriate action can be taken. 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. CHSU cannot remedy claimed discrimination, harassment, or retaliation unless such complaints are brought to its attention. Failure to report these claims prevents CHSU from taking steps to address the problem. If an CHSU community member observes a violation of this policy or believes someone has violated this policy, the member is strongly encouraged to report the incident, irrespective of whether the alleged victim files a complaint themselves. Responsible Employees who learn of such a complaint are required to bring it to the University's attention as described above.

The U.S. Equal Employment Opportunity Commission ("EEOC") and the California Department of Fair Employment and Housing ("DFEH") investigate reports of unlawful harassment, and sexual violence in employment. The U.S. Department of Education Office for Civil Rights ("OCR") investigates reports of unlawful harassment and sexual violence by students in educational programs or activities. These agencies may serve as fact finders and attempt to facilitate the voluntary resolution of disputes. For more information students/employee may contact these agencies as described below:

An employee of CHSU may file a complaint with the Department of Fair Employment and Housing ([1-800-884-1684](tel: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>). Students may file complaints regarding protected-class discrimination or harassment, including but not limited to Sex-Based Misconduct to the Office for Civil Rights (OCR) with the U.S. Department of Education at 800-421-3481 or as otherwise provided at [ocr@ed.gov](mailto:ocr@ed.gov).



# Campus Facilities



## Campus Facilities

For academic year 2021-2022, classes for students enrolled in the College of Pharmacy are held at 120 N. Clovis Ave, and 45 N. Clovis Ave, Clovis, CA. The College of Osteopathic Medicine is held at 2500 Alluvial Ave, Clovis, CA. To ensure the safety of all members of the CHSU community, the following guidelines are to be followed:

- Wearing ID badges at all times
- Keeping locked hallway doors closed, and not propped open
- Respecting business hours and after business hour rules
- Refusing access to the building to individuals who cannot justify their presence
- Respecting all emergency warnings and warnings
- Collaborating with safety requests made by the security staff patrolling the buildings
- Calling 911 immediately for any emergency

### COLLEGE OF PHARMACY

CHSU College of Pharmacy occupies a 32,000 square foot building located at 120 North Clovis Avenue in Clovis, CA. This facility includes two 2,200 square foot classrooms which are large enough to accommodate 84 students using an active learning paradigm. A 1,168 square foot library and learning resource center equipped with computers, printers and copiers are available to the students for study and conducting searches of primary and secondary literature for class and research projects. The librarian's office is included in the library and learning resource center space which allows the librarian to be readily accessible to students requiring assistance. A 1,330 square foot student lounge is available to students to use as a place to meet for lunch and preparation of food for special occasions sponsored by student clubs and groups. There are 8 study rooms in the building that the students can utilize. This building also houses offices for COP faculty and University staff, so as to be accessible to students during office hours or by appointment.

The building contains a 2,139 square foot research lab for use by faculty and students. The research laboratory contains a laminar flow hood, biological safety cabinet, tabletop centrifuge, ultra-low temperature freezer, refrigerators, water purification station, CO2 incubator and other equipment for use in studies involving medicinal chemistry and cell/ tissue cultures.

The pharmacy practice lab contains three airflow hoods in which students can learn aseptic techniques required for preparing parenteral solutions. In addition, the pharmacy practice lab contains equipment for compounding including mortar and pharmacy balances.

At 45 N. Clovis Avenue, CHSU also has a 17,000 square foot building which is located across from 120 N. Clovis Avenue. This facility includes a third large classroom, two smaller classrooms for electives, two collaboration rooms, seven group study rooms, two large quiet study rooms with individual cubicles, flexible study spaces, student lounge, and faculty offices.

### COLLEGE OF OSTEOPATHIC MEDICINE EDUCATIONAL & RESEARCH LAB FACILITIES

The CHSU College of Osteopathic Medicine campus is located at 2500 Alluvial Avenue in Clovis, California where classes will be held. The facility includes a state-of-the-art, 90,000 square foot building. The facility contains two large classrooms which are well-designed for comfort and include technology enhanced features to facilitate the active-learning curriculum. A Teaching and Demonstration Kitchen allows students to learn the importance of proper diet in relation to good health. The facility has a 20,000 square foot Simulation Center with two working skills labs –an In-Patient hospital is modeled to resemble the hospital environment and an Out-Patient Clinic is

designed to resemble a clinic or doctor's office. The Simulation Center is an interactive building with four areas of learning. The Out-Patient clinic has twelve exam rooms. The In-Patient hospital has seven patient beds, a nurses' station, scrub area, OR ED/ICU and acute care rooms. The building is equipped with interactive classrooms with multiple trainers. Students will utilize Case Western Reserve University's (CWRU) HoloAnatomy software suite with Microsoft HoloLens 2 devices instead of traditional cadaver and dissection labs for learning. All three floors have student lounges, individual study spaces, and small group rooms.

At 2500 Alluvial Avenue, CHSU has a 20,000 square foot Simulation Center. This facility has three fully functional training areas. The Clinic has 12 identical examination rooms designed to look like a physician's office, and the Hospital has seven patient beds in five rooms that mimic a hospital environment with specific rooms: operating, emergency, ICU, and medical surgical, and the Skills Labs are for students to practice using task trainers.

## **GUEST AND VISITORS**

CHSU is a welcoming and inclusive community. CHSU is committed to preserving a safe and academically focused environment. It calls for a campus access and security policy that balances ease of access with practical and common-sense procedures to help protect students, faculty, employees, and guests. This policy is intended to expedite campus access for authorized individuals and to enhance the personal safety of all members of the CHSU community. As such, it is critical that all visitors of CHSU conduct themselves in such a way as to not interfere with the educational process or learning environment.

The policy applies to all faculty, staff, guests/visitors and students. The policy is in effect in all CHSU buildings, 24 hours a day, 7 days a week.

Faculty, Staff & Students with their valid CHSU ID cards are permitted to bring guests and visitors on the CHSU Campus as long as the visit purpose of the visit or the conduct of the visitor/guest does not conflict with the mission, vision or values of CHSU. Guests and visitors are required to sign in the Reception Desk and be given guest passes. CHSU reserves the right to limit the number of guests permitted at one time on any CHSU campus for safety reasons. For large events groups more than 10 guests will require a guest list and should be submitted to Operations Department with 24-hours' prior notice.

## **DEFINITIONS**

***Guest & Visitor*** – any individual, not a student, faculty, staff member or affiliate of California Health Sciences University, who is hosted (i.e., overseen by a student, faculty member, or staff member).

***Affiliate*** – non-employee, non-student member of the CHSU community that includes, but is not limited to vendors, retirees, alumni, summer camps and summer conference attendees etc.

***Acceptable Forms of Identification*** – defined as a valid photo Identification (ID) with the individual's name on it. The following types of ID are generally deemed to be acceptable: Driver's License, ID Card issued by the state of Federal Government, Passport, Military ID, and CHSU ID card.

## **PROCEDURES FOR GUESTS/VISITORS**

Faculty, Staff & Students with their valid CHSU ID cards are permitted to bring visitors or guests on the CHSU Campus. Guests and visitors are required to sign in at the reception desk and be given guest passes. Guests are required to wear their guest passes such that they are easily visible at all times during the visit and return the guest passes to the reception desk once the visit is over.

Guests and visitors of students may only be granted access if:

- The student is present at the reception desk to sign the guest/visitor in;
- The student escorts the guest/visitor at all times.

Guests and visitors of faculty or staff may only be granted access if:

- A faculty or staff member is present at the Reception Desk to sign them in; thereafter, the faculty or staff member must escort the visitor at all times; or
- The visitor is announced by CHSU to the faculty or staff member who they are visiting and is approved for access; thereafter, the visitor must wait until a CHSU representative escorts them to the location of the faculty or staff member that approved their access and remain with them at all times. The representative or the host must remain with the visitor at all times.

Students and groups are responsible for notifying their guests or visitors of College rules and regulations and may be held accountable for the conduct of their guests/visitors. CHSU faculty members have the authority to decide if guests may be allowed in the classroom. When making such a determination, the faculty member will consider issues of safety, the impact on other students, and the appropriateness of course content in making such decisions. It is always the responsibility of the guest/visitor's host to make sure the guest/visitor does not disrupt the educational environment. If the guest/visitor does cause a disruption, CHSU will require the guest leave or be removed from campus. Failure of the guest/visitor to follow instructions to leave campus when instructed to do so by CHSU may result in disciplinary action for the student host in accordance with the University student professionalism and conduct policy. Additionally, any visitors/guests that remain on campus after being asked to leave may be escorted off campus by either security or law enforcement.

In situations where tours involving large outside groups (i.e. prospective students) are being conducted on campus, the department overseeing these tours will be responsible for distributing, and accounting for, the guest passes that their department has been issued for this purpose. A guest list is needed and should be submitted to Operations department at least 24 hours in advance of the visit.

## **PROCEDURES FOR AFFILIATES**

All Affiliates will be required check in at the reception desk and to fill out the CHSU guest sign-in.

Deliveries and messengers will be required to present an Acceptable Form of Identification to access a building for the purposes of making a delivery. They will be required to fill out the CHSU guest sign-in log after which they will be allowed to complete their delivery. Delivery persons making bulk deliveries will utilize the loading docks at 120 N Clovis Ave. Clovis, Ca 93612 or 2500 Alluvial Ave. Clovis, CA 93611 Operations department staff will be responsible for ensuring the identity of those persons entering CHSU facilities via this method.

### *ID Cards*

CHSU All students admitted to CHSU will be issued a Student ID Access Card . The Student ID Access Card must be worn on the issued lanyard and visible at all times on campus and at all clinical sites. Use by anyone other than its original holder is prohibited.

The Office of Student Affairs will arrange for the taking of photos and the issuance of cards during Orientation.

Student ID Access Cards include CHSU-issued student identification numbers that are different from social security numbers. Student ID Access Cards also function as library cards for utilizing CHSU Library resources. There is no charge for the initial Student ID Access Card. However, lost, stolen, misplaced or abused cards must be reported immediately and replaced after paying a replacement fee to the Business Office. The Student ID Access Card is necessary for full access to all university facilities and services.

### *Bicycles*

CHSU encourages the use of bicycles as a convenient and sustainable form of transportation on campus. CHSU encourages safe and responsible riding at all times. Riders are encouraged to wear a helmet and to follow all California state and local laws. Please familiarize yourself with these laws as cyclists are granted the same rights and subject to all duties of motor vehicle drivers. Bicycles are to be secured only to the provided bicycle racks. CHSU is not responsible for lost or stolen bikes.

### *Skateboards and Skates*

Skateboarding and skating can be viewed as legitimate modes of individual alternative transportation and recreation, and as such are allowed at CHSU. However, reckless use can: 1) cause damage to University property; 2) generate public safety hazards that place pedestrians at increased personal risk; 3) disrupt faculty, staff, and students working on campus; and 4) create an untenable insurance/liability exposure for the University.

CHSU advocates responsible use of skateboards and all types of skate devices.

### *Food and Drink in the Classroom*

The consumption of food and drink is not allowed in the libraries, research laboratories, Clinical Skills/Osteopathic Principles and Practice Labs, and the Simulation Center. Students are permitted to have food in the classroom. The only drinks that are allowed are those in a container with a tight-fitting lid. Students must keep in mind that professional behavior includes having respect for building furnishings and maintaining a clean learning environment.

### *Parking*

Vehicles must be registered for parking in the campus parking lot. Entering students will have time to complete registration of their vehicle during Orientation to obtain a valid parking tag. Parking tags need to be prominently displayed in the rear window of the vehicle. Every person operating a vehicle on campus is held responsible for acquainting themselves with and obeying all traffic and parking regulations. Vehicles owned or driven by students must be parked in spaces designated for students. Reserved spaces are restricted 24 hours a day. Overnight parking (midnight to 7 am) is NOT allowed on the campus and where otherwise posted.

If a vehicle must be left overnight due to an emergency, please notify the Office of Student Affairs. Parking is prohibited for vehicles in the following areas: all areas not distinctly designated as parking areas, service lane zones and roads, traffic lanes within parking lots, on the grass or sidewalks, and on a pedestrian crossing.

### *Weapons*

CHSU has a zero-tolerance policy for weapons and violence. Weapons include, but are not limited to knives, razors, broken bottles, brass knuckles, chains, locks, all guns, firecrackers, or any other object that could be used to threaten or cause injury to another individual.

Violence includes, but is not limited to, uncontrollable physical or verbal abuse and/or gang-related activities toward any student, faculty, staff, administrator, or visitor on property owned or controlled by CHSU. Behavior of this type may result in immediate expulsion from the University.

### *Pets on Campus*

No pets of any kind (which includes, but is not limited to all mammals, reptiles, insects, amphibians, birds, etc.) are permitted on the campus or in campus facilities. The exception to this is a properly registered Service Animal.

## CRIME REPORTING AND CRIME STATISTICS

The University encourages reporting all crimes committed on or around campus to Campus Safety. In case of an emergency call 911. Some employees of the University are designated as Campus Security Authorities under the Clery Act and are required to report all crimes they learn of that occurred on or around campus. See separate policy related to Campus Security Authorities and the Clery Act. All reported crimes are recorded in a crime log, and an annual summary of campus crime statistics is published in compliance with the Clery Act. The annual security report and the crime log is available to view upon request at the office of the Campus Safety Director (or the President's designee). The crime log contains a list of crimes reported, and basic information about the crime such as the date, location and general description.

## LABORATORY SAFETY PROCEDURES

CHSU is equipped with laboratories to further the academic and scientific achievements of students. CHSU is committed to providing a safe lab environment for learning and working. The risks associated with laboratory hazards are greatly reduced or eliminated if proper precautions are observed. The guidelines below provide a summary of general laboratory safety procedures. See separate applicable policies for more information. All work in laboratories is to be completed under the supervision of the Laboratory Manager, responsible faculty member, or principal investigator, who are ultimately responsible for the safety of laboratories.

Students and those working in labs may be required to complete prerequisite lab safety training as directed by a responsible faculty member or the Laboratory Manager.

Students wishing to bring visitors to a lab must obtain express permission from the Laboratory Manager or appropriate faculty member before allowing the guest to enter the laboratory. Laboratory visitors must always be accompanied by a CHSU employee or the Laboratory Manager's designee.

### *General Safety Guidelines*

It is the responsibility of each person that enters a laboratory to understand the safety requirements and health hazards associated with the materials and equipment in the laboratory. If unsure about the safety of laboratory conditions or practices, please seek guidance from the Laboratory Manager or responsible faculty member before proceeding. Promptly report any potentially hazardous conditions or operations to the Laboratory Manager or responsible faculty member.

1. Always wear proper eye protection in chemical work, handling, and storage areas.
2. Know the hazards associated with the materials in the lab, including the safety precautions to use.
3. Always wear appropriate protective clothing, including clothing that covers the arms and legs, shoes that are closed toed and a suitable lab coat or apron. Confine long hair and loose clothing. Do not wear high-heeled shoes, open-toed shoes, sandals, "flip-flops" or shoes made of woven material.
4. Always wash hands, wrists and arms with soap and water before leaving the work area. This applies after wearing gloves and a labcoat
5. Never perform any hazardous work when alone in the laboratory. At least two people should be present.
6. Only perform work, preparations or experiments that are authorized by the supervisor, the principle investigator, or the Laboratory Manager.
7. Never engage in horseplay, pranks, or other acts of mischief in chemical or laboratory biological work areas.
8. Never remove chemicals, biological agents, or radioactive materials from the facility without proper authorization.
9. Be familiar with the location of emergency equipment – fire alarm, fire extinguisher, emergency eye wash and safety shower. Know the appropriate emergency response procedures.

10. Use equipment and hazardous materials only for their intended purposes.
11. Never mouth pipette chemicals when transferring solutions. Instead, always use a pipette bulb to transfer solutions.
12. Always lubricate glass thermometers or thistle tubes before inserting them into a stopper. Always wrap toweling around them while inserting into the stopper in the event they should break.
13. Use a vented fume hood whenever there is a possibility of poisonous or irritating fumes being emitted.
14. Never leave an experiment unattended while it is being heated or is rapidly reacting.
15. Keep equipment back from the edge of the lab bench to prevent spillage.
16. Support all beakers and flasks with clamps. Do not use cracked or chipped glassware.
17. Report any accident, however minor immediately to the principle investigator or Laboratory Manager.
18. Eating, drinking, smoking, gum chewing, applying cosmetics, and taking medicine in laboratories is strictly prohibited.

### *Spills and Accident Reporting*

All accidents should be reported to the principal investigator and the laboratory Manager. It is the responsibility of each individual using hazardous materials to become familiar with the emergency response procedures dictated by the manufacturer of such materials. Information about this can be found on the Safety Data Sheet (SDS) for the chemical(s) involved in the spill.

Laboratory users should make themselves aware of safety showers and eye wash stations. When possible, all laboratory users should practice activating the eyewash stations.

### *Major Spill or Life-Threatening Injuries*

The primary concern in the event of an emergency is to protect life and health of others. In case of emergency call 911. Only give first aid treatment to the level at which one is trained. If safe to do so, remove/evacuate all personnel in the immediate area away from the laboratory. Ensure door to laboratory is closed prior to leaving the area. If the spill/incident could threaten the health of individuals in the building, activate the fire alarm. If unsure whether everyone has been evacuated, inform security. Be available to guide emergency responders to the scene if requested and safe to do so.

### *Reporting Criminal Activity and Other Emergencies*

To report a crime or criminal activity on or around the CHSU campus, contact the Clovis Police Department at 559- 324-2800. In an emergency situation call 9-1-1. For nonemergency responses call 559- 324-2800. To reach the Crime Line (for nonemergency tips) call 559-324-2459. After reporting emergent crimes, students need to immediately notify the Office of the Dean.

## **CHSU Safety, Security and Emergency Response Policy**

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.

## **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.

### ***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.

### ***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.

### *Phases of Emergency Management*

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



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

### *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

### *Campus Procedures for Specific Emergencies*

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

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

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

### *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

**Do not return to an evacuated building until given clearance by emergency personnel.**

## **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.

## *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.

### *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.

### *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.

### *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.

### *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 Deans of each component college;
3. The heads of all University-level administration departments, including, but not limited to, operations, communications, business, and legal counsel;
4. 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) Dean of the College of Osteopathic Medicine; (2) Dean of the College of Pharmacy.

### *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.

### **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.

#### *Identification and Building Access Cards*

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

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

#### *Campus Security Guards*

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

#### *Emergency Evacuation Maps*

CHSU's Operations Department shall maintain campus evacuation maps which identify the procedures for evacuating all buildings on campus.

#### *Injury Illness Prevention Plan*

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

### *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. 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.

### *Registered Sex Offenders*

California's Megan's Law provides the public with certain information on the whereabouts of sex offenders at the following website: [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov). The existing provisions of Megan's Law address the requirements of section 121 of the federal law known as the Adam Walsh Child Protection and Safety Act of 2006.

### *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.

The University's Timely Warning and Emergency Notification Policy explains the process the University will follow when issuing timely warnings and/or emergency notifications to University students and employees.

### *Closure Due to Inclement Weather*

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

## **THE EMERGENCY RESPONSE PLAN**

### *Roles and Responsibilities of Stakeholders*

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

### *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 Emergency Services; Rave Mobile Safety Alert System 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.

### *Faculty and Staff*

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

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

### *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.

### *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>
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>
Deans of the Component Colleges	<ul style="list-style-type: none"> <li>❖ Oversee College specific-level student services support to affected members of the student population.</li> <li>❖ Provide access for students to mental health services required to address trauma and other emotional response</li> </ul>

	<p>to the emergency.</p> <ul style="list-style-type: none"> <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>
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***Assessment and Evaluation of Emergency Plans and Capabilities***

The University will at least annually schedule drills, exercises, and appropriate follow-through activities, designed for the assessment and evaluation of emergency plans and capabilities. This will also include routine evacuation drills during CHSU business hours to ensure all members of the campus community are familiar with evacuation procedures.

***Recovery***

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

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

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



#### **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 9-11

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.

## **Student Injury on Campus Reporting Policy**

If a student experiences an accident or injury on campus, the student should report the incident to the Director of Security, as identified by the University's Injury Illness and Prevention Program, and the student's college-specific Student Services office immediately, and no later than 24 hours after the occurrence. If the University is closed, the incident should be reported the next business day. A member of the Facilities Department will complete an accident/injury report and forward to the Business Department and legal counsel.

A preliminary review, if warranted, will gather additional detailed information while it is fresh and accurate in the minds of those involved or who may have witnessed the incident. The Director of Security will assess the situation and details provided. Should there be any corrective action needed to prevent further future incidents, the Director of Security will develop and implement the correction action.

Data and statistics from all incident reports will be collected, analyzed and presented to the Environmental Health & Safety Committee for review. This information will assist that committee in determining whether additional intervention is needed.

Reportable events may include, but are not limited, to the following:

- Any injury to a student occurring on University premises or in connection with University business.
- A condition presenting a safety hazard.
- Damage to University property.

# Financial Services / Financial Aid



## Financial Services

### CHSU Tuition and Fees

For tuition and fee information for the applicable college, click on the following:

- [COP Annual Tuition, Fees & Costs for 2021-2022](#)
- [COM Annual Tuition, Fees & Costs for 2021-2022](#)

California Health Sciences University requires only one semester of charges to be paid at a time. All tuition and fees for each semester must be paid in full no later than thirty (30) days prior to the first day of class for each semester.

### PAYMENTS

Payments may be made online through ACH by logging into the Student Portal, or in person at the CHSU Business Office via check, money order or cashier's check payable to California Health Sciences University. **For COM Students:** payment by check, money order or cashier's check make payable to California Health Sciences University College of Osteopathic Medicine. Please include your name and student ID on the check/money order. The Business Office is located at 120 N. Clovis Avenue, Clovis, CA 93612. Cash payments and credit cards are not accepted. All payments made by or on behalf of a student shall be applied to his or her account. Statements of a student's account balance may be accessed by the student using CHSU's online student portal.

### DELINQUENT ACCOUNTS

Delinquent student accounts may be reported to one or more of the major credit bureaus and may be forwarded to an outside collection agency or attorney. If collections efforts become necessary, the student is responsible for all costs incurred to collect the outstanding debt, including but not limited to principal, accrued interest, late fees, collection fees, and any legal fees.

### AACOM DEBT MANAGEMENT MODULES

CHSU and the American Association of Colleges of Osteopathic Medicine (AACOM) recognize that many students will finance their education costs with student loans. AACOM provides a series of educational debt management modules for osteopathic medical students and recent graduates. Each module contains specific information and resources to help osteopathic medical students borrow strategically and ensure they are prepared to responsibly repay their loans after they graduate and enter residency training. The modules cover a broad scope of important financial aid and budgeting topics. CHSU-COM students are encouraged to review the modules which can be accessed at <https://www.aacom.org/become-a-doctor/financial-aid/aacom-financial-aid-debt-management-modules>.

### CANCELLATION, WITHDRAWAL & REFUNDS

The information below describes when students may become eligible for partial or complete tuition and fees reimbursements and how such reimbursements will be calculated.

### RIGHT TO CANCEL

A student has the right to cancel their enrollment agreement and obtain a refund of all charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later, less the maximum nonrefundable two-hundred and fifty dollar (\$250) seat deposit. Students who wish to cancel their enrollment agreement must notify the applicable College's Office of Admissions of the cancellation by email, mail, or in person. If a student obtains a loan to pay for an educational program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund. If the student receives federal student financial

aid funds, the student is entitled to a refund of the monies not paid from federal financial aid funds.

## Tuition Refund Policy - Withdrawal and Eligibility for Tuition Refund

A student who withdraws from CHSU prior to the completion of sixty percent (60%) of the semester, but after the seventh day of enrollment, is entitled to a pro-rated refund of unearned institutional charges (i.e., tuition and refundable fees) as described in California Education Code 94920, reflected below. CHSU shall also provide a pro-rata refund of non-federal student financial aid program monies paid for institutional charges to students who have completed sixty percent (60%) or less of the period of attendance.

A student who withdraws after completion of sixty percent (60%) of the semester is not entitled to any refunds.

For the purpose of determining a refund under only this section, a student shall be deemed to have withdrawn from a program of instruction when the student withdraws or is deemed withdrawn in accordance with the Withdrawal and Leave of Absence policies.

### REFUND CALCULATION AND PAYMENT

For purposes of tuition refund calculations, the withdrawal period will be measured from the date the student actually stops attendance in all courses. Once all calculations are complete, the Business Office will bill or refund the student for any outstanding balance.

The following formula can be used as an example to calculate the refund:

1. Total days in current semester – Days in current semester completed = Total days not completed
2. Total days not completed/Total days in current semester = % of pro-rata refund
3. (Institutional charges\* x % of pro-rata refund) – Non-refundable fees\*\* = Total refund owed

\*Unearned institutional charges in the pro-rata refund include current semester tuition.

\*\*Non-refundable fees and charges are: (1) all non-refundable fees; (2) Student Tuition Recovery Fund fee; and (3) student health insurance premium, if applicable.

Students are not entitled to reimbursement of any outstanding charges that the student has not yet paid to the University.

If the amount of the current semester payments is more than the amount that is owed for the time attended, then a refund of the difference will be made within forty-five (45) calendar days after the notice of withdrawal is received by the Office of the Registrar.

This refund policy is subject to change if there are future changes to institutional policies with which it may conflict. A calculation for the return of funds will be completed within thirty (30) days of the last day of attendance at the school, or a calculation for the return of funds will be completed within thirty (30) days of the school's determination that a student has ceased attendance without proper notification.

If any portion of the tuition was paid from the proceeds of a loan or third party, the refund shall be sent to the lender, third party or, if appropriate, to the state or federal agency that guaranteed or reinsured the loan. Any amount of the refund in excess of the unpaid balance of the loan shall be first used to repay any student financial aid programs from which the student received benefits, in proportion to the amount of the benefits received, on any remaining amount shall be paid to the student.

## Student Rights Under the Student Tuition Recovery Fund (STRF)

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

It is important that you keep copies of your enrollment agreement, financial aid documents, receipts, or any other information that documents the amount paid to the school. Questions regarding the STRF may be directed to the Bureau for Private Postsecondary Education, 1747 North Market, Suite 225, Sacramento, CA 95834, (916) 431-6959 or (888) 370-7589.

To be eligible for STRF, you must be a California resident or are enrolled in a residency program, prepaid tuition, paid or deemed to have paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The institution, a location of the institution, or an educational program offered by the institution was closed or discontinued, and you did not choose to participate in a teach-out plan approved by the Bureau or did not complete a chosen teach-out plan approved by the Bureau.
2. You were enrolled at an institution or a location of the institution within the 120 day period before the closure of the institution or location of the institution, or were enrolled in an educational program within the 120 day period before the program was discontinued.
3. You were enrolled at an institution or a location of the institution more than 120 days before the closure of the institution or location of the institution, in an educational program offered by the institution as to which the Bureau determined there was a significant decline in the quality or value of the program more than 120 days before closure.
4. The institution has been ordered to pay a refund by the Bureau but has failed to do so.
5. The institution has failed to pay or reimburse loan proceeds under a federal student loan program as required by law or has failed to pay or reimburse proceeds received by the institution in excess of tuition and other costs.
6. You have been awarded restitution, a refund, or other monetary award by an arbitrator or court, based on a violation of this chapter by an institution or representative of an institution, but have been unable to collect the award from the institution.
7. You sought legal counsel that resulted in the cancellation of one or more of your student loans and have an invoice for services rendered and evidence of the cancellation of the student loan or loans.

To qualify for STRF reimbursement, the application must be received within four (4) years from the date of the action or event that made the student eligible for recovery from STRF.

A student whose loan is revived by a loan holder or debt collector after a period of non-collection may, at any time, file a written application for recovery from STRF for the debt that would have otherwise been eligible for recovery. If it has been more than four (4) years since the action or event that made the student eligible, the student must have filed a written application for recovery within the original four (4) year period, unless the period has been extended by another act of law.

However, no claim can be paid to any student without a social security number or a taxpayer identification

number.

## **DISMISSAL FROM PROGRAM**

The institution may terminate the student's enrollment for failure to maintain satisfactory progress, failure to abide by the rules and regulations of the institution; absences in excess of maximum set forth by the institution; failure to meet technical standards with or without a reasonable accommodation; and/or failure to meet financial obligation to the school. In such circumstances, the date the student is notified of their dismissal will be considered the date of determination, and the Tuition Refund Policy will be applied based on the student's last date of attendance.

## **Student Financial Aid Information**

The Office of Financial Aid at California Health Sciences University is available to assist current and prospective students with funding their higher education goals. The funding options available to CHSU students are described briefly below. Students are strongly encouraged to borrow responsibly and to seek out low cost and/or no cost funding options.

*Currently only the College of Pharmacy is approved for Title IV funding through the Department of Education. The College of Osteopathic Medicine will be able to apply for approval once it has been in operation for two years.*

Most types of Federal aid require a student to complete the Free Application for Federal Student Aid (FAFSA). The FAFSA is an application used to determine a student's eligibility for federal aid. The Office of Financial Aid will also review a student's financial aid history as there are annual and aggregate limits to some of the loan programs.

Disbursements of funds are issued at the start of each payment period. Most academic years consist of two payment periods (Fall semester & Spring semester). Students must have submitted for review and processing all required documents prior to the start of the academic year. Failure to meet this deadline can result in a delay in processing and disbursement of funds.

## **APPLYING FOR FEDERAL DIRECT LOANS**

Students applying for Federal Direct loans should begin by completing a FAFSA. The FAFSA should be completed online at [www.studentaid.gov](http://www.studentaid.gov). Students will need to create or retrieve an FSA ID which allows them to log in and electronically sign the FAFSA. When completing the FAFSA be sure to include the CHSU school code **042814**. Once CHSU has received your FAFSA information your file will be reviewed to determine your eligibility.

Students applying for a Graduate PLUS Loan will also need to complete a loan application and credit check. The loan application should be completed online at [www.studentaid.gov](http://www.studentaid.gov). When completing the loan application, a student should indicate the dollar amount being requested.

Students will need to complete a Student Loan Entrance Counseling Session. Entrance counseling helps a student become familiar with their rights and responsibilities as borrowers, budgeting and repayment options.

Lastly, a student will need to complete a Master Promissory Note (MPN). The MPN is the student's agreement with the government to repay any student loan funds borrowed. There are separate MPNs for the Direct Unsubsidized Loan and the Direct Grad PLUS Loan.

## **Federal Student Loans**

### **FEDERAL DIRECT UNSUBSIDIZED LOANS**

The Direct Unsubsidized loan is a loan offered through the Federal Government. This type of loan accrues interest throughout the life of the loan. The Department of Education sets annual and aggregate limits for the loan program.

Interest rates for the unsubsidized loan are set by the Department of Education. Interest rates vary based on the student's level in school and the loan's first disbursement date. Currently the interest rate is fixed at 4.30%. The government also charges fees to create the loan. The current percentage charged on an unsubsidized loan is 1.05%. Interest rates are updated every July 1<sup>st</sup>. Origination fees are updated every October.

Funds are awarded per academic year. Disbursements are made at the start of each payment period. Each academic year is made up of at least two payment periods. Students are eligible for a 6-month grace period and a variety of repayment options.

For an unsubsidized loan to be processed a student must have also completed a student loan entrance counseling session and a Subsidized/Unsubsidized Loan Master Promissory Note (MPN). Both the counseling and MPN should be completed online at [www.studentaid.gov](http://www.studentaid.gov).

### Annual and Aggregate Loan Limits

ANNUAL LOAN LIMITS	
<b>Dependent Undergraduate Students (except students whose parents cannot obtain Direct PLUS Loans)</b>	
First Year Total (maximum \$3,500 subsidized)	\$5,500
Second Year Total (maximum \$4,500 subsidized)	\$6,500
Third Year & Beyond (Total Each Year) (maximum \$5,500 subsidized)	\$7,500
<b>Independent Undergraduate Students (and dependent students whose parents cannot obtain Direct PLUS Loans)</b>	
First Year Total (maximum \$3,500 subsidized)	\$9,500
Second Year Total (maximum \$4,500 subsidized)	\$10,500
Third Year & Beyond (Total Each Year) (maximum \$5,500 subsidized)	\$12,500
<b>Graduate and Professional Students</b>	
Total Amount (Each Year) (unsubsidized only)	\$20,500

AGGREGATE LOAN LIMITS	
<b>Dependent Undergraduate Students (except students whose parents cannot obtain Direct PLUS Loans)</b>	
Total Amount Cumulative (maximum \$23,000 subsidized)	\$31,000
<b>Independent Undergraduate Students (and dependent students whose parents cannot obtain Direct PLUS Loans)</b>	
Total Amount Cumulative (maximum \$23,000 subsidized)	\$57,500
<b>Graduate and Professional Students</b>	
Total Amount Cumulative (maximum \$65,500 subsidized; includes loans received for undergraduate study)	\$138,500

*Note: Certain Health Professions are eligible for additional Unsubsidized Loan funds (up to \$33,000 for Pharmacy) and an increased aggregate limit of \$224,000.*

More information about the unsubsidized loan program can be found at [www.studentaid.ed.gov](http://www.studentaid.ed.gov).

### **DIRECT PLUS LOAN FOR GRADUATE STUDENTS (GRAD PLUS)**

The Direct PLUS Loan for Graduate Students is a loan offered through the Federal Government. This type of loan accrues interest throughout the life of the loan. Currently the interest rate is fixed at 5.30%. The government also charges fees to create the loan. The current percentage charged on an unsubsidized loan is 4.228%. Interest rates are updated every July 1<sup>st</sup>. Origination fees are updated every October. A student can borrow up to their cost of attendance minus all other aid awarded. Approval for the Grad PLUS loan is based on a student's credit. Students with adverse credit can add a credit worthy endorser to their application or provide documentation about extenuating circumstances for review.

Students should apply for enough funding to cover one academic year at a time. Students are encouraged to borrow responsibly and only what is needed. Students will need to reapply prior to the start of each academic year. Students should indicate the amount that they are requesting on their application. Loan applications should be completed online at [www.studentaid.gov](http://www.studentaid.gov). Students are eligible for a six-month grace period and a variety of repayment options. Funds are processed per academic year. Disbursements are made at the start of each payment period.



For a grad PLUS loan to be processed, a student must have submitted a FAFSA, exhausted all unsubsidized loan eligibility, completed a PLUS Master Promissory Note (MPN) for Graduate/Professional Students and completed a PLUS loan counseling session (required for students with adverse credit history). The loan application, counseling session and MPN should be completed online at [www.studentaid.gov](http://www.studentaid.gov).

## SAMPLE REPAYMENT OPTIONS

Students can choose from a variety of repayment options. Students can also change their repayment plan for free. Students can access a repayment estimator tool online at [www.studentaid.gov](http://www.studentaid.gov) to get a better idea of their individual repayment options. Below is an example of the various repayment options that could be available. Information about the different repayment options can be found at [www.studentaid.ed.gov](http://www.studentaid.ed.gov).

*Repayment options below are estimated based on an Unsubsidized Loan balance of \$82,000 (\$20,500 x 4 Years) at an estimated interest rate of 6.1%.*

Standard You will pay a total of <b>\$109,640</b> over 120 months	<b>\$914 - \$914/month</b>
Graduated You will pay a total of <b>\$117,062</b> over 120 months	<b>\$523 - \$1,569/month</b>
Extended Fixed You will pay a total of <b>\$159,703</b> over 300 months	<b>\$532 - \$532/month</b>
Extended Graduated You will pay a total of <b>\$173,678</b> over 300 months	<b>\$415 - \$797/month</b>

By signing the Master Promissory Note (MPN) for Direct Unsubsidized or Direct Grad PLUS loans a student is promising to repay the loan funds. Students are encouraged to research the repayment options to identify the one that will work best for them. As a borrower, students are also able to take advantage of deferment and forbearance options that can postpone payments for a period based on a qualifying circumstance.

## RIGHTS AND RESPONSIBILITIES AS A STUDENT LOAN BORROWER

*You have the right to,*

- written information on your loan obligations and information on your rights and responsibilities as a borrower;
- a copy of your MPN either before or at the time your loan is disbursed;
- a grace period and an explanation of what this means;
- notification, if the department transfers your loan to another servicer without your consent;
- a disclosure statement, received before you begin to repay your loan, that includes information about interest rates, fees, the balance you owe, and a loan repayment schedule;
- deferment or forbearance of repayment for certain defined periods, if you qualify and if you request it;
- prepay your loan in whole or in part anytime without an early repayment penalty; and
- documentation when your loan is paid in full.

*You are responsible for,*

- completing exit counseling before you leave school or drop below half-time enrollment;
- repaying your loan according to your repayment schedule even if you do not complete your academic program, you are dissatisfied with the education you received, or you are unable to find employment after you graduate;

- notifying your lender or loan servicer if you
  - move or change your address,
  - change your telephone number,
  - change your name,
  - change your Social Security number, or
  - change employers or your employer's address or telephone number changes;
- making monthly payments on your loan after your grace period ends, unless you have a deferment or forbearance, and
- notifying your lender or loan servicer of anything that might alter your eligibility for an existing deferment or forbearance.

## **RETURN OF TITLE IV FUNDS**

When a student withdraws from a program a calculation is done to determine the amount of financial aid that was earned by the student based on the amount of time, they were attending the program. The Return of Title IV calculation may result in a student owing the University for unpaid tuition and fees and the Department of Education for loans.

If the process creates a balance due on the student's account, the student is responsible for full payment. Funds returned to any Title IV program will not exceed the amount disbursed or credited to the student's account. If the process creates a credit balance on the student's account, the student may be eligible for a post-withdrawal disbursement. All Title IV funds will be made available within 45 days of the date the school determines the student withdrew.

Any refund calculated as a result of the return of Title IV process will be allocated in the following order:

1. Direct Unsubsidized Loan Funds
2. Direct Grad PLUS Loan Funds

Please see Withdrawal Policy and Refund Policy for additional information.

## **EXIT COUNSELING**

Prior to completion of their program students who borrowed Federal Direct Loans must complete a Student Loan Exit Counseling session. Exit Counseling is a requirement. It provides information about your loan history, repayment, deferment and forbearance and avoiding default. Exit counseling should be completed online at [www.studentaid.gov](http://www.studentaid.gov). Students will need to log in using their FSA ID.

## **NOTICE OF FEDERAL STUDENT FINANCIAL AID PENALTIES FOR DRUG LAW VIOLATIONS**

Any student that receives a conviction for any offense, during a period of enrollment for which the student was receiving Title IV, HEA program funds, under any federal or state law involving the possession or sale of illegal drugs will result in the loss of eligibility for any Title IV, HEA grant, loan or work-study assistance (HEA Sec. 484(r)(1)); (20 U.S.C. 1091(r)(1)).

## **FREE SCHOLARSHIP SEARCH DATABASES**

Students are encouraged to investigate sources of financial assistance beyond what is offered by CHSU. Many foundations, professional associations, religious and ethnic organizations, and corporations offer grants and scholarships. Below are some free resources that could be utilized:

Fastweb: [http://edu.fastweb.com/v/o\\_registration/flow/step1](http://edu.fastweb.com/v/o_registration/flow/step1)

Mapping Your Future: <http://mappingyourfuture.org/paying/scholarshipresources.htm>

Scholarships.com: <https://www.scholarships.com/>

## Private Alternative Loans

CHSU currently offers the following private educational loan financing options:

- Sallie Mae Graduate Health Profession Loan (for Pharmacy students)
- Sallie Mae Medical School Loan (for DO students)
- Sallie Mae Parent Loan
- iHELP Medical School Loan (for DO students)

In considering private or alternative loans, borrowers need to take into account such factors as annual and aggregate loan amount limits, interest rates, fees, disbursement processes, timing and frequency, deferments such as during the in-school period, and repayment terms. Students are also encouraged to explore other options to find the best program for their needs.

Private alternative loans are credit-based loans offered by various lenders. These loans accrue interest through the life of the loan. Interest can be fixed or variable. A student can borrow up to their cost of attendance minus all other aid awarded. Approval for this type of loan is based on a student's credit. Depending on credit, some students may be required to have a cosigner.

Students should apply for enough funding to cover one academic year at a time. Students will need to reapply prior to the start of each academic year. Students will need to indicate the amount that they are requesting to borrow when they apply. Loan applications should be completed online via the lender's website. Some lenders offer deferments between 6 and 36 months long. Disbursements are made at the start of each payment period.

The Sallie Mae Graduate Health Profession Loan can be accessed at: <https://www.salliemae.com/student-loans/graduate-student-loans/>

The Sallie Mae Medical School Loan can be accessed at: <https://www.salliemae.com/student-loans/graduate-student-loans/medical-school-loan/>

The Sallie Mae Parent Loan (for parents or other sponsor borrowers) can be accessed at: <https://www.salliemae.com/ParentOptions>

The iHELP Medical School Loan can be accessed at: <https://www.zuntafi.com/LoanProducts/Category?category=Medical>

**Academic Affairs /  
Academic Services**



## Global Learning Outcomes (GLOs)

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	Relational Contexts, Cultural Groups, and Associations
<p><b>Clinical and Scientific</b> – 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.</p> <p><b>Ethical and Moral</b> – The frameworks, principles, and ideas that distinguish right and wrong and good and bad behavior.</p> <p><b>Sociocultural</b> – 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.</p> <p><b>Psychological</b> – The underpinnings of motivation and behavior.</p>	<p><b>Direct Care</b> – Caring for patients, their families, and caregivers.</p> <p><b>Team</b> – Collaboration with others: other professions, community, patients, and families.</p> <p><b>Health System</b> – Evidence based practice, population health, system management and quality improvement.</p> <p><b>One’s Profession</b> – Engagement with and leadership within the profession.</p> <p><b>The Community</b> – Engagement in public education and outreach.</p>

# Team-Based Learning Methodology

## WHY TBL?

Reflect on courses and classroom experiences from the past. Were you learning more when you were passively listening or actively discussing an idea and solving an important problem? Did you feel during lecture that you could have learned the same facts just by reading the chapter? Was coming to class mostly for jotting down notes on the margins of the slides because what the teacher said might be on the test? How comfortable did you feel raising questions with other classmates or the professor in the middle of class? Were you left wondering how the class would ever apply to real life? Did you leave those courses prepared to work in a team setting later in your career? These questions have inspired students and faculty to explore better ways to learn and highlight many of the benefits of being part of a team-based learning (TBL) classroom.



TBL systematically delivers a learner-centered environment that optimizes the classroom experience. Students learn by engaging pre-class readiness materials and in-class problem solving, tied together with rich discussion within teams and between teams. Teams serve the crucial role of testing understanding, giving feedback on ideas, and encouraging accountability to learning, and over time TBL teams outperform even their strongest individual members. Built into TBL are regular opportunities to clarify areas of confusion and compare the team's thinking to your own, to other teams, and ultimately to the instructor's explanation. Students who engage in TBL also come better prepared and tend to remember their learning longer. Research suggests most students and faculty prefer TBL to the traditional classroom, particularly after the initial transition.

## TBL AT CHSU

CHSU utilizes TBL across the entire academic program, supplemented by other active learning strategies. The very nature of TBL promotes the development of improved judgment, communication, teamwork, problem-solving, critical thinking, and overall a deeper understanding of knowledge, skills and abilities. TBL also emphasizes individual accountability, collaboration, and application of fundamental concepts to interesting and meaningful problems. The role of the TBL instructor is to guide the class to the most important learning outcomes by creating challenging authentic problems for students to solve and facilitating classroom discussion to probe the reasoning and assumptions that form those solutions.

At the beginning of each semester, teams are comprised generally of six students based on criteria to achieve an even distribution of skills, experiences, and resources across all teams. Students remain with the same team for all courses throughout the same semester. Teams are reformed each new semester, providing everyone the opportunity to work with and learn from almost every other student in the class at some point before graduation. All students are accountable for their individual and team contributions throughout the semester. Structured peer assessments are conducted twice each semester to provide constructive feedback for growth for all members of the team.

## TBL PHASES

TBL learning starts before class even begins and often continues over multiple classroom periods.

## READINESS ASSURANCE

1. Students start the readiness assurance process by studying materials suggested by the instructor before class (Step 1, in red above) to cover the basic facts, concepts and vocabulary necessary to discuss the topic. This may involve reading assignments, taped lectures, practice-problems, pre-class learning objectives and other self-study activities.
2. The readiness assurance process continues at the start of class when individual students complete a brief multiple-choice test (Step 2) based on the self-study assignment, assuring enough knowledge readiness to



Team-based learning methodology by Jim Sibley and Sophie Spiridonoff, University of British Columbia

begin discussing the key concepts. This is called the Individual Readiness Assurance Test (iRAT).

3. To help identify and clarify misunderstandings, each team of students then retakes the same brief multiple-choice test, discussing questions within the team to reach a consensus answer (Step 3). This is called the Team Readiness Assurance Test (tRAT).
4. The question key is then revealed to the students and if a team wishes to challenge a keyed answer or offer a different interpretation of a question, the team may submit a written appeal (Step 4) to the instructor for later review.
5. The professor then leads a classroom discussion encouraging interaction between teams (or offers a brief focused lecture when needed) to clarify the fundamental concepts intended from the readiness assignment (Step 5). This discussion prepares the class for the more challenging questions coming later in the in-class team applications. The instructor may also choose to address appeals at this point if it helps enrich the classroom discussion; otherwise appeals are reviewed with the team after class or by email.

### **IN-CLASS TEAM APPLICATIONS**

Once students have demonstrated understanding of basic concepts and any remaining misunderstandings have been clarified, the instructor shares a series of increasingly complex problems for the teams to attempt. These problems are significant and often authentic scenarios that you may see in your career in healthcare. All teams work on the same problem and are asked to make and defend specific choices as part of their proposed solutions. Teams transition into a class-wide discussion by simultaneously sharing and comparing all team solutions with deeper discussions facilitated by the instructor. The application ends with a brief recap of key points identified by the instructor and the class then moves to a new interesting problem.

To be effective health professionals, beyond just understanding and problem solving, students must develop the ability to work and communicate effectively with a diverse group of patients and colleagues and deliver care as a team. This ability is not innate. Learning in teams will provide you with excellent preparation and a natural insight into practicing healthcare as a team. The faculty at CHSU are excited to share TBL with you.

## **Academic Freedom, Intellectual Honesty and Academic Integrity Policy**

### **ACADEMIC FREEDOM**

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

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

CHSU expects that its members exercise academic freedom responsibly. As highly trained professionals, faculty have the responsibility to their students and community for the quality of their teaching, scholarship, and student learning. The faculty has primary responsibility for contributing their knowledge to such fundamental areas as curriculum, subject matter, methods of instruction and assessment, and research. Faculty input is sought for those aspects of student life which relate to the educational process.

Faculty are entitled to freedom in the classroom in discussing related subject matter. Faculty are free to pursue

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

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. Students do not have the right to interfere or interrupt the education of others in the name of academic freedom.
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:
  - 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.

## **INTELLECTUAL HONESTY/ACADEMIC INTEGRITY**

As members of an academic community, faculty bear the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity. Collaborative scholarship requires the study of other scholars' work, the free discussion of such work, and the explicit acknowledgement of those ideas in any work that informs a faculty member's own work. This exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights of faculty members in their teaching, scholarship, 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; and service will be properly noted and carefully credited.

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



not limited to, the following:

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

## Curriculum Structure and Delivery Policy

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

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

## Student Registration

All students will be unofficially registered by the University Registrar in what is classified as "Block Registration", no later than 30 days prior to the academic term for which registration is required. All students will be officially registered for each academic term on the first day of class.

## Semester Length Definition

California Health Sciences University operates on a semester system. The College of Pharmacy consists of two didactic course semesters for a minimum of 15 weeks and 1 week for examinations. COP does not offer classes during the summer semester. The experiential education requirements for IPPEs and APPEs are completed throughout the calendar year. The College of Osteopathic Medicine defines a semester as 20 weeks in length. Clinical Clerkships are completed throughout the calendar year as assigned.

## Credit Hour and Course Load Policy

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.

### 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.

### COURSE LOAD

Each semester, students are expected to carry the normal full-time course load. In special circumstances, pursuant to each college's policies and procedures, such as prior course failures or readmission, temporary part-time status may occur due to lack of availability of courses; however, continuous part-time study is not an option. A first, second, or third professional-year student carrying less than 12 semester hours is considered a part-time student; a fourth- professional-year student carrying less than 10 semester hours is considered a part-time student.

CHSU uses the following standard to determine a student's status:

Full-time	12 or more units
Three-quarter time	9-11 units
Half-time	6-8 units
Less than half-time	5 or less

### **SCHEDULE CHANGES (ADD/DROP) OR WITHDRAWAL FROM A COURSE**

Due to block scheduling, schedule changes are generally not possible. The only exceptions for schedule changes are reasons that are of an academic nature, or for elective courses. Requests to change an elective must be done by the end of the add/drop period, which is at the end of the first week of each semester. Students should be aware that dropping (withdrawing) from a course may result in a significant extension of the students' professional program. Before dropping (withdrawing), students should discuss the issue with their faculty advisor and Assistant Dean for Student Affairs.

### **ELECTIVE COURSES**

The decision of whether to offer an elective course will be based upon the availability of faculty to teach the course, as determined by the department chairs, and by a minimum number of students (set by the faculty presenting the course) enrolling in the course and being present on the first day of class.

## **Completion of Evaluations and Surveys**

In order to provide students with opportunities to voice their opinion of the academic programs and services, evaluations of faculty and courses are periodically sent to students in electronic format. It is important for students to fill out the evaluations as part of their responsibilities in informing the improvement of the programs. Providing quality and actionable feedback will be an important component of the daily activities of health care professionals, and student can begin practicing the skill while attending CHSU.

In addition, surveys related to research or other topics may be occasionally sent; they also require student completion. University administration monitors the frequency and type of evaluation and surveys sent to student, to space them in time and keep the numbers reasonable as much as possible. However, students are asked to understand that as an academic institution, we have a duty to report to our accreditors: student feedback and response rates are specifically monitored.

## **HIPAA Training Policy**

All CHSU students will be expected to adhere to the Health Insurance and Portability and Accountability Act (HIPAA) rules when participating in clinical activities required by their program. HIPAA compliance will be expected in all clinicals sites affiliated with CHSU (pharmacies, affiliated hospitals and clinics, health care provider offices).

Students will receive training from CHSU at the appropriate time to ensure compliance with the rules that include

maintaining confidentiality of paper and electronic health records, a critical component of the health care provider-patient relationship. Students can expect the following: periodic re-training in HIPAA rules at CHSU and training at affiliated sites as required by the CHSU and/or affiliate policies and procedures governing the presence of students at those sites. Although CHSU will ensure and document student training, affiliated sites must adhere to their own rules governing their organization. Students will therefore undergo multiple HIPAA trainings throughout their time at CHSU.

Should students have any questions about HIPAA and its role in their education, they are encouraged to connect with their course/block/clerkship leadership, teaching faculty, or their relevant Office of Student Affairs. Concerns about student violating rules of HIPAA and student confidentiality should be reported to the relevant Office of Student Affairs.

## Student Research and Scholarly Activity Policy

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 university.

### *Goals of Student Research and Scholarly Activity:*

- Fostering development of analytical and decision-making skills.
- Provide students with an opportunity to utilize 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.

### **SUPPORT FUNDS**

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.

## **FUNDING POLICY**

Annually, the University Research and Scholarship Committee (RSC) issues a call for proposals for Research Funding awards. The RSC provides guidelines and application instructions for these grants. 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.

## **ANNUAL RESEARCH DAY**

CHSU students, staff and faculty are encouraged to participate in the Annual Research Day, including poster judging. Regional health science professionals and resident physicians are also invited to the CHSU Annual Research Day. Research categories may be divided into science, clinical and Inter-professional education. Scientists and Clinicians will serve as judges. Annual Research Day offers the opportunity to showcase CHSU faculty and student research and to share them with regional participants for developing collaborative research projects. Award prizes will be offered.

## **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. Faculty mentors will help student understand the science behind the research and will provide them the training needed to conduct accurate work and make progress in their research projects.
3. All CHSU student researchers must complete appropriate safety training, responsible conduct of research training through the Collaborative Institutional Training Initiative (CITI) program.
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 and consistent with research project approvals.
6. Students being mentored by a faculty member are able to publish or present their research after obtaining the permission of the faculty mentor and consistent with research project approvals. All research performed at CHSU by a current or former student must be approved by their CHSU faculty mentor before presentation or publication in any form.
7. All mentors must have a CHSU faculty appointment including any adjunct or clinical preceptors.
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).
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 may be awarded to those students with proposals that are submitted with appropriate faculty sponsorship.

# Research Misconduct Policy

## 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.

## 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.

## 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.

## PROCEDURES

### A. Reporting

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

### B. Investigation

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

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

determination based on the investigator's findings.

### C. Reporting to Federal Agencies

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

Notwithstanding the above, at any time during an investigation, the institution will immediately notify the appropriate Federal agency if public health or safety is at risk; if agency resources or interests are threatened; if research activities should be suspended; if there is reasonable indication of possible violations of civil or criminal law; if Federal action is required to protect the interests of those involved in the investigation; if the research institution believes the inquiry or investigation may be made public prematurely so that appropriate steps can be taken to safeguard evidence and protect the rights of those involved; or if the research community or public should be informed.

### D. Investigation Outcome and Disciplinary Procedures

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

## Student Withdrawal Policy

### PURPOSE

Occasionally students decide to discontinue their studies at California Health Sciences University ("University"). All leaves where the student plans to return to the University before the end of the semester in which the student is currently enrolled will be governed by the Student Leaves of Absence Policy.

Students withdraw for many reasons including but not limited to work, recovering from illness, attending to personal business, to find their true academic direction etc. Because withdrawal affects a student's status with the University, as well as the student's access to various student services, this policy provides information on what students need to know to ensure they are following the official withdrawal process.

### DEFINITIONS

*Withdrawal:* A discontinuation of studies at the University at some time after the first-class session, or the seventh day after enrollment, whichever is later. Withdrawal must be from all courses in which the student is enrolled in at the time the student requests a withdrawal. A withdrawal must last, at a minimum, through the end of the semester in which the student is enrolled at the time the student seeks withdrawal. Students withdrawing from some but not all of their courses, as may be permitted by the college specific Academic Progression Policy, will not be considered "withdrawn" from the University for purposes of this policy.

### WITHDRAWAL PROCEDURES

Below are the steps students must follow to officially withdraw from the University:

**Step 1:** Prior to withdrawing, students are encouraged to meet with the Office of Student Affairs to seek individual guidance regarding all their options for a leave or including a possible withdrawal. Students should seek such guidance as far in advance of the planned withdrawal as possible. This step is important because a student's withdrawal from the program may impact the student's loans/grants/scholarships, tuition and fees, visa status, readmission, academic progression and health insurance. The Office of Student Affairs will be able to help the student prepare an individualized checklist such that the student can gather all the necessary information

regarding these topics prior to making any final withdrawal decisions. At this meeting the Office of Student Affairs will provide the student with the official Withdrawal Form. Alternatively students may also obtain the Withdrawal Form from the Office of the Registrar or the CHSU website.

**Step 2:** Students must complete the Withdrawal Form in its entirety and submit it to the Office of the Registrar. Any incomplete Withdrawal Forms will be returned to the student for additional information. The withdrawal will be effective on the date the Office of the Registrar approves the form or the last day the student stops attending all classes, whichever is earlier.

After a withdrawal is approved by the Office of the Registrar, the Office of the Registrar will send a letter to the student confirming the withdrawal. The letter also will include any information relevant to the student regarding the student's future attendance at the University, which may be determined on a case by case basis.

Withdrawal may be effectuated by the students written notice, or the student's conduct including, but not necessarily limited to, a student's lack of attendance or verbal notice. Students not completing the Withdrawal Form who stop attending all courses will be considered withdrawn for purposes of any tuition refund calculations under the Tuition Refund Policy. As soon as the University learns of the student's lack of attendance at the University, the Office of the Registrar will send a confirming letter to the student explaining that the student will be considered withdrawn by the University unless the student contacts the Office of Student Affairs and indicates that the student did not intend to withdraw from the University, within ten (10) calendar days following the University's sending of the letter via email and mail.

**Step 3:** Any refunds that the student is entitled to following a withdrawal will be governed by the Tuition Refund Policy.

### **IMPACT OF WITHDRAWAL ON GRADES DURING DIDACTIC CURRICULUM**

Students withdrawing prior to the week of final examinations (i.e., the week of final examinations will be defined each year in the academic calendar contained in the University Academic Catalog). will receive a Withdrawal ("W") grade in all their didactic courses. These grades will remain final and the student will be required to retake the courses and receive a letter grade prior to graduation.

Students withdrawing during the week of final examinations: will receive a Withdrawal Pass ("WP") or Withdrawal Fail ("WF") depending on whether the student was passing or failing the didactic course at the time of their withdrawal. These grades will remain final and the student will be required to retake the courses and receive a letter grade prior to graduation.

Students withdrawing after final examinations: If a student withdraws following all final exams, only withdrawal for the upcoming semester is possible and shall not impact the student's final grades in the semester which the student took final exams.

### **IMPACT OF WITHDRAWAL ON GRADES DURING EXPERIENTIAL/CLINICAL CURRICULUM**

Students withdrawing from CHSU will receive a WP or WF on their transcripts depending on whether they were passing or failing a clinical clerkship at the time of their withdrawal. These grades will remain final and the student will be required to repeat any incomplete rotations prior to graduation.

## **Teach Out Policy**

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.
- 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.

## Academic Education Records

### OFFICE OF THE REGISTRAR

The Office of the Registrar provides assistance and services to students, alumni, faculty and staff of the University. The Office of the Registrar is responsible for the accuracy and integrity of the University's official student records and safeguards the privacy and security of those records in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA).

The Office of the Registrar retains official enrollment, registration, and academic information for students and alumni. Forms, such as, transcript requests, enrollment/degree verifications, personal information changes, grade changes, leave of absences, college withdrawal, and FERPA release authorizations are available from the Office of the Registrar.

### STUDENT ACADEMIC RECORDS

The Office of the Registrar maintains the education records for each student enrolled at CHSU for a period of five (5) years from date of graduation or last date of attendance. A student's academic record on file includes, but not limited, to the following items:

- Transcripts from other institutions that include transfer credits used toward the completion of a CHSU educational program
- Examination scores used for admissions



- Copies of all documents signed by a student, enrollment agreement and financial aid documents
- Withdrawal forms from CHSU, leave of absence records, and graduation petition forms
- Independent study course contracts
- Grade appeals and grade changes
- Academic progression plans
- Disciplinary notices

The Office of the Registrar maintains student records in the student management system (SONIS) containing the name, address, email address, telephone number, date of birth, gender, and ethnicity of each student who is enrolled in an academic program at CHSU. Student records maintained by the Office of the Registrar are kept for a minimum of five years from completion of or withdrawal from a California Health Sciences program. Access to student records is governed by the Family Education Rights and Privacy Act of 1974 (FERPA). The Office of the Registrar will comply with a student's request to view educational records within 45 days of receipt of a written request.

The academic transcript is a permanent student record maintained by the Office of the Registrar. The academic transcript includes the degree granted, the conferral date when the degree was granted, and the number of credit hours earned for the degree.

## **TRANSCRIPT REQUESTS**

A student's academic transcript is a permanent record. Students and former students may request an official transcript through the Office of the Registrar by submitting a *Transcript Request* through their student portal located on SONIS or by completing a *Transcript Request Form* available on the Office of the Registrar webpage. In compliance with Privacy Laws, academic transcripts, official or unofficial, cannot be emailed.

## **ENROLLMENT AND DEGREE VERIFICATIONS**

The Office of the Registrar provides confirmation of student enrollment status to financial institutions, organizations or agencies in writing at the student's request. Students may request proof of enrollment or degree completion by submitting an *Enrollment and Degree Verification Request Form* located on the Office of the Registrar webpage.

The student must complete, sign, and submit the *Enrollment and Degree Verification Request Form* to the Office of the Registrar for student information to be released.

## **LEGAL NAME CHANGES**

Official CHSU records and academic transcripts must reflect the student's name as it appears on a government issued photo identification (e.g., driver's license or passport).

A student may request an official name change for school documents and records by submitting the following information to the Office of the Registrar:

- a completed *Name Change Request* available on the Office of the Registrar's webpage.
- proof of new legal name by providing a government-issued photo ID, copy of a marriage certificate, or court order documents that displays the name change.

Once the information has been verified and student records updated, the Office of the Registrar will forward the name change information to all applicable departments.

## **SOCIAL SECURITY NUMBERS**

If you have a social security number that is listed incorrectly in your student records or has been lost or stolen, please contact the Registrar's Office for assistance.

## CHANGE OF ADDRESS

Current students can update their preferred address, phone number, and personal email address through the Student Portal located in SONIS. Students should submit a *Change of Address Form* for permanent or billing address changes. For telephone changes, please notify the Office of the Registrar of the change so the emergency alert system is also updated with the new telephone number.

## APPLICATION FOR GRADUATION

Students applying for graduation must have all academic requirements satisfied during the year of degree conferral to submit a *Graduation Petition Form*. Students are required to submit the *Graduation Petition Form* to the Office of the Registrar for processing prior to the graduation application deadline.

**Application Deadline for conferment of degree is as follows:**

Graduation Application Deadline	Filing Period
Spring	January 15 through February 15

Students who are eligible to graduate will receive an email from the Office of the Registrar to complete the *Graduation Petition Form* and sign.

## Conferral of Degrees and Program Graduation Requirements Policy

### PURPOSE

The purpose of this policy is to define program graduation requirements and procedures for the conferral of the CHSU degrees and for student participation in the commencement ceremony.

### SCOPE

This policy applies to enrolled students who have successfully fulfilled all requirements of the degree as stated in the student catalog and handbook under the applicable program degree requirements.

### POLICY STATEMENT

Degrees are conferred by the Board of Trustees upon recommendation from the voting faculty of the applicable college that students eligible to graduate have satisfactorily completed the requirements of the degree for graduation.

### DEFINITIONS

Commencement – is the ceremony to celebrate the completion of degree programs. Conferral Date – is the date reflected on which the student’s degree is officially awarded. Graduation – is when the student has officially completed all degree requirements. Matriculation – is when the student is enrolled/registered in a degree program and attends the first day of class.

### GRADUATION REQUIREMENTS

In order to graduate from CHSU, a student is required to satisfy all applicable program degree graduation requirements during the year of degree conferral. Graduation requirements may change from time to time following a student’s matriculation and due notice will be given; however, it remains the student’s responsibility to be aware of current policies and procedures of their applicable CHSU college.

A student who has fulfilled all the academic requirements, as listed in the student’s applicable degree audit, will be granted their degree provided the student has met all of the following requirements:

1. Compliance with All Legal, Financial Requirements and Obligations. The student has complied with all

legal and financial requirements and obligations of CHSU and the applicable college, which includes return of any CHSU or college owned property and equipment.

2. **Technical Standards.** The student must meet all applicable Technical Standards outlined in the CHSU's Academic Catalog, as those requirements may change from time to time.
3. **Ethical, Personal and Professional Qualities.** The student has demonstrated the ethical, personal and professional qualities deemed necessary for the successful and continued study and practice in their professional field.
4. **Formal Approval for Graduation.** The student has received recommendation for graduation from the voting faculty of the applicable college. Thereafter, the Board of Trustees will confer the applicable degree for students who have satisfactorily completed requirements for graduation and have been recommended for graduation.
5. **Maximum Time Allowed to Earn Degree.** A student must have completed all requirements for graduation and must graduate within 150% of the standard time to achieve the degree from date of matriculation (i.e., six (6) years for a four (4) year program). The College Dean shall have the discretion to allow for limited exceptions to this time period upon a showing of extraordinary circumstances supporting such exception.
6. **Students in the College of Osteopathic Medicine must also have fulfilled the following requirements to be granted the Doctor of Osteopathic Medicine (D.O.) degree:**
7. **Attendance at AOA/COCA Accredited College.** The student has attended an AOA/COCA accredited college of osteopathic medicine and has completed at least the last two years of the program at CHSU College of Osteopathic Medicine.
8. **Examinations.** The student has passed the Levels 1 and 2-CE of the COMLEX examinations administered by the National Board of Osteopathic Medical Examiners.
9. **Suitability for Practice of Osteopathic Medicine.** The student has demonstrated suitability for the practice of osteopathic medicine as evidenced by the assessment of the students' clinical activities supporting the assumption of responsibility for patient care and integrity.

## **PROCEDURES**

CHSU conducts an annual commencement ceremony to officially award degrees, after the conclusion of the Spring semester, which may be virtual or in person at the sole discretion of the University. The conferral date is the date of the commencement ceremony which is posted on the diploma and on the official transcript, subject to final verification on completion of degree requirements by the Office of the Registrar. Students who have not satisfied all requirements of the degree prior to the commencement ceremony may participate in the commencement ceremony if requirements are expected to be completed by the end of the summer term of the same year. The conferral date will be posted upon successful completion of pending degree requirement(s).

## **APPLICATION TO GRADUATE**

Students are expected to attend the commencement ceremony and file an Application to Graduate form with the Office of the Registrar. If a student is unable to attend the commencement ceremony due to extenuating circumstances, a request must be submitted to their college Dean. The request must be submitted within reasonable time to review if an exception to attending the ceremony is granted. The Dean will issue a written decision regarding whether this requirement will be waived within ten (10) business days of receipt of the student's request. The student's name will be listed in the graduation ceremony program and the diploma mailed within three weeks from the date of the ceremony.

1. Requests for conferral are reviewed by the Office of the Registrar to audit and verify completion of degree

requirements. The Office of the Registrar is responsible for producing final recommending lists for review by the voting faculty of each college. The voting faculty of each college is responsible for verifying and approving recommending lists to the Office of the Registrar.

2. Students must check with the Business Office for any outstanding financial obligations to prevent a hold being placed on their record. Students with a financial hold on their record cannot receive the diploma until the hold is released by the Business Office.

## **DOCUMENTATION OF DEGREE CONFERRAL**

### **1. *Transcripts***

The Office of the Registrar posts the degree conferral date on students' records within five (5) business days after the conferral date. At that time, the program status for the degree changes to "conferred" and the student is moved to Alumni. Transcripts will display the conferred degree and date.

### **2. *Diplomas***

Diplomas are distributed at the commencement ceremony or by mail. Diplomas will be mailed for degrees that are conferred after the commencement ceremony date.

## **RESPONSIBILITY**

The Office of the Registrar is responsible for auditing academic records for conferral of degree completion.

# Information Technology Services



# Acceptable Use of Technology for Students

## PURPOSE

The purpose of this policy is to ensure a safe and appropriate environment for all students. 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 students 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 students' use of technology be appropriate to support the University Mission.

## UNIVERSITY TECHNOLOGY

The University provides Information Technology resources and resources to the members of the CHSU community solely for the purposes of supporting teaching, learning, scholarship, service and administration within the context of the University's mission.

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.

## ACCEPTABLE USE

University students are only permitted to use University Technology for purposes which are safe (pose no risk to students, students 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;
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 harassment, discrimination, retaliation or violence laws or University 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.

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.

Use of Information Technology services and resources by students, in support of approved experiential learning and/or in support of their duties as compensated students is explicitly authorized, so long as such usage does not violate any part of this policy.

## **SECURE USE**

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.

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).
2. 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 (!,\$,#,%).
3. Passwords will be changed according to IT Department guidelines.
4. All University-owned 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.
5. 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.
6. Unauthorized monitoring of individual User activity, information and communications is prohibited. See the University IT Confidentiality Policy.
7. 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 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.

## SOCIAL MEDIA USE

CHSU understands that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. It is now easier than ever to publish and deliver content electronically, while making it practically impossible to permanently erase that content. This means that any content can be published without the filter of time for thoughtful reflection, and can be done so in anger, in sadness, in joy, and perhaps just in error. As health care students and professionals, employees and staff of a center of higher education, we will often be held to a higher standard than the community at large. Therefore, any negative content associated with us could be amplified in the eyes of the public. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media. This policy applies to all CHSU employees, students, vendors, and third parties.

In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with CHSU, as well as any other form of electronic communication.

The same principles and guidelines found in the CHSU's policies and three basic beliefs apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees or otherwise adversely affects students, customers, suppliers, people who work on behalf of CHSU or its legitimate business interests may result in disciplinary action up to and including termination. If you have questions or need further guidance, please contact the Office of Student Affairs for your College.

***Be Aware:*** Carefully read these guidelines and CHSU's other policies, including but not limited to, anti-harassment and anti-discrimination policies to ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination of employment.

***Be Respectful:*** Always be fair and courteous to fellow employees, students, customers, suppliers or others that you interact with. Also, keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers or supervisor rather than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage customers, students, employees or suppliers, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or CHSU policy.

***Be Honest and Accurate:*** Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about CHSU, a co-worker, a student, customers, suppliers, other people working on behalf of CHSU or CHSU's competitors.

***Be Appropriate:*** Being appropriate when using social media means the following:

1. Maintain the confidentiality of CHSU's trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.



2. Respect financial disclosure laws. It is illegal to communicate or give a "tip" on inside information to others so that they may buy or sell stocks or securities. Such online conduct may also violate Federal insider trading laws.
3. Do not create a link from your blog, website or other social networking site to CHSU's website without identifying yourself.
4. Express only your personal opinions. Never represent yourself as a spokesperson for CHSU or its affiliates. If CHSU is a subject of the content you are creating, be clear and open about the fact that you are a student/employee and make it clear that your views do not represent those of CHSU, fellow employees, students, customers, suppliers or people working on behalf of CHSU. If you do publish a blog or post online related to the work you do or subjects associated with CHSU, make it clear that you are not speaking on behalf of CHSU. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of CHSU."
5. Dispensing of medical advice or expression of professional opinions on social media is prohibited. For dissemination of relevant and appropriate health information through the University's communication platforms, please submit all requests to the CHSU Marketing and Communications Department.
6. Interaction with patients on social media sites is prohibited.

Using Social Media in class or at Clinical/Experiential sites is prohibited unless expressly a component of an assignment and authorized by the instructor and/or preceptor. During work hours or in clinical areas, the policy of that organization should be followed.

Using Social Media at Work: Refrain from using social media while on work time or on equipment provided by CHSU, unless it is work-related as authorized by your manager. Do not use your work email addresses to register on social networks, blogs or other online tools utilized for personal use.

Because the student to faculty and staff relationship has the potential to be power-based, faculty and staff are strongly discouraged from "friending" or otherwise connecting with current or prospective students on social media. Professional networking platforms (such as "LinkedIn") are permissible.

Retaliation Prohibited: CHSU prohibits taking negative action against any student or employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any student or employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination of employment and/or dismissal from the university.

Media Contacts: Students and employees should not speak to the media on the CHSU's behalf without prior approval of a supervisor. All media inquiries should be directed to the Vice President of Marketing and Communications.

## **RESPONSIBILITY**

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.

## **RESTRICTION OF USE**

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.

## **PERSONALLY OWNED DEVICES**

Student using 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.

## **UNIVERSITY BRANDING**

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.

## **REPORTING**

If a student 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 the Office of Student Affairs of their respective college.

## **CONSEQUENCES FOR VIOLATION**

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

## **RECORD OF ACTIVITY**

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.

## **BLOCKED OR RESTRICTED ACCESS**

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.

## **NO EXPECTATION OF PRIVACY**

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.

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.

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. Students 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.

## **STUDENT E-MAIL AND DISTRIBUTION LISTS**

Users CHSU assigns email accounts to students. The primary means of official communication with students will be through their CHSU email accounts unless otherwise prohibited by law. Course announcements, assignments and other information will be provided through the BrightSpace learning management system linked to student email. Staff and administrators will also send information to students through CHSU email. It is expected that students will frequently and regularly check their CHSU email accounts, including University holidays and breaks. For convenience, the CHSU email account can be configured to forward to another external email account. It is the responsibility of the student to ensure that the forwarding system has been correctly setup and working properly. Students should remember that the Internet does not guarantee the privacy and confidentiality of information. Sensitive material transferred over the Internet (including FTP and E-mail) may be at risk of detection by a third party. Caution must be exercised when transferring material in any form. For further information, refer to the CHSU Information Privacy and Data Security Policy.

Official University email accounts and class-specific distribution lists may be provided to students through the learning management system in order to facilitate their education and communication with faculty and fellow students. Official distribution lists are for the express use of university-related business and are not to be used as a joke list, invitation list for private parties, business, or political endeavors. Such use of a distribution list will be considered a violation of this policy. Students should report problems with their CHSU email address to the IT Service Desk via [support@chsu.edu](mailto:support@chsu.edu).

## **MOBILE DEVICES**

All CHSU students are required to have a laptop or equivalent. The University recognizes that students will possess mobile devices including laptops, tablets, and smartphones with video, camera, and/or voice recording capabilities. In support of each individual's reasonable expectation of privacy and the copyright and intellectual property laws, the use of these mobile device features must be in conjunction with express consent. Students are expressly forbidden to video, photograph or make voice recordings without the express consent of the subject(s) being photographed or recorded. Any student whose use of their mobile device violates another's reasonable expectation of privacy, or produces any media as a result of the mobile device capabilities without express consent, may be found in violation of this policy. Violations of this policy may lead to disciplinary action.

In order to not disturb the work of others in the classroom, mobile devices are to be set to a non-audible mode (vibrate or flashing light) during all educational activities and meetings.

Mobile devices are to be set to a non-audible mode while a student is on an experiential education rotation, to minimize disruption of the educational activity at the site. However, a preceptor will have the final decision regarding mobile device use at the rotation site. Laptop computer in class should only be used for course-related purposes. No other computing activities will be permitted. Unauthorized computer use during class may result in loss of computing privileges and/or wireless network access. The laptop computer will be needed for taking examinations and students will be expected to have already downloaded the appropriate software from the Exam Soft website.

# Library Services



## Health Sciences Library Resources

You are eligible for Health Sciences Library privileges as a new or continuing student, faculty, or staff. These privileges allow you to borrow books, and any current or future multimedia and technology (calculators, computer chargers, headsets, etc.); use our digital collection of databases, e-books, and e-journals on and off campus; and receive information, orientation, and training support from our librarian faculty. This guide provides you with an orientation to the Health Sciences Library, as well as an overview of its resources and services. If you have questions, please contact us at [library@chsu.edu](mailto:library@chsu.edu), or by telephone at 559-549-6405.

**Library Personnel:** library Faculty include three FTE professional librarians: The Director, Health Sciences Library; Electronic and Technical Services Librarian; and Research and Instruction Librarian. The library director and librarians have faculty appointments and provide access to a wide range of resources and services, including instruction and training in such areas as information literacy and evidence-based medicine, in support of the College of Osteopathic Medicine, the College of Pharmacy, and CHSU administration.

**Accessing the Library:** You can access the Library homepage at: <https://chsu.edu/library/>. A link to the Library can be found on the [CHSU homepage](#) along the top ribbon.

**Remote Access:** Over 95% of the Library's collections are online, and available off-campus, as well as on-campus. To access the Library's collections off-campus, go to the Library website and click on the needed resource. When prompted, enter your regular network credentials – your CHSU email (username) and password.

**Using the Library Homepage:** You may begin your search by entering a keyword, title, or author into the *Discover* search box and then pressing the Enter key or clicking on the "Search" button. If off-campus, you will be prompted to login with your CHSU credentials. You have many options to filter your search Results, including by resource type, publication date, and subject term.

Also, on the Library's homepage are quick links to databases, e-books, e-journals, mobile apps, and Research Guides.

**Document Delivery & Interlibrary Loan (ILL):** This is a service provided to CHSU faculty, staff, and students for requesting articles and books from other libraries when the item is unavailable through the CHSU Health Sciences Library collections.

To place an ILL request, [find](#) the item in the Discover search box, click the button "Request from Library," and complete the form.

**Research Guides:** The CHSU Health Sciences Library has created a series of library guides that provide information and links specific to osteopathic medicine, pharmacy, and a variety of scholarly topics. From the Library's homepage, you may click on the Osteopathic Medicine Library Guide, the Pharmacy Library Guide, or Research Guides for a full list. Some guide topics include:

- Copyright and Fair Use Guide
- Evidence-Based Medicine
- How to .... Access Grammarly Premium
- Student Learning Resources
- Wellness Resources

**Print & E-Books:** The CHSU Health Sciences Library subscribes or provides access to almost 700 print texts and to over 2500 e-books. Use the Library's *Discovery @ CHSU* tool to search for ebooks by keyword, author, or title and limit your search to the Health Sciences Library Catalog to see what print texts are available.

**Databases:** From the Library's homepage, you may select popular resources such as ClinicalKey, DynaMed, or PubMed. If you click on the link titled A-Z Databases, you can see a list of over 100 biomedical and health sciences databases to which the CHSU Health Sciences Library subscribes or provides access. Use the dropdown options to filter by subject (e.g., Medicine) and/or database type (e.g., best practice and point-of-care, exam prep, guidelines, images, literature searching tools).

**E-Journals:** The CHSU Health Sciences Library subscribes or provides access to nearly 7,500 e-journals. From the Library's homepage, select the e-journals link on the left side to begin exploring our collections. You may also use the e-journal search located in the middle of the website. Using the Browse by Letter feature, you can find popular e-journals such as *Academic Medicine*, *JAMA*, *JAOA*, *The Lancet*, or *NEJM*.

### **Library Space & Hours:**

The **COM Library** comprises approximately 3300 square feet, with over 80 seats, including modern furnishings, and lighting, flexible space, shelving for our required and recommended print texts, and technology. The Library space features individual study carrels, computer workstations, tables and chairs, and lounge seating. In addition, group study rooms are adjacent to the Library. A multi-functional printer is also close by. The Library is generally staffed from Monday – Friday: 8:00 am – 5:00 pm, and there is extended building access in the evenings and on weekends. Please check the library website for information on special closures.

The **COP Library** comprises 1250 square feet, with 45 seats, including modern furnishings, and lighting, flexible space, shelving for our required and recommended print texts, and technology. The Library space features computer workstations, tables and chairs, and lounge seating. In addition, group study rooms and additional study and lounge space is conveniently located across the street in CHSU Building 45. A multi-functional printer is also close by. The Library is generally staffed from Monday – Friday: 8:00 am – 5:00 pm, and there is extended building access in the evenings and on weekends. Please check the library website for information on special closures.

### **Services & Getting Help**

Please contact us in-person, by e-mail at [library@chsu.edu](mailto:library@chsu.edu), by phone at: 559-549-6405, or by [making an appointment](#). We can provide support on topics such as asking an answerable clinical question; acquiring the necessary, evidence-based information; using citation management tools; searching PubMed effectively; copyright and fair use; and identifying journals in which to publish your research.

# Student Services & Conduct Policies



## Wellness Policy

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

### CHSU WELLNESS PROGRAM

The CHSU campus Wellness Program is overseen by a Wellness Committee and consists of students, faculty, and staff representatives from all professional programs on campus. The CHSU Wellness Program is developed with input solicited from students, faculty, and staff. Wellness activities are planned accordingly to promote and encourage healthy diet, physical activity, stress management, resilience, life balance, sleep, time management and fatigue mitigation, and other elements of a healthy lifestyle among the campus community. Some resources and events are specifically aimed at empowering medical students and pharmacy students to cultivate physical, emotional, and interpersonal/community wellness habits as part of their professional development. The CHSU Wellness Program provides 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. Offering programs, services, and information to facilitate a healthy lifestyle environment including mental health awareness. These include:
  - o Individual counseling and therapy from a behavioral health care provider
  - o An Employee Assistance Program (EAP)
- C. Periodic wellness workshop for students, faculty, and staff to include programming on fatigue mitigation.
- D. Campus wellness facilities which include a meditation room, adequate indoor and outdoor student lounge areas, food vending with healthy options, and a campus walking path.
- E. Periodic symposia and presentations on wellness topics such as diet, exercise, sleep hygiene, time and stress management techniques, burnout, resilience, relaxation, fatigue mitigation, etc.
- F. Recurring theme based social events for support throughout the semester.
- G. College-specific fatigue mitigation training procedures will be maintained, as appropriate, for the specific professions involved.

## Accessibility Services Policy

Consistent with the University's mission, vision, and values, the goal of Accessibility Services is to coordinate support services that provide equal opportunity for applicants and students with disabilities to participate in all aspects of the educational environment at the California Health Sciences University ("University"). This policy describes the various procedures that are in place to ensure that students with disabilities receive reasonable accommodations in their didactic and experiential/clinical program requirements, as mandated by federal law, state law, and the University policy.

The fundamental principles of nondiscrimination and accommodation in academic programs are set forth in Section 504 of the Federal Rehabilitation Act of 1973 ("Section 504") and the Americans with Disabilities Act of 1990 ("ADA"), as these laws may change from time to time. To the extent this policy conflicts with state or federal law, the University will follow the relevant state or federal law. 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 University program or activity. In accordance with these laws and the



University policy, the University is accountable for providing reasonable and appropriate accommodations to eligible students with disabilities.

A reasonable accommodation means any adjustment or modification that allows an otherwise qualified student with a disability equal access to participate in the various programs of the University. Reasonable accommodations simply provide an alternative way to accomplish the course requirements or experiential rotations by eliminating or reducing disability-related barriers. Reasonable accommodations provide students and applicants with a level playing field, not an unfair advantage. Additionally, reasonable accommodations do not compromise the essential elements of a course, curriculum, experiential/clinical rotation or any other program requirement; nor do they weaken the academic standards or integrity of a course or experiential rotation. As such, the University will not accommodate any student by fundamentally changing academic requirements that are deemed essential to the course or to the program of instruction being pursued by the student or which relate directly to licensing requirements. Potential reasonable accommodations may include but are not limited to changes in the normal length of time for completion of degree requirements, substitution of specific courses required for the completion of degree requirements and adaptation of the manner in which specific courses are conducted, extended time on an examination or paper, quiet room for exams, or auxiliary aids (e.g., note takers, computer-aided transcription, writer materials, assistive listening devices, etc.).

## **DEFINITIONS FOR PURPOSES OF THIS POLICY ONLY**

***Applicants*** – individuals who desire to be considered for admissions to the University, including those who have or have not yet submitted a formal application.

***Didactic Accommodation*** – An accommodation intended for classroom purposes.

***Disability*** – A physical or mental impairment that substantially limits one or more major life activities.

***Experiential/Clinical Accommodation*** – An accommodation intended for laboratory settings, externships, and rotations (offsite and onsite).

***Major Life Activities*** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

***Students*** – Those who are admitted to, have matriculated into or enrolled in courses of study at the University.

## **TECHNICAL STANDARDS FOR EACH COLLEGE**

Students must be able to perform, with or without a reasonable accommodation, all technical standards for their respective College. Information regarding each College's technical standards is available to all prospective students on the University's website. After a student has been granted conditional admission into the respective College, the student will be required to review and understand each technical standard and verify their capacity to meet each technical standard, with or without a reasonable accommodation, through completion of the Technical Standards Acknowledgment and Consent Form. The signed and dated form will be returned to the Office of Student Affairs and will be placed in the student's file. If the student's form indicates a need for an accommodation, the student will be referred to the Student Affairs Office. Students are required to be able to meet these technical standards both when they begin attending their respective College as well as during the entirety of the program.

The technical standards for each College will be reviewed and updated periodically.

## **ACCOMMODATION REQUEST PROCESS**

The University is committed to working collaboratively with applicants and students to ensure that the accommodations meet the applicant's or student's disability-related needs. Students or applicants who are not seeking a reasonable accommodation from the University are not obligated to self-disclose their disability to their

College. However, it is the responsibility of an individual student to identify themselves to the University as a person with a disability and make a request for an accommodation to their College as follows:

A. College of Pharmacy Students: Academic Affairs Office

B. College of Osteopathic Medicine Students: Student Affairs Office

Students are encouraged to utilize the services available through their College as soon as a student becomes eligible to apply for a reasonable accommodation under this policy. Specifically, students with a new need for accommodation are encouraged to apply for these services at least two months prior to the semester beginning and students new to the University are encouraged to apply for these services at least two months prior to the beginning of their first Fall Semester in order to facilitate a seamless transition for the student. The University encourages everyone to submit such requests early because time is required for documentation review and arrangement of accommodation(s). The sooner the student applies for accommodation, the sooner the University can process the request.

However, students may apply for a reasonable accommodation(s) at any time.

Applicants and Students at CHSU may seek accommodation for any phase of the application process or program requirements pursuant the procedures set forth below:

***Step 1: Written Accommodation Request.***

In order to begin the reasonable accommodation request process, 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 the University with the process of determining whether a reasonable accommodation for the student is appropriate. Students need to submit an individual accommodation request for didactic curricular content delivery, and separately, for each experiential/clinical learning modality. Both of these forms may be requested from the student's College or online via the Student Intranet/Portal. Students may request assistance with completing these forms at the Student Affairs Office (COM students) or Academic Affairs Office (COP students). These forms must be fully and completely filled out before the student's request will be considered. Requests should specify if the accommodation is for a didactic, experiential/clinical curricular material, or for both.

In order to be eligible to receive a reasonable accommodation, the student must provide supporting documentation verifying the disability. All supporting disability documentation will be kept confidential in accordance with the applicable law. The Disability Verification Form must be completed by a qualified healthcare professional who has knowledge of the disability and of the specific student. The student's College has the discretion to determine what type of professional documentation is necessary and this may vary depending on the nature and extent of the disability and the accommodation requested. 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 submitted to the appropriate office within the student's College. If such documentation is insufficient or incomplete, the University reserves the right to require additional documentation. The University may be unable to process a request for accommodation until all of the necessary documentation is received.

While physicians and/or other medical professionals may submit recommendations regarding reasonable accommodations, the College's representatives who are familiar with the educational environment at the University determine the extent to which the recommended accommodations are appropriate in this context. In short, the medical professional's recommendations provide helpful information, but are not binding. If the College finds there is insufficient diagnostic or clinical information in support of the requested accommodations, students may be asked to submit new and/or additional documentation.

### ***Step 2: Eligibility Review and Meeting with the Office of Student Affairs.***

Requests for accommodation will be reviewed on a case-by-case basis in accordance with the Technical Standards in effect for the specific College the applicant or student has applied to or attends. All students must possess not only the academic abilities, but also the physical, cognitive, and emotional capabilities (as described in the respective College's Technical Standards) required to undertake the full curriculum and achieve the levels of competence required by the College.

Once the University receives all necessary documentation described above, the College's representative will review all relevant documentation and meet with the student to engage with the student in an interactive process (e.g., an ongoing dialogue with the applicant/student about the nature of their disability, its impact on the application process or ability to complete the program, and possible accommodations).

Generally, didactic or experiential accommodations are individually determined to meet the specific needs of a student with a disability. When necessary, the College's representative will confer with appropriate personnel in the student's College to ensure that the student's requested accommodation is reasonable; that is, it does not alter the fundamental nature of the program and that it can be provided without undue hardship by the University.

### ***Step 3: Decision/Accommodation Plan.***

After all completed paperwork is received, the Student Affairs Office (COM students) or Academic Affairs Office (COP Students) will make a decision regarding eligibility for the requested accommodation or other reasonable accommodation. Appropriate accommodations are determined following an individualized assessment of each request and discussion between the student and a representative from the College. Among the factors considered in determining appropriate accommodations for students are:

- i. The nature of the student's disability;
- ii. Accommodation(s) that have worked for that student in the past;
- iii. Whether the requested accommodation(s) will allow the student to effectively access and participate in the course or program;
- iv. Whether the requested accommodations will alter the essential requirements of the course or program.

While the granting of an accommodation from a student's past college or educational institution may be informative, the decisions of that prior institution are not binding on the University.

Generally, if all paperwork is complete, the College will provide a written accommodation plan or denial of accommodation, to the student within five (5) business days following the in-person meeting. The Accommodation Plan may be revised at any point during the student's course of study at the University. 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 Student Affairs Office (COM students) or Academic Affairs Office (COP students) informed of any additional information and/or changes related to the student's disability that will impact the accommodations the student requires or already receives. Students receiving short-term accommodations will need to provide additional medical paperwork in order to continue to receive the same (or altered) accommodations.

### ***Step 4: Implementation of the Accommodation Plan.***

If a student is found to be eligible for a reasonable accommodation, the College will notify all of the student's professors, course directors, preceptors, and others who need to know about the accommodation in order to ensure the accommodation is appropriately implemented. Students experiencing difficulty in receiving accommodations that have been established in the student's Accommodation Plan should contact the Student Affairs Office in the student's College immediately.

## APPEAL OF ACCOMMODATION REQUEST

Students with disabilities who have requested an accommodation(s) which was partially or fully denied in accordance with this policy, may submit a written appeal to the Dean of their College. The written appeal must be submitted to the Dean of the College via email or in person within ten (10) business days of the denial, must explain the basis for the appeal, and must include all paperwork originally submitted to the Student Affairs Office, although additional documentation may also be included for review.

During any appeal process, the student will continue to receive any reasonable accommodation that has previously been granted. A decision regarding an appeal will be issued within thirty (30) calendar days of receipt of the appeal paperwork. All appeal decisions made by the Dean of the College regarding a student's disability determination will be final.

## RESOLVING PROBLEMS RELATED TO THE DISABILITY ACCOMMODATION PROCESS

Even with the best efforts of everyone involved, a problem may occur with the accommodation process for a student or applicant. If this should happen, the University strongly encourage students and applicants to let the appropriate office within their college (for COM students - Student Affairs Office, and for COP students – Academic Affairs Office) know immediately so that they can work together to solve the problem.

Such problems with accommodations may arise because of a misunderstanding or miscommunication; therefore, clarification can be a quick and effective solution. Additionally, the University can help to resolve problems students may have related to their disability accommodation with their professors, TA's, or preceptors.

An individual who believes he or she has been discriminated against on the basis of disability should contact the University's Title IX, Equity, and Diversity Coordinator pursuant to the procedures in the University's Unlawful Discrimination, Harassment, and Title IX Misconduct Policy and Procedures. A copy of that policy is contained in the University Catalog and Handbook. Retaliation in any form against persons who file complaints is prohibited by disability-related law and University policy.

## TECHNICAL STANDARDS REVIEW: NON-ADMISSION AND DISMISSAL FOR FAILURE TO MEET TECHNICAL STANDARDS

Each College within the University shall have a committee which will be an administration and faculty committee charged with being the primary body responsible for review and revision of the that College's technical standards and prospective and current students' ability to comply with such technical standards.

The appropriate college committee responsible for reviewing the technical standards shall be authorized to recommend to the Dean withdrawal of admission or dismissal for prospective of students from the University for failure to adequately meet the College's technical standards. The appropriate College committee shall have broad authority to review all records (including a student or applicant's relevant medical information) to decide whether an applicant or student will be able to meet the University's technical standards with or without an accommodation and may recommend a broad number of options for consideration as part of any final decision.

Students who are unable to meet the Technical Standards for the program, in which they are seeking a degree, may have their offer of admission withdrawn or be dismissed after review by the appropriate College committee in accordance with the below procedures:

***Step 1: Concern Regarding Failure to Meet Technical Standards.*** Any and all concerns from anyone in the University community (including students, staff, faculty and administrators) regarding a student's ability to meet the Technical Standards of their College shall be made in writing as follows: for students in the College of Pharmacy to the College's Academic Affairs Office and for students in the College of Osteopathic Medicine to the College's Student Affairs Office. Applicants who have been conditionally admitted who may not meet technical standards with or without reasonable accommodation, shall also be processed pursuant to this procedure.

**Step 2: Review of Concern by Office of Student Affairs and Notice to Student.** After such a concern is received by the appropriate office within the applicable College, a representative from the College will review the concern and gather any additional information. If the College determines that the student's ability to meet some or all of the technical standards of the College, with or without a reasonable accommodation, is compromised the representative shall meet with the student (about whom such concern has been made). At the beginning of such meeting the representative shall provide written notice to the student regarding a description of the concern that has been received by the University and the specific technical standard(s) the student may not be able to meet.

**Step 3: Interactive Process (if applicable).** If after receiving notice of the concern, the student discloses that they have a disability covered under the ADA and requests a reasonable accommodation, the University shall engage in the interactive process with the student, as described above. If the University finds that a reasonable accommodation is appropriate, then that resolves the matter. If after such interactive process, the University determines that a reasonable accommodation would not permit the student to meet the technical standard(s) the student will be given notice of such finding and be informed regarding the next step described below. If the student maintains that they do not have a disability or the student refuses to engage in the interactive dialogue in good faith, the process will proceed to Step 4.

**Step 4: Medical or Psychological Evaluation of Student.** Should a candidate have or develop a condition that would place patients, the student, or others at risk or that may affect his/her need for accommodation, an evaluation with a qualified healthcare professional selected by the University, may be necessary. Prior to the examination of the student, the student is required to execute appropriate medical releases and medical forms for the healthcare professional who will be evaluating the student. The evaluating health care professional shall review the College's technical standards and be provided with background information related to the required standards. The student shall submit all costs associated with these examinations to their insurance carrier. All non-insured costs shall be paid for by the University. The evaluating health care professional shall submit a confidential written report to the College's representative addressing only whether the student's disability impacts their ability to perform any or all of the technical standards. The evaluating health care professional's report shall specifically indicate whether or not the student has any physical or mental impairment that substantially limits the student's ability to perform the technical standards of the College. No confidential medical information shall be included in the report unless it is determined that the student is unable to perform the technical standards of the College and such medical information is directly related to such determination.

If the student refuses to participate in this the examination, the appropriate College committee shall review the student's case without the benefit of this information.

**Step 5: Committee Review Period:** The appropriate College committee's role is to review all the information presented before it regarding the student's ability/inability to meet the Technical Standards of the program. Prior to the meeting, the committee will receive a copy of the student's accessibility services file, including the medical evaluation described above, if provided. Additionally, the student may submit a written statement for committee's review and may submit written statements from others which have information relevant to the student's ability to meet the technical standards of the College. The committee chair shall determine whether any such statements are or are not relevant to the proceeding. During this review period the committee may, but is not required to, meet to discuss the matter and may request additional information from the administration, members of the faculty, or the student prior to the meeting. The student may also request to address the committee in person prior to a final decision being made. The student may bring a faculty mentor/advisor or other support representative to the meeting. The support representative may not participate directly in the meeting, even if that person is a lawyer. Support representatives may not disrupt the meeting; if disruption occurs or attempts to directly participate are made, the appropriate committee chair may ask the support representative to leave the meeting.

**Step 6: Committee Recommendation to the Dean.** Following the review period the committee will make a recommendation to the Dean of the student's College regarding whether the student meets technical standards and whether they should be dismissed or have their offer of admission withdrawn. The committee shall consider alternatives to essential requirements, as well as whether the essential requirements in question can be modified for a specific student with a disability, in compliance with state and federal law. Recommendations are determined by a majority vote of the committee members attending the meeting.

**Step 7: Notice to Student of Final Decision.** Upon receipt of the committee's recommendation, the Dean (or Dean's designee) will review the recommendation and prepare a written final decision to the student or applicant. A copy of the decision will be placed in the student's or applicant's file, and a copy provided to the Registrar, College Student Affairs Dean (for COM students) or the College Academic Affairs Dean (for COP students), and Provost (or designee).

**Step 8: Appeal Rights.** The student may appeal the final decision to the Provost in writing via email within five (5) business days from the date of the final decision. The written appeal must state the basis for why a different decision is appropriate. If the Provost has a conflict of interest, the President shall designate an alternative administrator to process the appeal. The written decision on the appeal request shall be issued in writing to the student, generally, within fifteen (15) business days from the date the appeal is received. The Appeal decision will be final.

## Student Conduct and Professionalism Policy

The University requires all students to be responsible individuals who possess the highest standards of integrity, honesty and personal conduct. These traits are prerequisites to independent learning, professional development, the successful performance of academic and clinical assignments, and one's professional conduct. Accordingly, all CHSU students are expected to adhere to a standard of behavior consistent with the University's high standards at all times off and on campus. Compliance with institutional rules and policies and procedures, in addition to city, state and federal laws, is required of all students. The purpose of this policy is to provide guidance on CHSU's expectations for the conduct and professionalism of CHSU students. This policy covers both current and former CHSU students, including CHSU alumni. Students may be disciplined under this policy for conduct that occurs off-campus as well at the University's sole discretion.

This policy does not apply to allegations of unlawful harassment, discrimination or retaliation. While such behavior is also unprofessional and falls short of CHSU's standards for student behavior, such conduct is subject to separate CHSU policies and procedures.

### CODE OF PROFESSIONAL CONDUCT

It is not possible to enumerate all forms of inappropriate or unprofessional behavior. The following, however, are examples of behavior that constitute a violation of University policy. Accordingly, CHSU has established the following Code of Professional Conduct. The University reserves the right to address inappropriate behavior that does not clearly fall within the identified Code of Professional Conduct..

Behavior that is subject to disciplinary action includes, but is not necessarily limited to, the following:

1. Harm, abuse, bullying, hazing, damage, or theft to or of any individual or property;
2. Physical or verbal bullying or the threat of such abuse to any individual;
3. All forms of dishonesty: cheating, omissions, fraud, plagiarism (including self-plagiarism), unauthorized use or distribution of exams or exam content, knowingly furnishing false information to the University, forgery, alteration or unapproved use of records, or violation of CHSU Academic Freedom, Intellectual Honesty and Academic Integrity Policy, or aiding another in such dishonesty;
4. Entering or using CHSU-operated or affiliate-operated hospital/clinic/research facilities without authorization;

5. Disrupting teaching, research, administrative or student functions of the University;
6. Convictions for violation of federal, state or local laws, felonies or misdemeanors, excluding minor traffic violations;
7. Failure to report to CHSU administration within 48 hours personal violations of this policy, or personal actions which violate, result in a charge of or arrest for a violation of federal, state or local laws;
8. Violations of CHSU's Alcohol, Drug and Tobacco Use Policy;\*
9. Placing a patient's health and/or safety in jeopardy;
10. Unethical disclosure of private or other confidential information. This includes but is not necessarily limited to, disclosure in violation of the law (e.g. HIPAA), CHSU policy or the policies and procedures of any CHSU affiliate;
11. Behavior that demonstrates abusive or disrespectful conduct toward members of the faculty, administrative or professional staff, employees, students, patients or community members of the University;
12. Violation of any established rules, policies or procedures of CHSU, CHSU-endorsed organizations, CHSU departments or affiliated institutions;
13. Failure to report an observed violation of this policy;
14. Failure to participate in a University-conducted investigation as well as mandated reporting requirements imposed by law or policy of CHSU or any of its affiliates;
15. Conspiring, planning or attempting to achieve any of the above acts;
16. Any other conduct which calls into question the student's fitness to practice in the student's area of study.

\* For any offenses involving marijuana, CHSU applies federal law when determining illegal conduct not California state law.

During scheduled classes, the following behaviors are also violations of this policy:

17. Any disruptive behaviors that detract from learning by other students (e.g., talking, making excessive noise, playing games at inappropriate times);
18. Any disrespectful behaviors toward a faculty member or other campus community member including students (e.g., back-talking, inappropriate or excessively distracting questions, inattentive behaviors);
19. Poor attendance, poor punctuality or consistent failure to meet required deadlines.

## **UNIVERSITY-WIDE STUDENT DISCIPLINE PROCEDURES**

CHSU has established a multi-dimensional approach to adjudicating student misconduct and/or disciplinary issues. Complaints by students, CHSU employees or members of the public involving alleged misconduct by students in violation of this policy will be handled as follows:

1. All communication concerning notice of a student's alleged unprofessionalism will take place via the student's CHSU email. Students are responsible for regularly checking their CHSU email account and responding to timely emails from the University.
2. All reports of conduct violations ("Complaints") shall be reported to the Assistant/Associate Dean for Student Affairs and Enrollment within the student's college ("College Student Affairs Dean"). The Provost shall develop a form to be used for reporting Complaints.
3. Upon receipt of a Complaint, the College Student Affairs Dean will review the initial report of alleged misconduct and determine if the charge is of the nature to merit an investigation of the allegation(s).
4. If the Complaint is of a nature to merit an investigation, the College Student Affairs Dean shall investigate the Complaint, or the College Student Affairs Dean may designate another qualified administrator to do so. The student shall have the opportunity to be interviewed and present relevant

information (i.e., documents, names of witnesses, etc.) as part of the investigation. In most cases, the investigation shall not exceed 30 business days. If more time is needed, the College Student Affairs Dean will notify the student.

5. After the investigation is complete, the administrator responsible for conducting the investigation will apply a preponderance-of-the-evidence standard (i.e., more likely than not) in making a written finding about the validity of the Complaint. If the Complaint is true, the College Student Affairs Dean will decide how the Complaint should be adjudicated depending on how severe or pervasive the misconduct is. The multidimensional nature of CHSU's disciplinary system allows for cases to be heard either by the appropriate college-level committee (e.g., Student Progress Committee ("SPC") for CHSU-COM or Academic Progression and Standards Committee ("APSC") for CHSU COP), or an administrator(s) designated by the College Student Affairs Dean (other than the administrator responsible for conducting the investigation). However, all cases involving potential suspension or dismissal shall be referred to the appropriate college-level committee. In all cases, the College Student Affairs Dean shall notify the student in writing regarding the findings of the investigation and information regarding how the matter will be adjudicated.
6. Each college-specific level committee responsible for adjudication of Complaints under this policy shall develop policies which shall govern such adjudication, providing required due process to students appearing before the committee. Such policies shall be included in the CHSU Student Catalog and Handbook under the appropriate college section.

## Student Health Insurance

CHSU requires all students maintain personal health insurance throughout their entire enrollment. Students must provide proof of basic health insurance coverage prior to matriculation in order to be eligible to participate in any and all on- and off-campus activities and events.

Only Students having health insurance will be allowed to participate in all aspects of the curriculum including: clinical clerkships, service learning projects, program activities, and events. Students with a lapse in health insurance will not be allowed to participate until coverage is reinstated.

## Student Physical Health

A wide range of health services are available to CHSU students in the local community. All services are provided in accordance with the Health Insurance Portability and Affordability Act (HIPAA) and are strictly confidential. Students may access these services independently of CHSU.

While CHSU does not have an on-campus health facility, routine physical health services are accessible for CHSU students at many local health care provider offices and facilities. A list of some of these health care options will be maintained on the CHSU website.

## Student Supplemental Medical Insurance

CHSU has partnered with a supplemental insurance carrier to provide student supplemental medical insurance coverage for all students. The student supplemental medical insurance policy attempts to help students cover medical expenses that are incurred during CHSU academic-related activities, which are not covered by the student's personal medical insurance, such as:

- Injury or illness while participating in CHSU course(s), labs or clinical training that take place on CHSU campus or at an offsite location approved by CHSU.
- Injury or illness while participating in supervised CHSU activities.

The student supplemental medical insurance policy does not replace a student's personal medical insurance policy and students are still required to carry their own personal medical insurance. In accordance with every



insurance policy, exclusions apply. If a medical injury, including a needle stick, occurs, please contact college specific Student Services for information as to whether your injury qualifies for this coverage and directions for filling out a medical claim form. The college specific Student Services is responsible for following college level procedures regarding such injuries.

## Drug, Alcohol and Tobacco Policy

The University is committed to the health, safety, and well-being of each member of the University community. It is the policy of the University to maintain a campus community that is free from the unlawful use, possession, or distribution of alcohol and Controlled Substances (as defined below).

Students' unlawful use of alcohol or controlled substances is especially concerning to the University because students are training to become healthcare professionals. Healthcare professionals are entrusted with the health, safety, and welfare of patients; have access to controlled substances and confidential information and operate in settings that require the exercise of good judgment. The unlawful use of alcohol or controlled substances can result in serious injury or death, or damage to the health of not only the student themselves but also the community as a whole, including patients with whom student may interact with and adversely affect the educational mission of the University.

### DEFINITIONS

**Alcohol:** Includes alcohol, spirits, liquor, wine, beer, and every liquid or solid containing alcohol, spirits, wine, or beer, and which contains one-half of one percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed, or combined with other substances.

**Controlled Substance:** Includes drugs or chemicals whose manufacture, possession, or use is regulated by a government, such as illicitly used drugs or prescription medications that are designated by law. Controlled substance categories I-V in the Controlled Substances Act, 21 United States Code, § 812 also includes illegal street drugs and marijuana.

**Student Organization Event:** Any event, meeting, conference, party, or gathering that is conducted on University Property or that is conducted or sponsored off campus by a student organization, or by a component thereof, or by an official, employee, or agent thereof, acting in his/her capacity as such, or by any club, team, or organization that is permitted to use the name of the University or that is officially affiliated with the University. Student Organization Events typically include events funded by the University directly, or through funds allocated to the Registered Student Organization, or make use of the University name. Whether an event is classified as a Student Organization Event will be up to the sole determination of the University.

**Sale:** Sale includes exchanging of any money or tickets, tokens or chips which have been issued in exchange for money, or anything else of value, either directly or indirectly, for an alcoholic beverage. The term "sale" also includes the imposition of any admission charge to, or any other charge for the event at which alcoholic beverages will be served exclusively to those who pay such charge.

**University Property:** Any real property, land, facility, or annex property thereof, which is owned, leased, licensed, rented, used, or otherwise controlled by the University.

### PROHIBITED CONDUCT

Students are required to comply with all state, federal, and local law regarding alcohol, unlawful drugs, and tobacco use. Furthermore, the University is opposed to substance abuse and unequivocally prohibits the unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol or of unlawful controlled substances by university students. In addition, students shall not use controlled substances or abuse legal substances in a manner that impairs school performance, scholarly activities or student life.

The University also requires that students consent to and take all alcohol or drug tests required by the University

or other facilities where students complete their rotations. A student's refusal to take such test or tampering with such test is a violation of this policy.

## **HEALTH RISKS ASSOCIATED WITH THE USE OF ALCOHOL AND OTHER DRUGS**

Excessive drinking and drug use will lead to a wide variety of health problems and professional difficulties. The use of any amount of illicit or legal (including alcohol) drugs may alter the chemical balance of the body. Misuse or compulsive use of alcohol and other drugs can often cause serious damage to major body organs such as the brain, stomach, lungs, liver, kidneys, heart, as well as, the immune and reproductive systems. Pregnant women put the fetus at risk for serious birth defects and complications at birth, as well as the possibility of delivering a baby with a drug dependency who may exhibit withdrawal signs. Other health problems include sleep disturbances, malnutrition, convulsions, delirium and greater risk for life threatening accidents and events such as traffic deaths and suicides. Use and/or withdrawal from a substance can also create mental problems including, but not limited to depression, anxiety, paranoia, and delusions. The use of drugs and alcohol can cause physical and psychological dependence and can interfere with memory, sensation and perception. Drugs impair the brain's ability to synthesize information. Regular users of drugs develop tolerance and physical dependence often experienced by withdrawal symptoms.

## **ALCOHOL AND DRUG TESTING**

### *Testing for Alcohol and Drugs at Experiential Sites*

A critical part of healthcare education involves experiential experiences for students in hospitals and other health care facilities. These rotations provide critical hands-on learning experiences for students and as such students must be able to complete their assigned rotations. Many hospitals and health care facilities have policies requiring drug testing for employees, students and volunteers. Many of these facilities mandate that students who test positive for unlawful use of alcohol or controlled substances are ineligible to complete rotations in the facility.

Students are required to follow the processes and procedures of the experiential site with regard to alcohol or unlawful drug testing. Students are entitled to refuse to be tested, but such refusal will amount to a violation of this Policy, and adverse consequences will be drawn from such information (i.e., this will be treated the same as a positive test). Students who cannot participate in these experiential experiences due to revealed unlawful use of alcohol or controlled substances may be unable to fulfill the requirements of their program within the University. If a student tests positive for unlawful use of alcohol or controlled substances, the student must immediately inform the Office of Student Affairs regarding the student's positive drug test. The Office of Student Affairs will thereafter inform the Office of the Dean regarding the student's positive drug test.

### *Testing for Alcohol and Drugs at the University and Process*

#### *i. Random Drug Testing*

University students may be selected for a random drug screening at any time throughout their enrollment. The practice of random drug testing was established at the University to encourage student engagement in responsible lifestyle choices for not only their personal wellbeing but for the public which they serve. Students will be selected at random for drug testing. The frequency, percentage of students and intervals will be determined by the University.

#### *ii. For Cause Testing*

To promote a safe and healthy learning and work environment, the University may require students to submit to drug and/or alcohol testing based upon a reasonable suspicion of unlawful use of alcohol or controlled substances. Students may be asked to submit to a drug testing if there is suspicion that a student may be under the influence of drugs or alcohol. To ensure compliance with University policies and to promote a safe and healthy University for all students, the University may require students to submit to drug and/or alcohol testing "for cause" based upon:

1. Reasonable suspicion of substance abuse (as described below); or

2. The unauthorized use or possession of alcohol or drugs on campus or at a health care setting; or
3. The use of or possession of unlawful controlled substances at any time.

Reasonable suspicion of substance abuse may be based upon, but is not limited to the following criteria:

1. Direct observation of unauthorized use or possession of alcohol or drugs and/or demonstration of the physical symptoms of the influence of drugs or alcohol;
2. A pattern of erratic behavior, consistent with alcohol or drug use; or
3. Arrest or conviction for a drug or alcohol related offense; or
4. Evidence that a student has tampered with a previous drug test; or
5. Possession of drug paraphernalia.

When a determination to test a student for cause has been made, the student will be given specific instructions on how to obtain the drug screening, but the general process is described below.

### *iii. Process for Drug Testing at the Direction of the University*

Step 1: The student will receive a notification from the Dean (or designee) of the student's selection for drug testing and will need to report to a collection/laboratory site designated by the University. Students are required to report to the designated laboratory within 24 hours of the date of the notification, unless the University determines that based on the situation more expedient testing is required.

Step 2: To ensure the integrity of the process, students must comply with all collection procedures of the designated laboratory (i.e. provide identification, completion of forms, no items permitted in testing area). Failure to comply with the directives, policies, and procedures of the designated laboratory will result in disciplinary action.

Step 3: A copy of the results from the designated laboratory will be sent to the University and the University will notify the student of their result and communicate next steps to the student.

Expenses: University will be responsible for any and all lab cost related with the random and probable cause drug testing. Students are responsible for any and all cost related to compliance drug testing and participation in any rehabilitation programs as recommended.

## **SEEKING HELP FOR ALCOHOL AND CONTROLLED SUBSTANCE USE**

The University recognizes that healthcare students may have or develop problems with the use of unlawful drugs or with the abuse of alcohol. The University is committed to providing a program that will assist impaired students in regaining their health while protecting society at large from the harm that may result from the actions of a chemically impaired health care professional student. As a result of such potential for harm, students who are aware of or suspect another student of abusing alcohol or drugs are required to report the matter to the Office of Student Affairs.

The University will facilitate alcohol and substance abuse prevention through general promotion of a substance-free educational environment. Using science and evaluation-based prevention models, the Office of Student Affairs shall make recommendations for all program, policy, and enforcement issues related to alcohol and other drugs. This comprehensive effort works to reduce high-risk drinking by:

- Educating students about responsible alcohol use.
- Providing early intervention and confidential counseling for those who need help.
- Altering the environment to limit access to alcohol by underage students and providing alcohol-free social

functions.

- Ensuring compliance with substance abuse policies and laws, and consequences for policy violation

The University will also create an atmosphere wherein individuals with alcohol and/or drug problems are encouraged to seek help. The University works in partnership with University students and the community to promote a healthy and safe campus environment. The University helps connect students to services that are geared toward ensuring the personal health of students by providing support and avoiding punitive measures.

All information regarding any contact or counseling is confidential and will be treated in accordance with University policies and state and federal laws. A student's decision to seek assistance will not be used in connection with any academic determination or as a basis for disciplinary action. The University offers various drug and alcohol use prevention, education, and intervention programs. These services are made available to students. Below is a list and brief description of the programs that are offered to students throughout the year.

Available Programs for Students	Contact Information
Pharmacists Recovery Program (California) MAXIMUS Diversion Program P.O. Box 989012 West Sacramento, CA 95798-9012	Website: <a href="http://www.maximus.com">www.maximus.com</a> Phone: (800) 522-9198 FAX: (916) 669-3660
Narcotics Anonymous (Central California) (12 step program focusing on narcotics)	Website: <a href="http://centralcana.org">centralcana.org</a>
Valley Recovery Center	Website: <a href="http://Valleyrecoveryfresno.com">Valleyrecoveryfresno.com</a> Phone: (877) 406-9379
Westcare California	Website: <a href="http://Westcare.com/california">Westcare.com/california</a> Phone: (559) 237-3420
Young People in AA (opportunity for young people to come together and share)	Website: <a href="http://fcypaa.com">fcypaa.com</a>
Unum—for students employed by the University only - Employee Assistant Program Counseling for Drug Addiction	Phone: (800) 854-1446

Students are encouraged to seek guidance from these programs at the earliest sign of need. For additional information or assistance with substance and/or alcohol abuse matters, or for information on programs please contact the Student Affairs Office. Students are encouraged by the University to identify themselves and are seek assistance for a substance abuse problem proactively and not as a result of an identified violation or random screening.

## STANDARDS ON USE OF ALCOHOLIC BEVERAGES ON AND OFF UNIVERSITY PROPERTY

The intent of the Standards on Use of Alcoholic Beverages is to describe the permitted and prohibited use of alcoholic beverages on and off University Property. The University is committed to maintaining a safe and healthy environment that is free from the use of alcoholic beverages and is in full compliance with federal and state laws and University standards.

### Use of Alcoholic Beverages on University Property

- Alcohol may not be possessed, served and or consumed on University Property by any student.
- Students must not have consumed any alcohol while on University Property, irrespective of whether they consumed the alcohol prior to coming onto campus.

## Guidelines for Off-Campus Events that Include the Serving of Alcoholic Beverages

In addition to complying with state laws that regulate the sale or provision of alcoholic beverages, the conduct of events or off-campus programs, including Registered Student Organization Events, should be conducted in accordance with the following:

- Advertisements that reference alcoholic beverages in any form may not portray alcohol as the dominant theme or primary purpose of the event or program or promote alcohol consumption as an expectation during the event or activity.
- Valid age determinations will be made to assure compliance with minimum age requirements, including efforts to determine if a person is using a false ID.
- Sale of alcoholic beverages by a Registered Student Organization is prohibited. No portion of any charge levied for attendance at an event shall be used to pay for any alcoholic beverages.
- No portion of University allocated funds are to be used for the purchase of alcohol.
- The serving and/or consumption of alcoholic beverages shall be carried out only by individuals 21 years of age or older.
- Registered Student Organizations are responsible for ensuring that moderation is encouraged during the lawful consumption of alcoholic beverages.
- Registered Student Organizations are responsible for assigning a reasonable number of designated drivers for any event where alcohol will be served. The Registered Student Organization also must explain to all such designated driver's that: 1) their role is to transport other students home from the event in a safe manner; and 2) these drivers must remain completely sober and thus are prohibited from consuming any alcohol before driving anyone to or from the event.
- A person's decision not to consume alcohol is to be respected.
- Food or snacks as well as non-alcoholic beverages will be readily available at any event in which alcoholic beverages are served.
- Professional security personnel will be employed at events held by Registered Student Organizations which include alcohol, irrespective of whether students bring their own alcohol to the event or whether alcohol may be purchased at the venue. Any such event held in an acceptable public facility that provides its own security is exempted from this requirement.

## **PENALTIES AND SANCTIONS**

All students are expected to be familiar with and to adhere to federal, state, and local laws and University policies with regard to the use and possession of drugs or alcohol. The University will impose sanctions for violation of the standards of behavior (on and off campus) consistent with local and federal laws, and University policies. Students who violate this policy will be subject to discipline under the Student Professionalism Policy, independent of any action which may be taken by other authorities (e.g., licensing boards, law enforcement, accreditor etc.). Violations will result in disciplinary action, up to and including dismissal, and referral for possible prosecution. Sanctions imposed will depend upon the severity and frequency of the violation. Depending on the nature of the violation, university sanctions may include educational intervention, mandated community reparations, probation, probation and referral for treatment and rehabilitation, suspension, or dismissal.

In addition to, or in lieu of discipline, violators may be required to complete an appropriate rehabilitation program. Specifically, the University's goal is to provide students, whenever possible, with options for assessment, recommendations, counseling, referrals and/or treatment. Thus, self-referral and early detection and referral are critical to the rehabilitation of students.

The University sanctions imposed for violation of this policy neither diminish nor replace the penalties available under generally applicable civil or criminal laws. Violations of University standards may also violate federal, state and local laws, or other appropriate governance body. Violators will be subject to all appropriate

penalties within the jurisdiction of the offense. Below is a list of federal, state and municipal laws regarding the unlawful use of alcohol and unlawful drugs. Note, this list is not a complete summary of relevant laws and ordinances.

#### State and Municipal Laws and Ordinances:

1. The purchase, possession, or consumption of alcoholic beverages (including beer and wine) by any person under the age of 21 is prohibited.
2. The selling, either directly or indirectly, of alcoholic beverages (including beer and wine) except under the authority of a California Alcoholic Beverage Control Board license is prohibited. This includes selling glasses, mixes, ice, tickets for admission, etc.
3. The serving of alcohol to an intoxicated person is prohibited.
4. The serving of alcohol to someone to the point of intoxication is prohibited.
5. The manufacture, use or provision of a false state identification card, driver's license, or certification of birth or baptism is prohibited.
6. The act(s) of being drunk and disorderly in public view, including on public sidewalks and walkways, is prohibited.
7. The consumption of alcoholic beverages in a public place (unless licensed for consumption of alcohol on the premises) is prohibited. This includes a prohibition of alcoholic beverages in public areas of academic facilities, recreation fields, university housing corridors and lounges.
8. The act of driving a motor vehicle or a bicycle while under the influence of alcohol is prohibited.
9. The possession of an alcoholic beverage in an open container in a motor vehicle or on a bicycle is prohibited regardless of who is driving or whether one is intoxicated.

#### State and Federal Criminal Sanctions:

The following is a brief summary of the state and federal criminal sanctions that may be imposed upon someone who violates the alcohol and other drug laws in the state of California:

- A violation of California law for the unlawful sale of alcohol may include imprisonment in the county jail for six months, plus fines and penalties.
- A violation of California law for the use of alcohol by obviously intoxicated individuals will vary with the particular circumstances but may include imprisonment in the county jail and substantial fines and penalties.
- A violation of California law for the possession, use and/or sale of narcotics, marijuana and/or other illicit drugs includes imprisonment in the county jail or state prison for one to nine years, plus fines up to \$100,000 for each count.
- A violation of federal law for the possession, use and/or sale of narcotics, marijuana and/or other illicit drugs may include imprisonment in the federal penitentiary for one to fifteen years plus substantial financial penalties.
- A violation of the law involving an individual being under the influence of a combination of alcohol and other drugs (itself potentially deadly), may result in an increase in criminal sanctions and penalties.

#### **SMOKE AND TOBACCO-FREE ENVIRONMENT**

Members of the University community, including academic and staff employees, students, student organizations, and volunteers, are responsible for observing and adhering to the Smoke & Tobacco-Free Environment policy. Smoke & Tobacco-Free means that smoking, smokeless tobacco products, the use of nicotine products, and the use of e-cigarettes is strictly prohibited on all University buildings and grounds, parking lots (even when inside vehicles parked in the parking lot), University-affiliated off-campus locations and clinics and any buildings owned, leased, or rented by the University. Therefore, the University has designated itself as a Tobacco Free Campus, with smoking and all other tobacco usage prohibited. This Tobacco-

Free policy is in effect 24 hours a day year-round.

## Off-Campus Housing Policy

California Health Sciences University (CHSU) does not provide on-campus housing for students, nor does it have any dormitory facilities under its control. CHSU has no responsibility to find or assist a student in finding housing.

Local off-campus housing is the sole responsibility of the student. Local information can be accessed through the Internet and various publications available through the Fresno and Clovis areas. CHSU does not endorse or recommend any rental or real estate companies.

At the time of publication, approximately 88% of rentals in the Fresno area were in the range of \$701-\$1,500 per month (<https://www.rentcafe.com/average-rent-market-trends/us/ca/fresno/>, retrieved June 2019).

## Student Personal and Emergency Contact Information Policy

CHSU has an obligation to be able to contact a student and/or a designated contact person in any case, including an emergency or other situation, affecting the welfare of the student. All students are always required to maintain accurate student and emergency contact information and required to update and/or review that information at least annually.

Student can update their address and emergency contact by following one of the options below:

1. Accessing and downloading the Registrar Forms for Emergency Contact Information and Change of Address located in BrightSpace, the student learning management system. These forms must be submitted to the Office of the Registrar in person or emailed to [Registrar@CHSU.edu](mailto:Registrar@CHSU.edu)
2. Logging into their Student Portal.

## Student Conflict Resolution and Complaints Policy

CHSU is committed to fostering a supportive environment where students are listened to, understood and appreciated. It is important to CHSU that all members of the CHSU community are treated fairly and that they receive prompt responses to problems and concerns. CHSU understands that concerns may arise in the educational environment and encourages students and employees to communicate these concerns to CHSU so that it can continue to foster a supportive environment for all. CHSU desires a fair resolution of all such concerns. 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 complaint and grievance procedure to promote prompt and responsible resolution of issues covered by this policy. The purpose of this policy is to provide a transparent and consistent process for resolving such complaints.

This policy applies to general complaints regarding the learning environment made by students or made regarding students except for: (a) complaints regarding student misconduct governed by the CHSU Student Professionalism and Conduct Policy; (b) complaints governed by the CHSU Unlawful Discrimination, Harassment or Sexual Violence Policy; or (c) complaints governed by the CHSU Complaints Concerning Approval to Operate or Accreditation Policy.

This policy also does not apply to workplace complaints made by employees of CHSU, which are governed by the CHSU Employee Conflict Resolution and Complaints Policy.

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

### DEFINITIONS

Complaint: Any unresolved grievance, dissatisfaction, wrong, concern or hardship regarding the learning environment, except as described above. This may include any issue regarding the application of a CHSU policy, practice or procedure. This list is not exhaustive.

Complainant: The person with a Complaint.

Respondent: The person or entity against whom a Complaint has been made. The Respondent may be a student or employee of CHSU, CHSU itself, or one of its component colleges.

## **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. Any such retaliation should be reported according to the same procedures outlined below for filing a complaint.

## **COMPLAINT FILING AND RESOLUTION PROCESS**

### ***Step 1:***

Initial Verbal Discussion: A Complainant is generally expected to raise any Complaint verbally with the Respondent in an attempt to resolve the conflict as informally as possible. This should be done as soon as possible following any alleged incident. If the Complainant feels it would be inappropriate to raise the matter with the Respondent, the Complainant may proceed directly to Step 2.

### ***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 by completing the appropriate forms with the Office of the Provost. If a written complaint is received by another CHSU department, it shall be forwarded to the Provost (or designee). The Provost (or designee) shall be responsible for overseeing the processing of written complaints under this policy; however, the Provost (or designee) may determine that a complaint is more appropriately handled by college-level administration and, if so, may forward the complaint to the appropriate college. Complaints 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 Provost (or designee) 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 the Provost and/or subsequently serve as Mediator, as described in Step 3 below. However, in all cases, the Investigator must be a neutral party.

### ***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 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, faculty, staff or student body, 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 agreement cannot be reached, the Complaint will move on to Step 4.

### ***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, a CHSU administrator



designated by the Office of the Provost will communicate a written resolution to the Complainant and other parties, as appropriate, within thirty (30) business days of receipt of the Complaint by the Provost's Office or the end of mediation, whichever is later. In making a determination, the CHSU administrator may consult the Investigator or Mediator, if applicable, as well as the Complainant and/or Respondent.

**Step 5:**

Appeal: Either the Complainant or Respondent may appeal the formal decision to the Provost or, if the Provost directly handled processing of the complaint then the appeal shall be to the President. Any such appeal must be filed in writing within five (5) business days following the date of the formal decision. The appropriate administrator shall review the formal decision and shall provide a response to the appeal within ten (10) business days following the receipt of the appeal. The appeal decision shall be final.

## RECORDS OF COMPLAINTS

Records of Complaints under this policy shall be maintained by the Office of the Provost in accordance with CHSU's Secure Student Recordkeeping Policy.

## 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. Generally speaking, students are discouraged from seeking health care from their preceptor. 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.

# College of Osteopathic Medicine (COM)



## Message from the College of Osteopathic Medicine Dean

Welcome to the first four-year medical school in the Central Valley. CHSU is proud to have developed the third osteopathic medical school in California.

Our mission to recruit, train, and retain physicians for the Central Valley, helps improve access to health care for all in the area. As part of that mission you will become an integral member of the team that impacts patients' lives throughout your four years here.

I am personally excited that you chose us on your path towards becoming a compassionate and caring physician. Unique aspects of the curriculum included an emphasis on nutrition, use of innovative technologies, incorporating use of simulation, an emphasis on improved student learning with Team-Based learning and other active modalities and opportunities for impactful early clinical experiences.

Together we will make an historic impact on health care access to the residents of the Central Valley.



John Graneto, DO  
Dean, College of Osteopathic Medicine

# COM Governing Statute 1 Mission, Vision and Values

## 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.

## 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.

## 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
    - osteopathic principles and practices across the continuum of medical education;
    - patient-centered education;
    - integrated clinical presentations;
    - engagement with community partners;
    - adaptive leadership skills;
    - simulation-based experiences
    - 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;

## 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

## COM Program Learning Outcomes (PLOs)

To complete its educational mission, the COM has established 14 Program Learning Outcomes (PLOs). These comply with the AACOM core competencies, the 2018 NBOME dimensions of competencies and clinical presentations and the osteopathic Entrustable Professional Activities (EPA). These also align with the CHSU Global Learning Outcomes.

CHSU COM curriculum is mission driven in that it will promote and encompass valuable attributes, critical for a competent Osteopathic physician serving the Central Valley of California:

- a. Promoting a diverse medical community that would be committed to the underserved populations of the Central Valley;
- b. Primary-care oriented training during pre-clinical and clinical years;
- c. Emphasis on nutrition and wellness embedded through the entire curriculum;
- d. Facilitating Team-based learning, Simulated-patient presentations and other active learning modules methods during the learning sessions; and in a collaborative setting through Inter-professional Exercises partnering with the CHSU- College of Pharmacy, as necessary;
- e. Enabling learners to participate in relevant research pursuits and becoming a life-long learner.

### PLO 1.

Osteopathic Principles and Practice: Understand and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The educational goal is to train a skilled and competent osteopathic GME candidate who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

### PLO 2.

Medical Knowledge: Comprehend and be able to apply knowledge of accepted standards of clinical medicine and new developments in medicine and promote life-long learning activities, including research.

### PLO 3.

Patient Care: Demonstrate the ability to apply knowledge needed to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

**PLO 4.**

Interpersonal and Communication skills: Learn and Exhibit interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of the health care teams.

**PLO 5.**

Professionalism: Practice and uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Students should be cognizant of their own physical and mental health in order to care effectively for patients.

**PLO 6.**

Practice-based learning and improvement: Understand the importance of critically evaluating practice methods; integrating evidence-based medicine into patient care, understanding research methods, and improving patient care practices.

**PLO 7.**

Systems based practice: Evaluate and analyze the available information and resources to demonstrate awareness of and responsiveness to the larger context and system of health care, and effectively identify system resources to maximize the health of the individual and the community or population at large in a cost-effective manner.

**PLO 8.**

Counseling for Health Promotion/Disease Prevention: Demonstrate an understanding of and commitment to the patient-centered medical concepts of continued, coordinated and comprehensive health care by applying available resources for health screening and prevention; as well as exhibit preventive health principles by modeling a healthy lifestyle.

**PLO 9.**

Cultural Competencies: Understand the scope of culture and elements that form and define it to recognize personal and professional tendencies toward bias and/or stereotyping and work to counter them; as well as be able to assist the health care team in developing a mutually acceptable, culturally responsive plan for patient care.

**PLO 10.**

Evaluation of Health Sciences Literature: Demonstrate effective use of available technology to locate health sciences literature and be able to appraise their validity, reliability, impact, and applicability by applying the critical concepts of medical knowledge, epidemiology, biostatistics, and research methodology with an ultimate goal to utilize the best and appropriate information for patient care.

**PLO 11.**

Environmental and Occupational Medicine: Demonstrate the knowledge necessary to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health; as well as have the knowledge relating to fitness, disability and safe work place to be able to assess and providing control measures in an osteopathic evidence-based clinical evaluation and prescribe treatment if there is a risk of an adverse event from exposure to physical, chemical or biological hazards.

**PLO 12.**

Public Health Systems: Apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention; as well as recognize the impact of environmental and cultural influences to improve public health among divergent populations.

**PLO 13.**

Global Health: Demonstrate the knowledge and skills required to understand the differences between the US and non-US health care systems; and be able to provide appropriate preventive and post-return care for diseases infrequently encountered in the US, with an understanding of the threat of pandemic and/or endemic health events.

**PLO 14.**

Interprofessional Education and Collaboration: Comprehend and communicate the roles and responsibilities of other care providers; and in doing so, be able to choose effective communication tools and techniques for engaging other health professionals, appropriate to the specific care situations, in shared patient-centered problem solving for effective team-based care.

## Doctor of Osteopathic Medicine Program Description

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 maturity, creativity, exceptional circumstances, 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 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.

# COM 2021 – 2022 Academic Calendar

## College of Osteopathic Medicine

	OMS I	OMS II
<b>Fall 2021</b>	<b>Date</b>	<b>Date</b>
Tuition Due for Fall ( <i>if not using Financial Aid</i> )	June 25, 2021	June 18, 2021
Orientation	July 20 – 22, 2021	July 19, 2021
Fall Semester Begins	July 26, 2021	July 20, 2021
Last Day to Withdraw from Program without Penalty	July 30, 2021	July 26, 2021
White Coat Ceremony – OMS I	October 2, 2021	
Tuition Due for Spring ( <i>if not using Financial Aid</i> )	December 10, 2021	December 3, 2021
Last Day of Classes	December 17, 2021	December 10, 2021
Winter Break	December 20, 2021 – January 7, 2022	December 13 – 31, 2021
Semester Grades Due	December 23, 2021	December 17, 2021
<b>Spring 2022</b>	<b>Date</b>	<b>Date</b>
Spring Semester Begins	January 10, 2022	January 3, 2022
Last Day to Withdraw from Program without Penalty	January 14, 2022	January 7, 2022
Spring Break – <i>No Classes</i>	March 14 – 18, 2022	March 14 – 18, 2022
Last Day of Classes	June 3, 2022	May 27, 2022
Semester Grades Due	June 10, 2022	June 3, 2022
<b>Summer 2022</b>		
Remediation Period ( <i>for OMS I &amp; OMS II</i> )	June 6 – 17, 2022	

## University Holidays

Event	Date	Event	Date
July 4 <sup>th</sup>	July 5, 2021 ( <i>observed</i> )	Winter Shutdown – <i>University Closed</i>	December 25 – 31, 2021
Labor Day	September 6, 2021	Martin Luther King Jr.	January 17, 2022
Veterans Day	November 11, 2021	President's Day	February 21, 2022
Thanksgiving Holiday	November 22 – 26, 2021	Memorial Day	May 30, 2022



# COM Admissions Policy

## 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 (“NonAcademic 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).

## ADMISSIONS COMMITTEE DESCRIPTION

The COM Admissions Committee and the Admissions Staff review application materials for applicants to the College, along with input from selected faculty members who have interviewed applicants in accordance with procedures established by the College. Recommendations regarding admissions decisions are made 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 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, 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.

## 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://choosedo.org/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.

## PRE-APPLICATION AND TIMELINE

Prior to applying to attend CHSU, applicants are strongly encouraged to explore and gain a thorough understanding of what it means to have a career in Osteopathic Medicine. Importantly, applicants should understand the CHSU Team Based Learning model which emphasizes collaborative learning. Applicants are also required to commit to 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 phone if they have been accepted into the COM. Instructions and deadlines regarding the AACOMAS application are available from AACOMAS ([www.choosedo.org](http://www.choosedo.org)).

## 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

### *Letters of Recommendation*

CHSU requires either two (2) or three (3) 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 (1) 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. Two (2) academic letters written by college science professors who have instructed the applicant. A pre-med or pre-health profession committee letter that includes all items listed above will satisfy these requirements. For example, one (1) letter from a physician plus a committee letter with contributions from at least two (2) science faculty members.

### *Additional Requirements for Letters of Recommendation*

Letters must be on letterhead and include the recommender's academic credentials and a signature, as well as a date. Applicants are responsible for informing evaluators of the requirements when requesting letters.

Letters from relatives, spouses, family friends, coaches, personal trainers, veterinarians, dentists or the applicant's family physician will not be accepted – authors should be as objective as possible.

Letters will only be accepted through AACOMAS or Interfolio. Applicants who wish to utilize Interfolio must have letters sent to AACOMAS. CHSU-COM does not accept paper letters of recommendation, or letters sent directly from the evaluator or applicant via either mail or email. CHSU-COM reserves the right to refuse any

letter that is not submitted on professional or college/university letterhead and signed by the evaluator.

CHSU-COM is not responsible for receipt or processing of materials that do not conform to these guidelines.

Application packets will only be reviewed by Admissions after all required letters are submitted to AACOMAS.

### *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 (1) 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.

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 one-point-five (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.

<b>Prerequisite Course</b>	<b>Semester Hours</b>	<b>Quarter Hours</b>
Behavioral Sciences	3	4
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: Biochemistry, Anatomy, Physiology, Genetics and Immunology.

### *Prerequisite Coursework Requirements*

The following requirements apply to all prerequisite coursework identified in section V.B., above. **Notwithstanding the above, however, CHSU-COM will be following the guidelines of AACOMAS with respect to matters related to the impact of COVID-19 on student pre-requisite coursework.**

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. *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.

***Bachelor’s Degree Required***

To be eligible to apply to the California Health Sciences University College of Osteopathic Medicine, a bachelor’s degree (B.S. or B.A.), or equivalent, 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. In order to be eligible for admission, an applicant must satisfactorily complete a minimum total of (one-hundred eight) 108 quarter units or (seventy-two) 72 semester units of academic coursework at an accredited college or university in the United States or an equivalent foreign university prior to enrollment in the COM. Prerequisite courses will count towards the minimum number of units required.

***MCAT Examination***

To be eligible for admission, all applicants must have achieved a competitive test score on the Medical College Admissions Test (“MCAT”), with no MCAT subsection score below the 15th percentile. Only MCATs taken within the past three (3) years will be eligible to satisfy this requirement. For July 2021 matriculation, MCAT scores must be from January 1, 2018 or later.

***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 language other than English is a skill highly desirable for practicing physicians to allow them to communicate effectively with diverse patient populations. This skill is especially important in addressing the needs of diverse 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.

**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, including CASPer assessment;
- 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:

# Admissions Process

**1**

**AACOMAS Primary Application Submission**

**2**

**Primary Application Review**

**3**

**Invitation to Complete Supplemental Application and CASPer™ Assessment**

**4**

**Review of Supplemental Application**

**5**

**Offer for Interview**

**6**

**Interview**

**7**

**Admissions Committee Review and Recommendation to the Dean**

**8**

**Dean Makes Final Admission Decision**

### *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 (1) 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 <https://aacomas.liasoncas.com/>. 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 help with application-related questions, contact AACOMAS Customer Service at 617-612-2889 or [aacomasinfo@liaisoncas.com](mailto:aacomasinfoliaisoncas.com).

### *Primary Application Review and Invitation to Complete Supplemental Application*

Once CHSU-COM has received the applicant’s primary application from AACOMAS, the application will be 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).
  - GPA calculations will be based upon all courses completed at the time of application.
  - If a student has retaken a course multiple times, all grades received for that course will be accounted for in calculating cumulative GPA.
2. MCAT score of 498 or higher.
  - 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 knowledge of CHSU-COM’s mission and values, as well as their knowledge on topics related to healthcare. The supplemental application process also requires payment of a \$50 non-refundable fee. This fee may be waived for applicants who have been granted an AACOMAS Fee Waiver.

Minimum requirements for receipt of a supplemental application invitation will be published by the COM prior to each admissions application cycle.

Only those applicants invited to move on to the supplemental application process will be required to participate in the CASPer Assessment Program. The CASPer test is an online situational judgment test designed to evaluate key personal and professional characteristics. 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 an additional measure of traits such as professionalism, ethics, communication, and empathy.

After the applicant completes the supplemental application process, the applications are forwarded to the Admissions Staff. The 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. The Admissions Staff will also consider whether the application shows evidence of non-academic factors that 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.

### *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 or remotely, by one or more members of the faculty. The Interviewers will only receive the student's supplemental application question responses before the interview. The purpose of the interview is to assess oral communication skills, professionalism 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.

The Interviewers will score the applicant's interview and the Admissions Staff will 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.

### *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 may be offered acceptance at a later date. Applicants on the waiting list could be called by the Admissions Staff when a vacancy occurs up to the day before the first day of COM Orientation for the new academic year.

### *Student Enrollment Agreement*

The Student Enrollment Agreement must be completed and submitted to the college in order to show intent to enroll in the program. The Student Enrollment Agreement is a legally binding contract when it is signed by the applicant and accepted by the institution. In signing the Enrollment Agreement, the applicant acknowledges the catalog and student handbook have been made available to read and review.

### *Right to Cancel*

A student has the right to cancel their Enrollment Agreement and obtain a refund of all charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later, less the maximum non-refundable two-hundred and fifty dollar (\$250) fee. Students who wish to cancel their enrollment agreement must notify the CHSU-COM Office of Admissions of the cancellation by email or mail. If a student obtains a loan to pay for an educational program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund.

### *Verification of Transcripts*

After the admission decision is made and prior to the student's matriculation in the D.O. program, the COM Admissions Office will confirm that all final transcripts have been received by CHSU and prerequisite coursework has been completed. All information provided by applicants will be verified. 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.

## RECRUITING A DIVERSE STUDENT BODY

In support of CHSU's Mission, Vision, and Values, CHSU-COM strives to enroll a student body that reflects the diversity of the California Central Valley, representing a wide range of life experiences and backgrounds, as set forth in the University's Non-Discrimination Policy. The COM works to attract a diverse pool of qualified applicants through formal and informal recruiting efforts with local institutions of higher education and with student associations and organizations which reflect underrepresented groups. The Admissions department supports outreach programs to increase educational opportunities and medical school preparedness to local college and high school students.

## 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 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.

### *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 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.

### *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.

### *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 (endoscopy, paracentesis, etc.) as well as read and interpret EKGs, X-rays and ultrasound images. Other motor activities include performing suturing, 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 forty (40) lbs. and stand for a minimum of one hour.

### *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..

### *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.

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.

### *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.

### *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.

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.

## **TRANSFER APPLICANTS NOT ACCEPTED**

CHSU-COM does not currently accept transfer applicants.

## **DACA & INTERNATIONAL APPLICANTS**

### *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 (16th) 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.

### *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..

International students follow the same application steps as all other applicants applying to the D.O. program. International 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.
- 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:

TEST TYPE	SCORE
Paper-Based TOEFL	550
Computer-Based TOEFL	213
Internet-Based TOEFL	100

## **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.

## **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.

Re-admission 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 ninety (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 the student 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.

## **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 or academic year to which they have applied to and subsequently have been

admitted, will need to reapply for admission. Consequently, a student who was admitted to one semester or academic year, may not necessarily be offered admission in another semester or academic year.

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 Dean. 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. 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.

## **RETENTION OF ADMISSIONS RECORDS**

### ***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 COM Office of Admissions in accordance with the University's policy on record retention.

### ***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;
- 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.

## **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:

### ***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.

### ***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 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.

### *Immunization Requirements*

Admitted students must comply with immunization requirements as listed on the CHSU Accepted Students' Webpage. Immunization requirements are established yearly by the COM Office of Student Affairs.

## COM Annual Tuition, Fees & Costs for 2021-2022

The purpose of this policy is to provide information regarding tuition, fees, and other costs for students of the College of Osteopathic Medicine. Listed in the following chart are the 2021-2022 annual tuition and fees paid directly to CHSU-COM, and additional estimated costs that students are required to pay to others. Estimated tuition, fees, and other costs for subsequent years of the four-year program are included in the chart. The total annual living expenses (room and board and personal expenses) may not reflect a student's total financial responsibilities. The University reserves the right to change institutional tuition, fees, and costs at any time with prior notice. Non-institutional costs are controlled by third parties, not the University.

Tuition is charged on a full-time, semester basis, except during the fourth program year in which tuition is charged on a full-time, annual basis. Generally, tuition and fees are charged to a student's account thirty (30) days prior to the start of each semester term. The above is based on the assumption that a student will attend each semester term on a full-time basis, which allows for a student to graduate after successfully completing four (4) years of required coursework of the degree.

International students are not charged additional fees or charges associated with vouching for student status.

### **RIGHT TO CANCEL**

A student has the right to cancel their enrollment agreement and obtain a refund of all charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later, less the maximum nonrefundable two-hundred and fifty dollar (\$250) seat deposit. Students who wish to cancel their enrollment agreement must notify the applicable College's Office of Admissions of the cancellation by email, mail, or in person. If a student obtains a loan to pay for an educational program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund. If the student receives federal student financial aid funds, the student is entitled to a refund of the monies not paid from federal financial aid funds.

Payment deadlines, loan obligations, refund calculations due to cancellation or withdrawal, and the Student Tuition Recovery Fund (STRF) disclosures are located in the Financial Services section of this catalog.

In the following charts, OMS I, OMS II, OMS III, and OMS IV indicate the student's year in the program.

**The following chart is applicable to students entering CHSU COM as OMS I students during the 2021-2022 school year:**

	OMS-I (2021-2022)	OMS-II <i>Estimated</i> (2022-2023)	OMS-III <i>Estimated</i> (2023-2024)	OMS-IV <i>Estimated</i> (2024-2025)	Estimated Total
<b>Tuition and Fees Paid Directly to CHSU COM</b>					
Tuition	\$54,500	\$56,000	\$57,500	\$59,000	\$227,000
Supplemental Application Fee (non-refundable)	\$50 <sup>1</sup>	\$0	\$0	\$0	\$50 <sup>1</sup>
Seat Deposit Fee	\$2,000 <sup>2</sup>	\$0	\$0	\$0	\$2,000 <sup>2</sup>
HoloLens Technology Fee	\$3,500	\$0	\$0	\$0	\$3,500
Ultrasound Equipment Fee	\$1,945	\$0	\$0	\$0	\$1,945
STRF Fee per \$1,000	\$30 <sup>3</sup>	\$30	\$30	\$30	\$120
<b>TOTAL INSTITUTIONAL CHARGES</b>	<b>\$60,025</b>	<b>\$56,030</b>	<b>\$57,530</b>	<b>\$59,030</b>	<b>\$232,615</b>

<sup>1</sup> **AACOMAS Fee Waiver:** CHSU COM will waive the supplemental application fee for all applicants who have obtained an application fee waiver through AACOMAS. Instructions on how to obtain the current fee waiver can be found at [www.aacom.org](http://www.aacom.org).

<sup>2</sup> **Seat Deposit Fee:** The Seat Deposit Fee is not reflected in the totals because for students who choose to attend the COM the Seat Deposit Fee will be applied towards the student’s first year of tuition. Students choosing not to attend the COM after paying the Seat Deposit Fee will receive a refund as described in this Agreement. (\$1,800 refundable for those students without a supplemental application fee waiver, \$1,750 refundable for those students with a supplemental application fee waiver).

<sup>3</sup> **STRF – The Student Tuition Recovery Fund:** Effective February 2021, the assessment rate has changed from zero (\$0) per one thousand dollars (\$1000) of institutional charges to fifty cents (\$.50) per one thousand dollars (\$1000) of institutional charges.

<b>Required Costs Paid to Others</b> Note: The numbers in this chart are estimated because these costs are not controlled by CHSU and may change at the vendor’s discretion.	OMS-I	OMS-II (estimated)	OMS - III (estimated)	OMS-IV (estimated)	Total (estimated)
Books & Supplies	\$2,600	\$1,200	\$1,300	\$1,400	\$6,500
Background Check	\$305	\$0	\$305	\$0	\$610
COMLEX Fees & Travel	\$0	\$660	\$2,955	\$0	\$3,615
Health Insurance <sup>4</sup>	\$3,485	\$3,659	\$3,842	\$4,034	\$15,020
Interviewing/Residency Application Fees	\$0	\$0	\$0	\$5,000	\$5,000
<b>TOTAL ESTIMATED NON- INSTITUTIONAL CHARGES</b>	<b>\$6,390</b>	<b>\$5,519</b>	<b>\$8,402</b>	<b>\$10,434</b>	<b>\$30,745</b>

<sup>4</sup> **Waiver of Health Insurance:** Students may request a waiver of the University Health Insurance fee upon providing proof of other qualifying health insurance coverage. This estimate covers health insurance for the student only and does not include additional family members.

**Total Estimated Institutional Charges: Year 1: \$60,025; Year 2: \$56,030; Year 3: \$57,530; Year 4: \$59,030.**

**Total Estimated Non-Institutional Charges: Year 1: \$6,390; Year 2: \$5,519; Year 3: \$8,402; Year 4: \$10,434.**

**Total Estimated Institutional and Non-Institutional Charges: Year 1: \$66,415; Year 2: \$61,549; Year 3: \$65,932; Year 4: \$69,464.**

Total Institutional charges and Non-Institutional charges disclosed above do not include estimated living expenses including but not limited to, room, board and transportation, travel costs for residency interviews, or other miscellaneous expenses a student may incur.

### Additional Fees Students May Incur

In addition to the required institutional fees, students may incur other fees and costs. For example, students will incur an additional fee if their payment is late, if they withdraw from any University program and then return to the University, if a student's check is returned for any reason when a student makes any payment to the University, replacement of the student's ID card and for printing/copying costs.

A list of additional institutional fees students may incur is provided below. The University reserves the right to change any of these fees, to add additional fees, and to make modifications to services related to such fees at any time without prior notice.

Late Payment Fee	A late fee of Fifty Dollars (\$50.00), or as permitted by law whichever is less, will be assessed each month on all outstanding tuition and fees balances until payment is received in full, except when the late payment is caused by a delay in either private or public student loan disbursement, through no fault of the student.
Registration Reinstatement Fee	Fifty Dollars (\$50.00) fee upon the student's return to the University.
Returned Check Fee	Returned check fee shall be Twenty-Five Dollars (\$25.00). For each subsequent returned check fee for the same installment, an additional Twenty-Five Dollars (\$25.00) fee will be charged. The outstanding obligation and the returned check fee must be paid by cashier's check or money order. After a student has two returned checks during their program at CHSU, the student will be required to make all university payments for the remainder of their attendance via a cashier's check or money order only.
Missing/Lost/Stolen Student ID Card	There is no charge for issuance of the initial Student ID Card. However, lost, stolen, misplaced or abused cards must be reported immediately and replaced by the Business Office at a cost of Twenty Dollars (\$20.00)/time to the student.
Copying/Printing Fees	CHSU provides each student with a Twenty-Five Dollar (\$25.00) printing credit each year. Copy machines and printers are available for students to use across campus. Additional printing costs for students may be up to \$0.10 per page.



# COM Satisfactory Academic Progress Policy

## STANDARD OF ACADEMIC PERFORMANCE

The academic year is divided into two academic terms with the first (fall) term consisting of courses offered between July and December and the second (spring) term consisting of courses offered between January and May. The student's cumulative GPA will be calculated at the end of each academic term. For the first and second years, an academic term is equal to a semester. For third and fourth year, an academic term is equal to a year.

### *Academic Monitoring*

The academic monitoring and alert process is a referral system through which faculty identify students who are having or are at risk of having academic difficulty. It is the responsibility of the Year-Specific Curriculum Director to continuously monitor the performance of students in their class in order to identify students who are struggling with their coursework. At a minimum, the Year-Specific Curriculum Director must review student grades after each block exam. Those students who are well below the class average on any cumulative individual component in a course will be referred for discussion at the StARC (Students at Risk Committee, to be discussed in a following section).

### *Academic Support*

When a student is identified as being at risk and subsequently referred to StARC, the StARC will notify the student's faculty advisor, who will meet with the student to address any issues or concerns the student is having. Depending on the specific situation, the at-risk student and the faculty advisor will develop academic support plans that may include review sessions, tutoring services, or any of the available services at CHSU, which may include a learning specialist, psychologist, as needed. The faculty advisor will report to StARC a summary of the academic support plan developed.

### *Year 1 and Year 2 Course Remediation*

Remediation is a phase which is a result of a course failure and approval for reevaluation. Remediation may include any test or performance to re-assess some or all of the learning outcomes and materials presented during a course as determined by the Year-Specific Curriculum Director, in conjunction with the office of Academic Affairs. Required student preparation for Remediation may consist of, but is not limited to, selfstudy, tutoring, and meetings with the learning specialists and/or course instructor(s) as determined by the Year-Specific Curriculum Director. Course remediations will only take place during the specified times allocated during the academic calendar. The duration, content, and scoring of the Remediation Exam is determined by the respective Course Directors working with the Year-specific Curriculum Director for maintaining consistency of the process across the board. Remediation Exams are not subject to appeal. Satisfactory completion of the Remediation Exam will be determined by a score of at least 70 percent. The satisfactory remediation will be reported to the registrar as a grade of C (RC) and is used in the calculation of the student's cumulative GPA. If the student does not satisfactorily complete the remediation, they are referred to the Student Progress Committee (SPC). The full SPC process is described in the SPC policy.

### *Academic Probation*

A student with a GPA less than 2.250 will be placed on Academic Probation by the Associate Dean for Academic Affairs and referred to the Students at Risk Committee (StARC). To be removed from Academic Probation the student must improve to a cumulative grade point average of at least 2.250. Students with a GPA less than a 2.250 for multiple semesters may be placed on Academic Suspension. Students cannot appeal placement on Academic Probation or Suspension.

Students placed on academic probation will have their status monitored by a University faculty or staff member. In addition, students on academic probation must attend all classes. Academic probation may also include the suspension of the student's normal rights to participate in extracurricular, co-curricular, and other nonacademic activities, including but not limited to the student not being allowed to hold a leadership position in a student organization. Typically, students who are placed on academic probation cannot fail any other course, section,

clerkship, shelf exam and/or national examination. The typical length of the academic probation is one year, unless otherwise specified, from the time the student is formally notified of being placed on this status.

Academic probation status is not tied to a student's SAP, as defined by Title IV. It is wholly separate and unrelated to SAP.

### *Academic Suspension*

University Suspension is a forced, temporary leave from the university. Academic suspension is the result of poor academic performance or violation of academic regulations and is imposed by the Associate Dean for Academic Affairs or the Dean.

Suspended students may not perform the following or related functions:

- Register for courses
- Attend classes
- Use campus facilities, including library, gym, study rooms, and computer labs (without permission).
- Participate in student activities
- Be members of student organizations
- Participate in student employment

### *Class Auditing Regulations*

Auditing of courses at CHSU is not allowed. Auditing courses while not being enrolled is not to be used as a means to remediate a course. The SPC will review the record of each student at the end of each year to evaluate and subsequently recommend those students to be promoted to the next year of study.

## **STUDENTS AT RISK COMMITTEE (StARC)**

- The StARC's purpose is to provide input on study strategies and programs for the COM students identified as being at academic risk by Year Specific Curriculum Directors or deans. The StARC evaluates individual cases of students' declining academic performance or risks to the individual's expected academic performance. StARC shall recommend additional or alternate resources or student-specific curricular modification strategies.
- The StARC shall be comprised of up to five (5) members of the Voting Faculty and one (1) COM Student Affairs administrator. Additionally, a COM Learning Specialist 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.

## **COM Academic Policies and Procedures**

### **LOCATION OF INSTRUCTION**

Generally, all classes will be held on campus facilities located at 2500 Alluvial, Clovis, CA; however, some classes may be held at 120 N. Clovis Ave., and/or 45 N Clovis Ave. in Clovis, CA. During the final two years of instruction students will be assigned to affiliated clinical education sites to complete clinical education requirements in addition to classes intermittently and periodically held on campus. Students will be required to commute to these clinical locations, which may include locations that are outside of the student's standard commuting distance.

## **SEMESTER CREDIT HOUR POLICY**

One (1) unit of credit is assigned for a minimum of 750 minutes of formalized classroom instruction that requires students to work an average of twice the amount of time for out-of-class assignments (1,500 minutes). For courses that include additional workshop and/or laboratory sessions, one (1) credit hour equals 25 clock hours of formalized instruction plus 12.5 clock hours for student out-of-class assignments. For clinical clerkships, one (1) credit hour is assigned for each 37.5 clock hour.

## **SEMESTER LENGTH DEFINITION**

CHSU College of Osteopathic Medicine defines a semester length as 20 weeks. Clinical Rotations are completed as assigned throughout the academic year.

## **METHOD OF COURSE DELIVERY**

### *OMS-I and OMS-II*

The College of Osteopathic Medicine utilizes a two pass systems-based clinical application model which is based on the premise that a medical student needs to know and understand normal biomedical and clinical sciences before abnormal or pathological conditions can be addressed. Nutrition, clinical relevance, ethics, health policy, evidence-based medicine, and application of foundational knowledge, skills, and attitudes are added to enforce retention and retrieval. The curriculum includes systems-based courses, longitudinal courses, and inter-professional education courses. The teaching format utilizes Team-Based Learning (TBL), Simulated Patient Scenarios (SIM), Designated Study Assignment (DSA), Clinically Integrated Sessions-Lab (CIS), Immersive Learning Sessions – Lab (ILS), and Culinary Medicine Workshops (CMW) to deliver course content.

### *OMS-III and OMS-IV*

Students in the third year are enrolled in required clinical rotations in the core disciplines of Internal Medicine, Surgery, Family Practice, Women's Health, Pediatrics, and Psychiatry. The fourth year includes required clerkships in Emergency Medicine, Primary Care, Specialty and at least one in a community health clinic setting. Clinical clerkships for all required courses are in the central valley. Additional clerkship opportunities in the fourth year allow for students to audition/experience electives in the discipline of their choice.

## COURSE NUMBERING SYSTEM

The number assigned to a course is a general indicator of the year level of the course. The first two digits refer to the year level, the third digit indicates the course specialty/discipline and the fourth digit designates the sequence of the course.

Course/Clerkship (first 2 digits)	Year	Discipline/Specialty (third digit)
1700-1799	OMS-I	0 = IMM/PATH/L/FQHC 1 = MSK/FAM 2 = CP/RESP/PEDS 3 = PSYCH 4 = ENDO/REPR/OB 5 = GI/SURG 6 = OPP 7 = NEURO/IM 8 = RENAL/ER 9 = TDP/TPP/Spanish/Skill/Clinical Review/EPA
1800 - 1899	OMS-II	<i>same as above</i>
1900 - 1999	OMS-III	<i>same as above</i>
2000 - 2999	OMS-IV	<i>same as above</i>

## REQUIRED CREDIT HOURS

The chart below indicates the number of credit hours necessary to meet the academic requirements of the Doctor of Osteopathic Medicine Degree.

Level	Fall Semester	Spring Semester
OMS I - First Year Courses	23.5 credit hours	26.0 credit hours
OMS II - Second Year Courses	23.5 credit hours	27.0 credit hours
	Fall / Spring Semester	
OMS III - Third Year Clerkships	44.0 credit hours	
OMS IV - Fourth Year Clerkships/Electives	38.0 credit hours	
Minimum Credit Hours Required for Degree = 182.0		

## COM Curriculum Requirements

Below is a list of the course requirements to be completed during each phase of the Osteopathic Medicine program.

### List of Required Courses – OMS-I & II

OMS I – First Year	OMS II – Second Year
COM 1701 – Molecular & Cellular Mechanisms	COM 1805 – Mechanisms of Disease II
COM 1702 – Host Defense Mechanisms	COM 1802 – Hematology & Oncology
COM 1704 – Mechanisms of Disease	COM 1812 – Musculoskeletal Medicine
COM 1711 – Musculoskeletal System	COM 1822 - Cardiology
COM 1721 – Cardiopulmonary System	COM 1823 - Pulmonology
COM 1741 – Endocrine & Reproductive System	COM 1832 – Behavioral Sciences and Psychiatry
COM 1751 – Gastrointestinal System	COM 1842 – Endocrinology & Reproductive Medicine
COM 1761, 1762 – Osteopathic Principles & Practices I – 1 & 2	COM 1852 - Gastroenterology
COM 1771 – Neurological System	COM 1872 – Neurology
COM 1781 – Renal System	COM 1882 - Nephrology
COM 1791, 1792 – The Developing Physician 1 & 2	COM 1861, 1862 – Osteopathic Principles & Practices II – 1 & 2
COM 1795, 1796 – Physicians Role in Health Systems 1 & 2	COM 1890 – Ethical Consideration in Interprofessional Healthcare Practice
COM 1799 – Medical Spanish I (year-long)	COM 1891, 1892 – The Practicing Physicians 1 & 2
	COM 1895, 1897 – Physicians Role in Health Systems 3 & 4
	COM 1899 – Medical Spanish II (year-long)

### Required Clerkships/Electives – OMS-III & IV

OMS III – Third Year Clerkships	OMS IV – Fourth Year
COM 1911 – Family Medicine I	COM 2001 – Federally Qualified Health Center
COM 1912 – Family Medicine II	*COM 2011 – Primary Care: Family Medicine
COM 1921 – Pediatrics	*COM 2021 – Primary Care: General Internal Medicine
COM 1931 – Behavioral Medicine/Psychiatry	*COM 2071 – Primary Care: Pediatrics
COM 1941 – Obstetrics & Gynecology	**COM 2022 – Specialty: Pediatric
COM 1951 – Surgery I	**COM 2051 – Specialty: Surgical
COM 1952 – Surgery II	**COM 2072 – Specialty: Medical
COM 1971 – Internal Medicine I	COM 2081 – Emergency Medicine
COM 1972 – Internal Medicine II	COM 2091 – Entrustable Professional Activities III
COM 1995 – Clinical and Science Integration	***COM 2092, 2093, 2094, 2095, 2096, 2097- Electives
COM 1996 – Comprehensive Clinical Management	
COM 1997 – Entrustable Professional Activities I	
COM 1998 – Entrustable Professional Activities II	

\*One of the clinical clerkships listed: (COM 2011, 2021, or 2071) is required to be completed.

\*\*One of the specialty clerkships listed: (COM 2022, 2051, or 2072) is required to be completed.

\*\*\*Five total elective clerkships are required to be completed.

# COM Grading System and Quality Points Policy

## SEMESTER CREDIT HOURS

One (1) unit of credit is assigned for a minimum of 750 minutes of formalized classroom instruction that requires students to work an average of twice the amount of time for out-of-class assignments (1,500 minutes). For courses that include additional workshop and/or laboratory sessions, one (1) credit hour equals 25 clock hours of formalized instruction plus 12.5 clock hours for student out-of-class assignments. For clinical clerkships, one (1) credit hour is assigned for each 37.5 clock hour.

CHSU College of Osteopathic Medicine defines a semester length as a minimum of 16 weeks and no longer than 20 weeks.

## GRADING SYSTEM

Cumulative grade point averages are computed with a quality point system. The interpretation of the letter grades and their quality point values is as follows:

### A. Preclinical Grading System

Grade	Description	GPA Quality Points
A	90-100%	3.50 – 4.00
B	80-89%	3.00 – 3.45
C	70-79%	2.00 – 2.90
F	< 70%	0.00
RC	>70% - Remediation Successfully Completed	2.00
RF	< 70% - Remediation Failed	0.00
P	> 70% and above	-
NP	Non-Pass	-

Percentage Score	GPA Points	Percentage Score	GPA Points	Percentage Score	GPA Points
100%	4.00	89%	3.45	79%	2.90
99%	3.95	88%	3.40	78%	2.80
98%	3.90	87%	3.35	77%	2.70
97%	3.85	86%	3.30	76%	2.60
96%	3.80	85%	3.25	75%	2.50
95%	3.75	84%	3.20	74%	2.40
94%	3.70	83%	3.15	73%	2.30
93%	3.65	82%	3.10	72%	2.20
92%	3.60	81%	3.05	71%	2.10
91%	3.55	80%	3.00	70%	2.00
90%	3.50			< 70%	0.00

### \*Percentage Score Earned and Quality Points Awarded

\*Percentage scores earned are rounded to the nearest integer/whole number.

### *Rounding Percentage Scores Earned*

Exam scores are rounded to the nearest integer/whole number. If the first digit to the right of the decimal or in tenths place is less than or equal to 4, the percentage score earned is rounded to the nearest whole number (e.g. 79.4 is rounded to 79). All digits after the decimal point are dropped. If the tenths digit is greater than or equal to 5, the grade is rounded to the next whole number (e.g. 79.6 is rounded to 80). All digits after the decimal point are dropped.

Grade	Description	Quality Points
H	Honors - COMAT Standard Score of 113 or higher; and Preceptor evaluation scores: Mean 3.5 or higher (out of 4.0)	--
P	Pass - COMAT Standard Score of 80 or higher; and Preceptor evaluations scores: Mean 1 or higher (out of 4)	--
NP	Non-Pass	--

### **B. Core Clinical Clerkship Grading System OMS-III - (Clerkships with COMATs)**

Grade	Description	Quality Points
P	Pass - Meets expectations on preceptor eval.	--
NP	Non-Pass -Does not meet expectations on preceptor eval.	--

### **C. Electives and OMS-IV Clerkship Grading System (Clerkships without COMATs)**

#### *Additional Grade Marks Excluded from Grade-Point Average (GPA) Calculations*

Grade	Description
IC	Incomplete
IP	In Progress
W	Withdrawal

The grade of IC (incomplete) may be assigned to a student who otherwise is passing the course but is unable to complete all of the required coursework and/or examinations due to extenuating circumstances (such as illness, death in the family, injury due to accident, etc.). The IC should be removed no later than ten (10) days after it was assigned, unless otherwise specified by prior agreement with the Year Specific Curriculum Director and the Dean to extend the deadline. If the IC is not removed within the stated period of time, it will automatically change to a grade of F. In cases of illness or extreme circumstance, the IC may be changed to a grade of W, with the approval of the Dean. A student with an IC on their transcript at the beginning of the fourth-year clerkships will not be allowed to begin their fourth-year rotations until the IC has been removed from the transcript.

The grade of IP (in progress) may be assigned by the course directors to students whose work at the end of a term

is still in progress because the course requires more than one term to complete. Completion of course requirements for IP grades must occur within one year. A grade of IP automatically changes to F or NP (depending on the selected grading method) after one year if no other grade is assigned. IP grades count as credits attempted and as credits earned upon completion of the course. Students with IP grades are not re-enrolled for the course and cannot use these credits for enrollment or financial aid in subsequent terms.

## DEAN'S LIST

An OMS-I, OMS-II student, whose grade point average is in the top ten percent of the class for that semester is given Dean's List standing at the end of that term.

## GRADUATION WITH HONORS

The Designation of "Honors" for graduation will be determined by the cumulative average earned at CHSU College of Osteopathic Medicine. Students with a cumulative average in the upper ten percent of their class will receive a diploma inscribed with "honors."

## COM Course Repeats Policy

Should a student fail to academically progress while enrolled in the medical school, and based on the totality of the student's academic performance while enrolled, the Student Progress Committee (SPC) may recommend that a student repeat an academic year in order to establish a firm foundation to assist the student in their studies of the previously-taken subjects.

Students approved for readmission after a period of suspension or an approved leave of absence may also be required to repeat previously taken courses.

All course enrollments and earned grades will remain on the student's academic transcript. Once a student successfully repeats a course, the highest grade a student can receive is [RC] (successful remediation with a grade of C). If the successfully repeated course is a clerkship, the grade will be recorded as a [P] on the transcript.

## COM Clinical Learning and Patient Care Policy

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.

## CLINICAL EDUCATION

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 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 3 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.

## COM 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 most of the OMS-III and OMS-IV 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 OMS-III and OMS-IV 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 will establish procedures to determine a system whereby students will indicate their preference for selections of various clerkship training locations and preceptors in a fair manner, at the sole discretion of the COM. As part of the process, students will be surveyed in the OMS-II year for their input into desirability of rotation locations and educated on the upcoming process.

OMS-III and OMS-IV 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 activities that include simulation, Entrustable Professional Activities (EPA) assessment and Osteopathic Principles and Practices (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.

## COM Student Performed Examinations Related to Student & Standardized Patient Safety

Institution desires to foster a culture of safety and respect within osteopathic clinical skills training sessions. These campus teaching sessions may include osteopathic manipulative medicine (OMM), peer to peer physical examination skills and simulated patient encounters, leading to development of skills as a practicing physician.

This document represents best practices as it pertains to faculty, student, standardized patient consent and informed consent. There are different areas where this applies: the on-campus osteopathic clinical learning environment (including the osteopathic skills lab, osteopathic skills lab and simulation center), and at CHSU sponsored activities. This includes the following yet is not exclusionary to other forms of educational techniques/methods: osteopathic diagnosis and treatment, osteopathic history and physical examination, use of diagnostic equipment (including ultrasound, stethoscope, electrocardiogram, etc.) and procedural skills.

Expectations for the beginning and upper level osteopathic clinical courses are stated within the respective course syllabi as well as the student and faculty handbooks. Expectations include that for professional conduct, peer physical examination, examination and interaction with standardized patients, and acceptable lab and simulation center attire. While participating in CHSU educational activities and sponsored events, students and faculty are representatives of CHSU and are expected to adhere to the professional standards as stated in the respective handbooks.

Students are expected to consent and act as practice partners for their peers and near peers. This collegial and reciprocal learning environment helps ensure that students receive the opportunity to prepare for the diversity found in clinical clerkships and other physician training environments. Since students must be able to examine and treat patients regardless of gender, gender identity, race, ethnicity, religion and other factors, it is expected that students will participate in classes that include students of different backgrounds.

To promote an environment of safety and respect, a student may decline permission for a classmate to perform a physical examination, procedure, or treatment. Students are encouraged to provide feedback to support peer and near peer learning and to share if the examination, procedure, or treatment caused them to feel uncomfortable. Students may also request a fellow student to stop an examination, procedure or treatment without penalty or reprisal. Refusal or stopping an examination, procedure, or treatment will not impact the student's grade. If reasons are known beforehand, an accommodation may be granted by the course director or department chair. The procedure to do so is listed in the respective syllabi.

Standardized Patients (SPs) may also opt-out of participating in the history and physical examination process. SPs are to notify the Standardized Patient Educator and Simulation Center Director.

During the course of regular educational instruction or community engagement, if a student or faculty member expresses a concern or discovers an incidental finding that is of concern, on a classmate, a standardized patient, or a community member the supervising clinical faculty member will be alerted. If it is determined that the finding is not of an urgent nature, the patient model/clinical patient will be referred to their primary care/health care provider by that supervising physician faculty. If it is determined that the finding is urgent then referral to the nearest emergency room and/or activation of the appropriate emergency response system will occur.

All suspected findings of concern will be kept confidential by the supervising physician faculty.

Due to the unknown effects of repeated ultrasound exposure to a fetus, student practice of abdominal and/or pelvic ultrasound on pregnant or suspected pregnant patients/models is prohibited except when performed under the direct supervision of qualified individuals in the clinical learning environment.

## COM Final Course Grade Appeal Policy

A student may file an appeal to dispute a final course grade following the process outlined:

1. The student must initiate a formal grade appeal process using the Course Grade Appeal form (located on the CHSU web site) and submitting the completed form to the Course Director within ten (10) business days of the grade being posted.
2. The Course Director shall respond to the student in writing using the submitted Course Grade Appeal form within five (5) business days of having received the form.
3. If the appeal is not resolved to the student's satisfaction, he/she can submit the appeal form to the Curriculum Director for that year (CDY1, CDY 2 or CDY 3) within two (2) business days of receiving the decision of the Course Director.
4. Curriculum Director 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.
5. The student may then further appeal to the Associate Dean of Academic Affairs within two (2) business days of being notified of the Curriculum Director's decision to reject the appeal. The Associate 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.
6. The Associate Dean shall notify the student, the Course Director, and the Curriculum Director of the final decision. 7. If the grade appeal is upheld, the Associate 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 Associate Dean, the appeal process is thereby terminated.

### ADDENDUM

In all matters of grade appeal, the decision of the Associate Dean is final. In the event that the Associate Dean had been personally involved in the determination of the student's grade, or any other circumstance that could reasonably be determined to constitute a conflict of interest that might undermine the Associate Dean's ability to render an impartial decision, the Associate Dean shall recuse and the final decision on the grade appeal shall be rendered by the Dean of the COM. Records of adjudicated grade appeals shall be retained by the Dean's office.

## COM COMLEX-USA Policy

All College of Osteopathic Medicine students must pass COMLEX-USA Level 1, and COMLEXUSA Level 2 Cognitive Evaluation (CE) of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) from the National Board of Osteopathic Medical Examiners (NBOME) in order to be eligible to graduate.

All students are required to take these COMLEX-USA examinations during specific timeframes listed in the table below. Students are responsible for all costs associated with taking all levels of the COMLEX-USA exams, including but not limited to exam fees, travel costs and multiple attempts at each exam if needed. The Associate Dean for Academic Affairs and Assessment may grant students exemptions to complying with these time-frame requirements in extraordinary circumstances, to be determined exclusively at the discretion of the Associate Dean. All examinations must be taken at a NBOME-approved testing center.

	<b>Earliest Eligibility</b>	<b>Exam Deadline</b>	<b>Repeated Attempts</b>
<b>COMLEX-USA LEVEL 1</b>	Following successful completion of OMS- II year curriculum (typically taken May to July)	Prior to start of clerkships in OMS-III year (July)	Within 8 weeks of score release
<b>COMLEX-USA LEVEL 2 CE</b>	April to July of OMS- III year, following successful completion of all required clerkships and COMATs	Within 60 days of completing OMS-III year clerkships (and prior to September 30 of OMS-IV year)	Within 8 weeks of score release

### COMLEX-USA LEVEL 1

Students must take COMLEX-USA Level 1 prior to the start of OMS-III year clinical clerkships, generally between May and July of the OMS-II year.

A student is eligible to take COMLEX-USA Level 1 if they have:

- Passed all OMS-I and OMS-II year courses and completed all required academic elements.
- Under certain circumstances, such as in cases of overall poor academic performance, the Associate Dean of Academic Affairs and Assessment may recommend or require the student to delay taking the COMLEX-USA until the student is adequately prepared to take the exam.
- Received certification for the exam from the CHSU Registrar's Office.

### *COMLEX-USA Level 1 Failures*

Failure of COMLEX-USA Level 1 may significantly impact a student's clinical rotation schedule, progression through the curriculum, ability to match into residency, graduation, and eligibility to start residency. A student who fails the first attempt of COMLEX-USA Level 1 is required to meet with the Student Progress Committee (SPC).

The student will be notified via email/digital letter of a required meeting with the full Student SPC for review. The SPC meets with the student to discuss and vote on a recommendation.

The SPC makes their recommendation to the Associate Dean for Academic Affairs and Assessment. The Office of Academic Affairs works with the student and the Offices of the Student Affairs and Clinical Affairs to follow through SPC recommendations and create an individualized study plan for remediation which may include time off clinical rotations, directed studies, a formal board preparation course. The student will be placed on academic probation until he or she successfully passes the Exam.

Unless instructed otherwise by the Associate Dean for Academic Affairs and Assessment, the student must re-take COMLEX-USA Level 1 within eight (8) weeks of notification of failure.

A student who fails the COMLEX-USA Level 1 three (3) times is subject to dismissal from CHSU-COM due to insufficient academic progress.

A student with 4 cumulative failures of any combination of COMLEX Level 1, or Level 2 CE is subject to dismissal from CHSU-COM due to insufficient academic progress.

## **COMLEX-USA LEVEL 2 CE**

Students are required to take COMLEX-USA Level 2 CE sixty (60) days following successful completion of all OMS-III year curricular and clerkship requirements.

A student is eligible to take COMLEX-USA Level 2 CE if he or she has:

- Successfully completed all OMS-III year curricular and clerkship requirements including the required Osteopathic Principles and Practice (OPP) elements. The requirements for each course are listed in the course syllabus and may include but are not limited to completion of all patient logs, cases, quizzes, and passage of all post-rotation NBOME COMAT examinations, including the OPP NBOME COMAT examination.
- Students are given a 24-hour excused absence from clerkships to take COMLEX-USA Level 2CE if a request is submitted to the Clinical Education Department at least ten (10) business days in advance of the examination.

### ***COMLEX-USA Level 2 CE Failures***

Failure of COMLEX-USA Level 2 CE may significantly impact a student's clinical rotation schedule, progression through the curriculum, ability to match into residency, graduation, and eligibility to start residency. A student who fails the first attempt of COMLEX-USA Level 2 CE is required to appear before the SPC.

The SPC makes their recommendation to the Associate Dean for Academic Affairs. The Office of Academic Affairs works with the student and the Office of the Student Affairs and the Office of the Clinical Affairs to follow through SPC recommendations and create an individualized remediation plan which may include time off clinical rotations, directed studies, and a formal board preparation course. The student will be placed on academic probation until he or she successfully passes the Exam.

Unless instructed otherwise by the Associate Dean for Academic Affairs, the student must re-take COMLEX-USA Level 2 CE within eight (8) weeks of notification of failure.

### ***COMLEX-USA Level 2 CE Third Failure***

A student who fails COMLEX-USA Level 2 CE three (3) times is subject to dismissal from CHSU- COM due to insufficient academic progress.

A student with 4 cumulative failures of any combination of COMLEX Level 1 or Level 2 CE is subject to dismissal from CHSU-COM due to insufficient academic progress.

## **COMLEX-USA LEVEL 3**

Following graduation, the CHSU Registrar's Office approves each graduate to take COMLEX- USA Level 3 through the NBOME website. Generally, graduates take this examination at the completion of the first year of post-graduate training; however, requirements for taking this examination vary from state to state. Graduates should contact the osteopathic medical licensing board in the state where they will have post-graduate training

for further information. In most cases a residency program director must also attest to the candidate's eligibility for this exam.

## **ADDENDUM**

The COM will publish to the public the COMLEX-USA Level 1, Level 2 CE, , and Level 3 first time pass rate for all students in each class of the COM.

## **COM Student Progress Committee Policy**

The Student Progress Committee (SPC) is a college-specific committee made up of college faculty and, charged with being the primary team responsible for review of the totality of COM students' academic and professional performance. The SPC reviews any student's academic record who has failed any required element for graduation: a course/section/rotation/clerkship, a national board examination, a failure to comply with SPC remediation plan (described in following sections) and/or any student who has failed to show adequate academic progress in his/her path of study and/or demonstrated concerning lapses in professionalism. As a part of the comprehensive review, the SPC will make the decision as to whether or not the student should be granted remediation after a failure. The SPC has broad authority to review students' records, decide how best the University can assist the student on getting back on track academically and can recommend a broad number of professional options for consideration as part of any final decision.

### **FUNCTION**

The SPC's purpose is to provide input on remediation strategies and programs for the college's students. The SPC evaluates individual cases of student academia and/or professional deficiency in accordance with the college's academic progression and remediation policies, to formulate a decision as to whether the student should be allowed to progress or be dismissed from the program due to their inability to meet minimum academic or professional standards.

### **MEMBERSHIP AND STRUCTURE**

The SPC is composed of three year-specific subcommittees (Year 1, Year 2, and Years 3 and 4). These subcommittees are responsible for the oversight of the remediation plan of any student in that year who has experienced a failure of a required element/course/section for graduation or has otherwise failed to show adequate academic progress. The subcommittees shall consist of, at a minimum:

- The Year-specific Curriculum Director;
- A learning enhancement specialist;
- A clinical psychologist;
- Ad hoc faculty representative(s) who may serve as a faculty advisor;
- Ex officio committee advisors requested to be present for committee meetings.

The Dean's appointee over the curriculum serves as the chair of the subcommittee and as such, is a voting member of the SPC. All voting members of the SPC are full time CHSU faculty with nonadjunct faculty appointments. SPC members are appointed by the Dean of the COM. The composition of the voting members of the SPC shall consist of, at a minimum:

- Subcommittee Chair, Year 1 of COM
- Subcommittee Chair, Year 2 of COM
- Subcommittee Chair, Years 3 and 4 of COM
- Biomedical science faculty member
- Clinical Science faculty member
- Clinical Science faculty member

- Biomedical Science faculty member
- Chairperson of the SPC

A quorum of committee members is required in order for the SPC to finalize any decision. A quorum is defined as having 5 members present. The chairperson of the SPC only votes in the event of a tie vote of those members present. The year specific subcommittee chair overseeing the remediation of an individual student needs to recuse themselves from voting on a student they are working with.

All voting members shall have one vote. The SPC shall meet as often as necessary, at least monthly, to conduct its business, as determined by the SPC chair.

The SPC shall have the right to consult with others if necessary prior to SPC meeting with the student.

## SPC PROCESS

The SPC process for academic-related failures and reviews is generally as follows:

1. **First Course/Section/Rotation/Clerkship Failure** – After a first course/section/ clerkship failure
  - The student is notified of his/her first course/section/clerkship failure via email/digital letter and informed that they will be meeting with the year-specific subcommittee of the SPC.
  - At a minimum, the chair of the subcommittee, and if designated by the Dean, a learning specialist will meet with the student to discuss the student’s failure. The student’s faculty mentor/advisor will be notified of the meeting and may choose to attend.
  - The subcommittee members and the student will meet together to formulate a remediation plan for the failed coursework. The remediation plan may include but is not limited to, the following: a study plan, regular meetings with a learning specialist, and regular meetings with a psychologist from Counseling Services.
  - The remediation plan will include timelines and expected outcomes/behaviors that the student will be expected to adhere to in agreeing to said plan.
  - The remediation plan will be signed by the student.
  - Course/section remediations will take place in one of two structured remediation times within the academic calendar and will be set by the Associate Dean for Academic Affairs.
  - Failure to comply with the remediation plan can result in an automatic required meeting with the full SPC and could result in discipline up to and including dismissal.
2. **Second Course/Section/Clerkship Failure or any National Board Exam Failure** – After a second course/section/rotation/clerkship failure or any failure of a national board examination, failure to comply with the previously approved remediation plan, any professionalism concern for behaviors not fitting for a healthcare professional, the student will be notified via email/digital letter of a required meeting with the full SPC for review.
  - Prior to any meeting with SPC, the student is instructed to meet with the Assistant/Associate Dean for Student Affairs to better understand the SPC hearing, how the student can best prepare for the hearing, and to answer any questions from the student.
  - The student is notified, via email, of the time and place of the SPC meeting.
  - The student is entitled to be present at the SPC meeting with a representative of choice for support. However, any representative who is an attorney may not serve as legal counsel for the student.
  - Witnesses or other individuals are not permitted to attend the SPC meeting, however, may be consulted with prior to the meeting as needed, but not to impede or delay the process.
  - After the SPC meets with the student, the student will leave the meeting room.
  - The SPC then discusses the case and votes on a recommendation; the Chair only votes in the event of a tie.

- Recommendations of the SPC may consist of, but are not limited to the following:
  - a) course/section/clerkship/national board remediation
  - b) repeating of an academic year of coursework in the COM,
  - c) dismissal from the COM. Decisions are determined by majority vote of the members of SPC attending the hearing.
- Once the case has been formally adjudicated, the chair of the committee will communicate the recommendation to the Associate Dean for Academic Affairs
- The Associate Dean for Academic Affairs will review the recommendation and make a final decision.
- The Associate Dean for Academic Affairs will communicate the decision to the student via email/digital letter.
- Decision from the Associate Dean for Academic Affairs will be placed in the student record and may be considered for the issuance of official letters of recommendation (including MSPE, dean's letter, etc.)
- The student is given time to consider the decision and can appeal the decision for any reason. The appeals process for any SPC decision is explained to the student in the decision letter.
- If the student wishes to appeal the SPC decision, he/she will appeal in writing to the dean of their college within five (5) business days
- The Dean shall make a final decision on the student's appeal as soon as possible but in no event more than fifteen (15) business days from the date of the student's written appeal is received. In the event the Dean has a conflict of interest, the appeal shall be to the Provost.

## ACADEMIC DISMISSAL

The SPC determines that a dismissal is warranted when there is:

1. Failure to meet the requirements described as requirements for academic progression
2. Failure to meet the terms of remediation
3. Forgoes an academic semester without obtaining an approved Leave of Absence

## SPC MEETINGS

SPC meetings will take place as often as necessary to conduct its business, at least monthly. Students are expected to meet, in person, with the SPC, except for students on clinical rotations at locations determined to be a substantial distance from campus. Those students shall meet with the SPC via teleconference.

1. **Executive Session of SPC Meetings** – The first portion of each meeting is considered an Executive Session for review of any student remediation plans currently in progress. New remediation plans that have occurred since the last SPC meeting will be presented by the subcommittee chair first, followed by updates on progress of already existing remediation plans. The SPC will then vote to approve said new remediation plans. The Executive Session portion of the meeting may be attended by learning specialists, Counseling Services staff, as well as the representatives of Student Affairs and Clinical Education departments, as well as the Assistant Dean for Student Affairs and the Associate Dean for Academic Affairs. Students are not allowed to attend any Executive Session of the Committee.
2. **Official Hearing Portion of SPC Meetings** – The Official Hearing portion of the meetings includes the voting members of the SPC and the student being reviewed. This portion of the meeting is closed to all but voting members of the committee and appropriate administrative support staff of the committee. Proceedings of the closed portion of the Official Hearing portion of the SPC meeting are strictly confidential.



# COM Attendance and Leaves of Absence Policy

## OMS-I & OMS-II

Students are required to attend and participate in all class sessions, all clinical and anatomical teaching sessions, all clinical sessions, and complete all exams, assessments, evaluations, and assignments as scheduled (together defined as “coursework”). Missed coursework has the potential to disrupt individual and team learning. However, occasionally an absence from coursework will be unavoidable.

The College of Osteopathic Medicine defines the following as:

*Excused Absence* is an absence from a single class or a single day that is approved by the Office of the Student Affairs. Excused absences are only granted for high-stakes circumstances such as examinations, objective structured clinical examinations (OSCEs), lab sessions, and other curricular course requirements as identified by the course director.

*Unexcused Absence* is an absence from one (1) to three (3) consecutive days during which an examination, OSCE, or lab session occurs that is not approved by the Assistant/Associate Dean of Student Affairs and Enrollment.

### *Excused Absence Policy*

Students may be excused from examinations, OSCEs, and lab sessions in the event of a medical illness (self or immediate family), jury leave, military leave, an unforeseen emergency event that was not predictable, or bereavement of a parent, spouse/spouse’s parent, or child). The student must be able to provide documentation verifying the medical illness or emergency situation in order to be excused. Students are required to provide advance notice, if possible, and complete the following process to submit an excused absence:

1. A student must submit the excused absence request form to the Office of Student Affairs with documentation explaining the need for an absence.
2. Following receipt of the form, the Student Affairs Office shall review the form for approval of the request.
3. Upon approving or denying the request, the Student Affairs Office will communicate the decision to the student and course director(s) of the missed course(s).

Students are responsible for contacting their team(s) for arranging review of missed materials or coursework. If the absence is determined to be unexcused by the Office of Student Affairs, the student will receive a zero for the missed coursework and may be referred to the Students at Academic Risk Committee (“StARC”) or to the Student Progress Committee for review.

## OMS-III & OMS-IV

Attendance at all clerkships and assigned activities during clerkships is mandatory. If the student needs to miss time from a clerkship, the student is required to consult with the Office of Student Affairs and the Office of Clinical Education. The Office of Student Affairs is responsible for developing procedures and forms for filing a leave. The form must also include details of the make-up of time missed for the absence request to be approved.

### *Leave of Absence Policy*

Under certain circumstances, students may request a Leave of Absence (LOA) for selected reasons including but not limited to, recovering from illness, military service, or personal circumstances, etc.

### *Leave of Absence Definition*

*Leave of Absence* is an extended absence during the didactic curriculum lasting more than three (3) consecutive days. Leave of Absence (LOA) for selected reasons including but not limited to, recovering from illness, or, military service, or personal circumstances, etc. Due to the nature of the clinical curriculum students seeking to take LOA during any rotation consult with the Office of Student Affairs and the Office of Clinical Education, prior to taking the leave.

A student seeking to take a LOA will first meet with the Student Affairs office. During this meeting students should discuss their ability to graduate within the requirements outlined in the COM Graduation Policy. All LOAs should be requested in writing. The LOA Request Form is available on the CHSU website or from the University Registrar. If extenuating circumstances prevent a student from providing a prior written request, the Assistant Dean of Student Affairs and Enrollment may make exceptions to this process. Whenever practical, a student should submit their written request for a LOA at least thirty (30) calendar days in advance of the start of the upcoming semester or thirty (30) calendar days before the end of the current semester. **Non-attendance in classes does not constitute notification of intent to apply for a leave of absence.**

Students who take a LOA that, at a minimum, extends through the end of the semester shall be considered withdrawn for the purposes of grading and tuition refund only, but not withdrawn from the University. The student's final grades will be processed as outlined in the Student Withdrawal Policy. As an LOA has a significant impact on student loans and scholarships, as well as the total cost of the student's attendance at the COM, students should contact the Financial Aid Office about the implications related to their LOA. Student should also refer to the CHSU Tuition Refund Policy regarding the student's potential eligibility for a tuition refund.

Students will receive a letter via email and mail once a decision has been made regarding the LOA generally within five (5) calendar days of the decision. CHSU reserves the right to impose conditions upon the student's return that will be communicated either in the initial letter to the student approving the leave or in subsequent correspondence to the student. For example, students granted a LOA for health-related purposes may be required to have a health care professional certify in writing that they are approved to return to the University prior to the student's anticipated return date.

The completed LOA form must be submitted to the Office of the Registrar before the leave of absence is granted. The date of leave of absence status is the date that the Registrar receives the signed Leave of Absence form, except in case of extenuating circumstances.

Should a student wish to take a leave longer than the initial LOA granted to the student, she/he must re-apply for an additional new LOA following the same LOA process.

### ***Unapproved Leave of Absence***

Any student on an Unapproved Leave of Absence is in violation of this policy and may result in consequences for the student, up to and including dismissal from the University.

### ***Returning from a Leave of Absence***

Students approved for a leave of absence may return to the COM and to classes without reapplying to the College of Osteopathic Medicine if the return is within the approved time frame as recorded in the Leave of Absence Approval letter and any relevant University approved extensions of such leave. Prior to returning to the College of Osteopathic Medicine, students are required to comply with all conditions for the student's return as stated in correspondence to the student by the University. A student granted a LOA with conditions may be required to meet with the Office of Student Affairs before returning to the College of Osteopathic Medicine. For LOA, students must submit their intent to return in writing to the University Registrar within thirty (30) calendar days of the anticipated return to the pre-clinical portion of the curriculum and thirty (30)

calendar days for the clinical curriculum, for leaves that are longer than thirty (30) days in length. It is the student's ultimate responsibility to duly inform the administration of any delays to their return or needs for further extensions.

Students failing to return to the College of Osteopathic Medicine following the approved timeframe for the LOA will be considered to be on an Unapproved Leave of Absence and may be dismissed from the College of Osteopathic Medicine.

Abuse of the absence or leave request process is unprofessional and violates the University's Student Conduct and Professionalism policy. Abuse of such process 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. Abuse of this policy may result in an appearance before the Student Progress Committee and ultimately dismissal from the University.

## COM Graduation Requirements

Graduation requirements are set forth above under the [Conferral of Degrees and Program Graduation Requirements Policy](#).

## COM Licensure Information – Post-Graduation Training

Completion of the Doctor of Osteopathic Medicine program leading to a degree is dependent upon student performance and success. The requirements for licensure in the profession are established by the state where licensure is sought. Completion of the educational program and obtaining a degree does not by itself guarantee licensure. Students are expected to remain current with other licensing requirements, including but not limited to the national COMLEX licensure examination and technical standards they may be required to meet in order to be licensed by the state in which they seek to practice.

### CALIFORNIA LICENSURE ELIGIBILITY

Information regarding the Osteopathic Medical Board of California (OMBC) Post-Graduate Training License can be found at: <https://www.ombc.ca.gov>. The Osteopathic Medical Board of California (OMBC) is located at 1300 National Drive, Suite 150, Sacramento, CA 95834.

To be eligible for a Postgraduate Training License, an applicant must be enrolled in a California Postgraduate residency training program. A Postgraduate Training License (PTL) must be obtained within 180 days after enrollment in an American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) or Accreditation Council for Graduate Medical Education (ACGME) accredited postgraduate training program in California. The PTL will be valid until 90 days after a trainee has successfully completed 36 months of postgraduate training at which point a full and unrestricted physician and surgeon certificate must be obtained in order to continue providing clinical services in California.

To be eligible for a PTL, applicants must have their programs submit proof that the applicant is enrolled in an AOA or ACGME accredited postgraduate training program in California using Form OMB 23. Applicants who complete their postgraduate training in multiple programs must complete at least 2 years at one program of the 36 months. They are required to obtain a PTL for any portion of the 36 months residency located in California. Applicants who are enrolled in a California residency program in their third year must apply and obtain a Postgraduate Training License to participate in their residency. There are no guest residency licenses. All residency trainees must have a Postgraduate Training License to practice in their residency training programs. Applicants must have received all of the osteopathic medical school education from and graduated from a U.S. osteopathic medical school accredited by the AOA's Commission on Osteopathic College Accreditation (COCA) and document on the OMB.22 application form. To meet the examination requirements, the applicant must have taken and passed the National Board of Osteopathic Medical Examiners, Inc. (NBOME) Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-US) levels 1, 2 Cognitive Evaluation

(CE) 2 - PTLApplicationInstructions.docx and 2 Performance Evaluation (PE)—applicant must request that NBOME send exam scores directly to OMBC. Before the OMBC can issue a PTL, fingerprint clearances must be received from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a PTL. Section 30 of the Business and Professions Code authorizes collection of an SSN or ITIN. Section 31 (e) allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

## COM Student Mental Health Policy

The study of osteopathic medicine, while rewarding, can also be challenging and stressful. Students are taught healthy stress management and life balance skills early in the medical curriculum; however, students are always encouraged to seek mental health assistance whenever necessary. A variety of confidential counseling and behavioral health services are available to CHSU COM students, ranging from simple counseling to clinical psychiatric care and substance abuse treatment.

General counseling services are offered to CHSU COM students from an on-site licensed therapist. The therapist is free to all CHSU COM students and provides confidential counseling, resource information, education, activities and referral services to students and families. Students should contact Student Services for assistance and for contact information.

Additionally, CHSU contracts with a behavioral health service to provide 24 hour behavioral health care services. The contact information for this service is available on the student affairs page of the website.

A list of this service and other behavioral health lines and service providers is also available on the student affairs page of the website.

In the event that a student feels that he or she may harm themselves or others, they are advised to dial 911 or go to the nearest emergency department.

### Health Care Services Available to Students:

Hospitals with Emergency Room Services:	Website / Phone Number
<b>Clovis Community Medical Center</b> 2755 Herndon Avenue Clovis, CA 93611	<a href="https://www.communitymedical.org/CMC/Clovis-Community-Medical-Center">https://www.communitymedical.org/CMC/Clovis-Community-Medical-Center</a> Phone: 559-324-4000
<b>Saint Agnes Medical Center</b> 1303 East Herndon Avenue Fresno, CA 93720	<a href="http://www.samc.com/">http://www.samc.com/</a> Phone: 559-450-3000
<b>Kaiser Permanente</b> 7300 North Fresno Street Fresno, CA 93720	<a href="https://healthy.kaiserpermanente.org/">https://healthy.kaiserpermanente.org/</a> Phone: 559-448-4500

Urgent Care Services:	Website / Phone Number
<b>Peachwood Medical Group Urgent Care</b> 275 West Herndon Avenue Clovis, CA 93612	<a href="http://www.peachwoodmedicalgroup.com/services/urgent-care/">http://www.peachwoodmedicalgroup.com/services/urgent-care/</a> Phone: 559-324-6201

<b>Premium Urgent Care</b> 2021 Herndon Avenue, Suite 101 Clovis, CA 93611	<a href="http://premiumuc.com/">http://premiumuc.com/</a> Phone: 559-797-4315
<b>Dry Creek Urgent Care</b> 2151 Herndon Avenue, Suite 102 Clovis, CA 93611	<a href="http://www.drycreekclovis.com">http://www.drycreekclovis.com</a> Phone: 559-297-8389
<b>Willow Urgent Care</b> 6721 North Willow Avenue, Suite 101 Fresno, CA 93710	<a href="https://willow-urgent-care.business.site/">https://willow-urgent-care.business.site/</a> Phone: 559-324-0911
<b>United Health Centers</b> 2497 E. Herndon Avenue, Suite 103 Clovis, CA 93611	<a href="https://unitedhealthcenters.org/clovis-herndon">https://unitedhealthcenters.org/clovis-herndon</a> Phone: 800-492-4227

## COM Dress Code Policy

The CHSU-COM dress code policy describes sartorial expectations for all university colleges with college-specific procedures included as appropriate.

This dress code applies to all members of CHSU College of Osteopathic Medicine, i.e. faculty, administrators, staff and students.

### POLICY STATEMENT

- A. Business Casual attire is to be worn by all members of the College of Osteopathic Medicine (faculty, administrators, staff and students) while on campus (Monday – Friday 8am – 5pm), in all patient care settings, and at all CHSU-sponsored events and public events where CHSU has an official presence. Exceptions for Casual Friday at the Dean’s Discretion are outlined below.
- B. All members of the College of Osteopathic Medicine are expected to demonstrate good personal hygiene at all times while on campus, in all patient care settings, and at to all CHSU- sponsored events and public events where CHSU has an official presence.

### DEFINITIONS

- A. **Business Casual** attire may include slacks or trousers and some jeans, shirts with a collar, skirts or dresses of an appropriate length but not made of sheer fabric, and tops providing adequate coverage and not made of sheer fabric. Beach going shoes, such as flipflops are not acceptable. Headwear is not permitted with the exception of that required for religious observance, or other classes protect by California state or Federal law.
- B. **Patient Care Setting** refers to any healthcare setting where actual patients/clients are encountered, Standardized Patients in classroom, Sim Lab or OSCE settings, and the Sim Lab or OSCE rooms even if there are only models present.
- C. **Casual Friday at the Dean’s Discretion** refers to special dispensations, announced in advance by the Office of the Dean, whereby those not engaging in official CHSU-COM events or external appointments may adopt casual attire for the day.

## PROCEDURES

### A. *Photo ID Badges*

Student ID Access Card must be worn at all times while on campus and in patient care settings. Student ID Access Card must be visible from the front and worn on the upper torso. Requirements pertaining to Student ID Access Badges are further outlined in the CHSU Safety, Security and Emergency Policy section IV. A. Some labs or student activities may use Student ID Access badges as a means of taking attendance. Repeated failure to wear an Student ID Access badge will be referred the Office of Student Affairs.

### B. *Business Casual General Attire (8am – 5pm Monday – Friday)*

Business casual attire, as defined above, is required when attending class except as otherwise provided below.

### C. *COM Casual Friday at the Dean's Discretion*

At the Dean's discretion, Friday may be a casual dress day; this will be announced in advance. Those representing CHSU-COM at official events or those hosting external guests or engaged in external appointments are not permitted to participate in Casual Friday.

### D. *COM Patient Care Settings and Simulated Settings*

Attire is business casual as described above but also includes the following:

White coat – clean, pressed, well-fitting, and with a name badge (e.g. "Student Doctor XXX").

Additional requirements – If a dress shirt is being worn under the white coat, a necktie (long, bolo or bow tie) must be included. If a dress or skirt is being worn under the white coat, the hemline must be visible below white coat.

### E. *COM Exam Settings*

Business casual attire; no outerwear and no personal effects either worn or carried (e.g. no watches, no phones in pockets).

### F. *COM Simulation Center*

CHSU-COM scrubs may be worn. These are to be purchased from the university, or from a university-approved supplier in the designated style and color specific to the class cohort. Headwear is not permitted with the exception of that required for religious observance, or other classes protect by California state or Federal law.

### G. *COM OPP and Clinical Skills Lab*

Appropriate attire must be clean and must include:

- Shorts which are above the knee [knee able to be exposed during relevant exam] - (no jean shorts, cut-offs, cargo, thick-seamed shorts, spandex, short shorts or knee length shorts that do not allow knee exposure)
  - Material for shorts should be thin enough to be able to palpate through
  - Lined shorts or appropriate undergarments are highly recommended as some labs will

involve hip, pelvis, and sacral structural exams and osteopathic techniques

- T-shirts – should be of thin, non-textured material. Both genders will be asked to remove t-shirts while acting as a clinical practice partner.
- Sports bras or bathing suit/bathing suit tops for women – these should expose the spine and ribs (not wide t-back styles).
- Students may wear scrubs (or other apparel approved by the course director, such as loose cover-ups that can be removed in lab) over the laboratory attire when not in the role of the clinical practice partner.
- When in the role of the clinical practice partner, each student is expected to remove her/his shoes (no shoes are permitted on the tables).
- Hats or head coverings (other than for religious purposes) are not permitted in lab.
- Religious head coverings must be modified when necessary to allow palpation when they would obscure the immediate area to be examined or treated (e.g., head, neck, upper back). Modifications can include adjustment of the covering permitting unobstructed palpation beneath the covering; or substitution of a thinner material that allows for adequate evaluation and treatment.
- Each student must be appropriately attired before class begins. Failure to be appropriately attired for class impedes the educational process and will not be tolerated. Students who do not wear the required clothing will be asked to leave the lab and return when they are appropriately clothed. If the student cannot return in appropriate clothing for a significant portion of the lab, then the student may receive an absence for this lab at the discretion of the OPP course coordinators. If a student repeatedly persists in not dressing appropriately for lab, this will be considered unprofessional conduct, and he/she will be referred to the Office of Student Affairs.
- The following are not permitted:
  - Denim
  - Zippers
  - Clasps
  - Belts
  - Underwire

## COM Academic Support and Development Policy

Academic advising and support are available to all COM students. Academic skills, including time management, learning styles, study skills, utilizing educational resources and test-taking skills are all areas of focus towards improved student success. A variety of available resources consist of assigned Faculty Advisors, Student Affairs staff members, psychologists, Assistant/Associate Deans and Deans of the University.

All entering COM students are assigned a Faculty Advisor, who will serve that role throughout the duration of a student's enrollment. Education Skills/Learning Specialists from both colleges are available to offer academic skills workshops in addition to providing individual academic support through the Office of Student Affairs. Education Skills/Learning Specialists from both colleges are available to be utilized by the COM

students. Numerous faculty, staff and administrators with advanced educational degrees and expertise in adult learning are available to serve as resources for the students. Procedures are maintained in the Office of Student Affairs delineating where and how students access these academic support services. Licensed clinical psychologists are available for students through the Office of Student Affairs.

## COM Career Counseling and Graduate Medical Education Readiness Policy

Career counseling and Graduate Medical Education (GME) readiness counseling and support are available to all COM students. A variety of topics, including specialty options, curriculum vitae (CV) development, Electronic Residency Application Service (ERAS) and Match procedure, available resources and residency opportunities will be discussed with the students.

A variety of available resources consist of assigned Faculty Advisors, Clinical Faculty, Clerkship Directors, Clinical Department Chairs, Assistant / Associate Deans and Deans of the College, as well as a designated Residency Match Manager.

### CAREER COUNSELOR – RESIDENCY MATCH MANAGER

The Dean's office position of Career Counselor – Residency Match Manager (CC-RMM) connects students to career information, resources and residency opportunities. CC-RMM is committed to engaging students in transformative one-on-one appointments, programs, and opportunities to formulate career plans, develop CVs and personal statements and develop post-graduation objectives, and implement appropriate lifelong career decision-making strategies. If the CC-RMM is unavailable, the Associate Dean for Graduate Medical Education or their delegate shall serve in this role.

Osteopathic Medical students will be advised and counseled on professional opportunities and career development throughout all four (4) years of the curriculum to prepare for residency placement.

During key integrated courses, appointments with the CC-RMM and with their assigned Medical Student Performance Evaluation (MSPE) coaches, presentations during the Dean's Hours with recurring lunch and learn presentations, students will be guided on "best practices" for applying to and successfully earning top choice residency positions.

### *Procedures*

1. OMS-I
  - The Student Affairs office will assign an individualized Faculty Advisor during orientation. That advisor will hold group discussions and individualized sessions for each advisee.
  - Career skills will be introduced as topics along with professionalism presentations in the "The Developing Physician" (TDP) course.
  - Various student interest clubs will host talks from local physician specialists in the area.
2. OMS-II
  - Access to AAMC's "Careers in Medicine", an online career planning program, will be given to students early in their second year and maintained through the 4th year to provide additional support and assistance.
  - Student interest clubs will host talks from recently matched students in various specialties.
  - CV development presentations will be provided by the CC-RMM.
  - Associate Deans will provide sessions on high stakes board study skills prep.



### 3. OMS-III

- Based on the student's most likely specialty of interest, they will be assigned a physician leader from the faculty as their Match Coach/MSPE co-author.
- The Match Coach will hold one-on-one meetings with their assigned students to review their academic portfolio and Myers-Briggs Type Indicator (MBTI) personality type/Gallup Strengths in regard to their match options.

### 4. OMS-IV

- The CC-RMM will act as a primary resource and coordinator during the OMSIII- and OMS-IV for students as they navigate the ERAS.
- Interview coordination with local clinical partners who recruit CHSU-COM students for residencies.
- Mock residency interviews will be held for students with local clinical preceptor faculty and/or will be provided as an objective structured clinical examination (OSCE) type session with a standardized patient to act as a residency director.

## COM Course Descriptions

The course information for the OMS-I year listed below applies to students entering the Program in the 2021-2022 school year.

OMS I Courses	
<b>COM 1701: Molecular &amp; Cellular Mechanisms</b>	3.5 credit hours
This course postulates the mechanisms underlying normal physiology and metabolism thus providing a biomedical science foundation for understanding disease processes. It introduces a comprehensive understanding of the cell structure, the major molecular mechanisms, and the common metabolic pathways required for cellular functions. It will prepare the students to understand and effectively apply clinically relevant foundational biomedical science knowledge in medical biochemistry. Team-based learning (TBL), study assignments (DSA), immersive learning sessions (ILS), simulated patient scenarios (SIM) and clinically integrated sessions (CIS) will deliver the course content. <i>(A,B,C,F grade)</i>	
<b>COM 1702: Host Defense Mechanisms</b>	3.5 credit hours
This course provides the foundations of immunology, focusing on the fundamental cellular and molecular mechanisms of immunity, while connecting the underlying concepts to the role of the immune system in areas that include but are not limited to infectious diseases, vaccination, immunotherapy, immune deficiency, immunodiagnostics, and hypersensitivity reactions. As such, it will provide the learner with clinically relevant foundational knowledge in the area of clinical immunology, pathology, hematology, rheumatology, and medical microbiology. Team-based learning (TBL), study assignments (DSA), immersive learning sessions (ILS), simulated patient scenarios (SIM) and clinically integrated sessions (CIS) will deliver the course content. <i>(A,B,C,F grade)</i>	
<b>COM 1704: Mechanisms of Disease</b>	3.5 credit hours
This is a multidisciplinary course which incorporates foundational aspects of embryology, histology, cell-molecular biology, clinical anatomy, biochemistry, and physiology of the nervous system. This course provides osteopathic medical students with comprehensive understanding of the structure, hierarchical organization, functions of the nervous system, as well as basic pathologic processes. The course will use holographic anatomy, histological images, MRI and CT-scan images to introduce major anatomic structures, their relations with other components of the nervous system, as well as basic pathology. All topics are delivered via active learning sessions including team-based learning (TBL), designated study assignments (DSA), clinically integrated sessions (CIS), augmented reality sessions (ILS), and simulation-based activities. <i>(A,B,C,F grade)</i>	
<b>COM 1711: Musculoskeletal System</b>	5.0 credit hours
Musculoskeletal system (MSK) is a multidisciplinary course which incorporates foundational aspects of embryology, histology cell-molecular biology, clinical anatomy, biochemistry, and physiology. This course introduces a	

comprehensive understanding of the structure, properties, and functions of the MSK, as well as basic pathologic processes that may lead to injury of the MSK. The course will use holographic anatomy, histological images, X-rays and CT-scan images to introduce major anatomic structures, their relations with other components of MSK, as well as basic pathology. Team-based learning (TBL), study assignments (DSA), immersive learning sessions (ILS), simulated patient scenarios (SIM) and clinically integrated sessions (CIS) will deliver the course content. *(A,B,C,F grade)*

**COM 1721: Cardiopulmonary System**

5.0 credit hours

This course provides an in-depth introduction to the basic structure, integrative physiological functions, and regulation of the cardiovascular and pulmonary systems as well as the basic science concepts underlying disorders of the cardiovascular and respiratory systems which will be reinforced and expanded upon in the second year of curriculum. This course encompasses material from multiple disciplines including Anatomy, Embryology, Physiology, Pathology, Biochemistry, Histology and Pharmacology. Team-based learning (TBL), study assignments (DSA), immersive learning sessions (ILS), simulated patient scenarios (SIM) and clinically integrated sessions (CIS) will deliver the course content. *(A,B,C,F grade)*

**COM 1741: Endocrine and Reproductive System**

3.5 credit hours

This course will assist students in understanding the structure and function of the various components of the endocrine and reproductive systems in homeostasis, metabolic control, reproduction and sexuality, as well as “normal” alterations with aging. We will provide the learner with clinically relevant foundational biomedical science knowledge in the areas of anatomy, embryology, genetics, immunology, cell biology, biochemistry, nutrition, and physiology relating to the integration of endocrinology, metabolism, and reproduction. Team-Based Learning (TBL), Designated Study Assignment (DSA), Immersive learning sessions (ILS), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM) will deliver the course content. *(A,B,C,F grade)*

**COM 1751: Gastrointestinal System**

3.5 credit hours

This course provides the underlying concepts to the role of the gastrointestinal system in normal bodily functions. As such, it will provide the learner with clinically relevant foundational knowledge in areas that include but are not limited to anatomy, physiology, biochemistry, immunology and nutrition. Anatomical concepts will be presented through Immersive Learning Sessions. Topics in this course are delivered via active learning sessions including Team-Based Learning (TBL), Designated Study Assignment (DSA), Immersive learning sessions (ILS), Clinically Integrated Sessions (CIS), simulation-based activities and use of standardized patients. *(A,B,C,F grade)*

**COM 1761, 1762: Osteopathic Principles and Practices I – 1 and 2**

3.0 credits each

This course series will introduce the foundational concepts of osteopathic medicine and develop diagnosis and palpatory skills as part of a longitudinal OPP curriculum. Additionally, these courses will teach the Osteopathic Structural Examination (OSE) of different body regions combined with the introduction of Osteopathic Manipulative Treatment (OMT) technique modalities. The Osteopathic Principles and Practices I course is designed to provide the student with a fundamental understanding of the principles, philosophies, and practice of osteopathic medicine. This builds a foundation of osteopathic knowledge and prepares the student to provide patients an integrated approach to medical care. This course emphasizes diagnosis and treatment using current anatomic, biomechanical, and physiologic principles and provides a foundation for continued education and development within the field of osteopathic medicine. The course is comprised of both didactic and laboratory components. *(A,B,C,F grade)*

**COM 1771: Neurological System**

3.5 credit hours

This is a multidisciplinary course which incorporates foundational aspects of embryology, histology, cell-molecular biology, clinical anatomy, biochemistry, and physiology of the nervous system. This is a 4-credits course that provides osteopathic medical students with comprehensive understanding of the structure, hierarchical organization, functions of the nervous system, as well as basic pathologic processes. The course will use holographic anatomy, histological images, MRI and CT-scan images to introduce major anatomic structures, their relations with other components of the nervous system, as well as basic pathology. All topics are delivered via active learning sessions including team-based learning (TBL), designated study assignments (DSA), clinically integrated sessions (CIS), augmented reality sessions (ILS), and simulation-based activities. *(A,B,C,F grade)*

**COM 1781: Renal System**

3.5 credit hours

This course will explore the anatomy, biochemistry, nutrition, and physiology of the renal system in depth and its role

in urine formation and maintaining homeostasis (e.g. acid/base balance; electrolytes and ionic balance, and volume regulation). Topics in this course are delivered via active learning sessions including Team-Based Learning (TBL), Designated Study Assignment (DSA), Immersive learning sessions (ILS), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM). *(A,B,C,F grade)*

**COM 1791, 1792: The Developing Physician 1 and 2** 2.0 credit hours each

This course series is taught in the first year (OMS-I). These courses will lay the foundation for physical exam skills, which will be reinforced and expanded upon in the second year and then further honed while on clinical rotations. The focus of these courses will be on understanding and developing the tools and skills necessary to conduct a thorough and complete patient encounter, including history and physical exam as appropriate for the patient being examined. The goal of these courses is to instill in the student the skill and confidence to be competent in the clinical environment. This class will have a clinical focus and include a variety of simulation experience. *(A,B,C,F grade)*

**COM 1795, 1796: Physicians Role in Health Systems 1 and 2** 1.0 credit hours / 1.5 credit hour

These courses are an introduction to the Health System Science considered the third pillar of medical education. In COM 1795, students will have an opportunity to discuss some of the complexities in health care, value-based care, quality improvement, teamwork, cultural humility, and more. In COM 1796, students will participate in a population health project at a designated clinic in which they will apply the scientific method of research to improve health outcomes of the targeted patient population. *(A,B,C,F grade)*

**COM 1799: Medical Spanish I** 2.5 credit hours

This year-long, beginner's course will help students acquire not only common Spanish words and phrases, but also gain a better understanding of some of the cultural aspects that can play a role in a Spanish-speaking patient's health. By the end of this course, the students will be able to conduct a medical encounter with Spanish-speaking patients, provide basic medical instructions, and answer the patient's more common questions. These outcomes will be achieved through study of Spanish medical terminology; use of colloquial words and phrases; review of Spanish grammar; practice conducting medical encounters in small groups. *(P/NP grade)*

## OMS II Courses

**COM 1805: Mechanisms of Disease II** 3.5 credit hours

This course capitalizes on the 1<sup>st</sup> year MOD- I course understanding the fundamental principles underlying the mechanisms of disease. The course material focuses on the basic reactions of cells and tissues to injury that and how dysregulation of the major processes and mechanisms that sustain normal cell function and homeostasis leads to disease. Topics in this course include-but are not limited to- cell cycle, cellular adaptation and cellular death, inflammation and repair, hemodynamic disorders, genetic basis of disease, infectious diseases, pharmacodynamics, inborn errors of metabolism, autoimmunity, and environmental and nutritional impact in disease prevention. Team-Based Learning (TBL), Designated Study Assignment (DSA), Immersive learning sessions (ILS), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM) will deliver the course content. *(A,B,C,F grade)*

**COM 1802: Hematology & Oncology** 3.5 credit hours

This course encompasses hematology, hematopathology, and dermatology. Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM) cover dermatologic pathologies as well as hematopoiesis and related neoplastic and non-neoplastic red- and white-blood cell disorders, anemia, and bleeding disorders. *(A,B,C,F grade)*

**COM 1812: Musculoskeletal Medicine** 3.5 credit hours

The focus of this course is the pathophysiology and clinical presentations of musculoskeletal disorders that are encountered in clinical settings. Team-based learning (TBL), study assignments (DSA), simulated patient scenarios (SIM) and clinically integrated sessions (CIS) will deliver the course content. *(A,B,C,F grade)*

**COM 1822: Cardiology** 3.5 credit hours

This course expands upon the physiology taught in the year 1 Cardiopulmonary course to develop the students' knowledge and understanding of cardiovascular pathophysiology. Clinical manifestations of common cardiovascular

diseases, including signs, symptoms, diagnosis, and treatment protocols, are presented via Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM). <i>(A,B,C,F grade)</i>	
<b>COM 1823: Pulmonology</b>	3.5 credit hours
Physiology taught in the first year Cardiopulmonary System course serves as a foundation for the pathophysiology, diagnosis, and treatment of respiratory system disorders presented in this course. Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM) for delivering the course content. <i>(A,B,C,F grade)</i>	
<b>COM 1832: Behavioral Sciences and Psychiatry</b>	3.5 credit hours
This course covers a variety of topics in basic behavioral medicine and psychiatry, including, but not limited to: the psychiatric interview; emotional reactions to illness; anxiety disorders; mood disorders; sexual disorders; child and adolescent development and psychopathology; suicide; violence, including domestic violence; personality disorders; somatoform and factitious disorders; legal and ethical issues; and addiction medicine. <i>(A,B,C,F grade)</i>	
<b>COM 1842: Endocrinology &amp; Reproductive Medicine</b>	3.5 credit hours
Disorders that result in hyper- and hypo-secretion of major endocrine glands are presented, and the clinical manifestations that result are discussed. The pathophysiology of the hypothalamic pituitary axis, adrenal, thyroid, parathyroid, and endocrine pancreas are emphasized. Additionally, this course will include overview of general obstetrics and the pathophysiology and clinical presentations for a wide spectrum of gynecological disorders. The pathophysiology and clinical manifestation of major male reproductive pathologies are also presented. Course content will be delivered via Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM). <i>(A,B,C,F grade)</i>	
<b>COM 1852: Gastroenterology</b>	3.5 credit hours
This course covers diseases of the gastrointestinal tract, hepatobiliary system, and exocrine pancreas. The pathophysiology underlying gastrointestinal diseases is presented via, Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM). <i>(A,B,C,F grade)</i>	
<b>COM 1861, 1862: Osteopathic Principles and Practices II- 1 and 2</b>	3.0 credit hours each
Osteopathic Principles and Practices II (OPP II) courses will build upon the foundational concepts of osteopathic medicine taught in the OPP I courses and further develop diagnosis and palpatory skills as part of a longitudinal OPP curriculum. Additionally, these courses will expand upon the Osteopathic Structural Examination (OSE) of various clinical presentations and Osteopathic Manipulative Treatment (OMT) technique modalities related to these topics. The OPP II courses are designed to further advance understanding of the principles, philosophies, and practice of osteopathic medicine, and prepare the student to provide patients an integrated approach to medical care. These courses emphasize diagnosis and treatment using current anatomic, biomechanical, and physiologic principles and provides a foundation for continued education and development within the field of osteopathic medicine. The course is comprised of both didactic and laboratory components. <i>(A,B,C,F grade)</i>	
<b>COM 1872: Neurology</b>	3.5 credit hours
This course applies the neurophysiology and neuroanatomy presented in Neurological System course in the first year to neuropathology and clinical neurology. Neurology is an intense course that includes Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM) for delivering the course content. <i>(A,B,C,F grade)</i>	
<b>COM 1882: Nephrology</b>	3.5 credit hours
Pathological entities related to the kidney and urinary tract are the focus of the Nephrology course. Team-Based Learning (TBL), Designated Study Assignment (DSA), Clinically Integrated Sessions (CIS), and simulated patient scenarios (SIM) provide the pathophysiology, clinical manifestations, and treatment of common kidney diseases. <i>(A,B,C,F grade)</i>	
<b>COM 1890: Ethical Consideration in Interprofessional Healthcare Practice</b>	1.0 credit hour

This year-long course(s) introduces students to the basic principles to bioethics as well as Core Competencies for Interprofessional Collaborative Practice. Students will become familiar with the Core Competencies and participate in a variety of learning activities examining bioethical principles as well as various interprofessional themes such as, professional roles and responsibilities, communication, and teamwork. *(P/NP grade)*

<b>COM 1891, 1892: The Practicing Physicians 1 and 2</b>	2.0 credit hours each
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This course series will capital on the physical exam skills, which was introduced in the first year TDP-I course series and will reinforce and expand upon in these courses and then further honed while on clinical rotations. The focus of these courses will be on advancing develop the tools and skills necessary to conduct a thorough and complete patient encounter, including history and physical exam as appropriate for the patient being examined. The goal of these courses is to instill in the student the skill and confidence to be competent in the clinical environment. This class will have a clinical focus and include a variety of simulation experience. *(A,B,C,F grade)*

<b>COM 1895, 1897: Physicians Role in Health Systems 3 and 4</b>	1.0 credit hour each
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In COM 1895, students will continue their population health project working through the scientific method of research to improve the health outcomes of the targeted patient population. In COM 1897, students will have an opportunity to write their findings as an abstract, a poster or oral presentation, or a manuscript for journal submission. *(A,B,C,F grade)*

<b>COM 1899: Medical Spanish II</b>	2.5 credit hours
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This year-long course will build on the 1<sup>st</sup> year course Medical Spanish and will help students advance on not only common Spanish words and phrases, but also gain a better understanding of some of the cultural aspects that can play a role in a Spanish-speaking patient's health. By the end of this course, the students will be skillful in conducting a medical encounter with Spanish-speaking patients, provide basic medical instructions, and answer the patient's more common questions. These outcomes will be achieved through study of Spanish medical terminology; use of colloquial words and phrases; review of Spanish grammar; practice conducting medical encounters in small groups. *(P/NP grade)*

## OMS III Courses

<b>COM 1911: Family Medicine I</b>	4.0 credit hours
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The clinical clerkship in Family Medicine is a required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of Family Medicine through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third year Family Medicine clerkship. *(H,P,NP grade)*

<b>COM 1912: Family Medicine II</b>	4.0 credit hours
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The clinical clerkship in Family Medicine II is a required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of Family Medicine through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third year Family Medicine clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1921: Pediatrics</b>	4.0 credit hours
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The clinical clerkship in Pediatrics provides one required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of Pediatrics through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and/or inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third-year Pediatric clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1931: Behavioral Medicine/Psychiatry</b>	4.0 credit hours
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The clinical clerkship in Behavioral Medicine/Psychiatry provides one required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of Psychiatric illness and treatment through the integration of

didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and required inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third year Psychiatry clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1941: Obstetrics and Gynecology</b>	<b>4.0 credit hours</b>
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The clinical clerkship in Obstetrics and Gynecology provides one required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of OB/Gyn through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and required inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third year OB/Gyn clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1951: Surgery I</b>	<b>4.0 credit hours</b>
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The clinical clerkship in General Surgery is a required 4-week Core clerkship. This clerkship is designed to provide the student with a basic understanding of Surgery through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third-year surgery clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1952: Surgery II</b>	<b>4.0 credit hours</b>
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The second clinical clerkship in General Surgery is a required 4-week Core clerkship and can general or a subspecialty surgery clerkship. Students may select a clerkship from among a list of medical disciplines. This clerkship is designed to provide the student with a basic understanding of Surgery through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third-year surgery clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1971: Internal Medicine I</b>	<b>4.0 credit hours</b>
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The clinical clerkship in Internal Medicine is a required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of Internal Medicine through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and required inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third year Internal Medicine clerkship. *(H,P,NP grade)*

<b>COM 1972: Internal Medicine II</b>	<b>4.0 credit hours</b>
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The second clinical clerkship in Internal Medicine is a required 4-week Core clerkship and can be a general or subspecialty IM clerkship. Students may select a clerkship from among a list of medical disciplines. This clerkship is designed to provide the student with an understanding of Internal Medicine through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and required inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a third year Internal Medicine clerkship. A required end of clerkship shelf exam will be administered at the conclusion of this clerkship. *(H,P,NP grade)*

<b>COM 1995: Clinical and Science Integration</b>	<b>2.0 credit hours</b>
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This course is a 4-week intensive, self- study period for COMLEX Level 1 exam preparation. Students will review basic and clinical science topics from the first two years of the curriculum. *(P/NP grade)*

<b>COM 1996: Comprehensive Clinical Management</b>	<b>2.0 credit hours</b>
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This course is a 4-week intensive, self- study period for COMLEX Level 2-CE exam preparation. Students will review

basic and clinical science topics from the required Core clerkships during the third year. <i>(P/NP grade)</i>	
<b>COM 1997: Entrustable Professional Activities I</b>	2.0 credit hours
This 2-week capstone course incorporates practical clinical skills labs, competency based OSCEs and other assessments to ensure students are ready to begin clerkships. Basic and Advanced Life Support certifications will be updated during the course. <i>(P/NP grade)</i>	
<b>COM 1998: Entrustable Professional Activities II</b>	2.0 credit hours
This 4-week capstone course incorporates didactic presentations, practical clinical skills performances, competency based OSCEs and other assessments to help ensure students are proficient /competent in some of the Entrustable Professional Activities. Students will demonstrate their skills as table trainers alongside clinical faculty for the OMS-I and OMS-II clinical skills and OPP courses. Students will also attend additional counseling and advising sessions in order to help navigate their choice of residency training and the residency match process. <i>(P/NP grade)</i>	
<b>OMS IV Course</b>	
<b>COM 2001: Federally Qualified Health Center</b>	4.0 credit hours
The FQHC clerkship is a required 4-week clerkship. This clerkship is designed to provide the student with clinical experience in a non-profit or public community-based health care clinic located in a medically underserved area or that provides services to a medically underserved population. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. <i>(P/NP grade)</i>	
<b>COM 2011, 2021, 2071: Primary Care</b>	4.0 credit hours each
The clinical clerkship in either Family Medicine, General IM, or Pediatrics is a required 4-week Core clerkship. This clerkship is designed to provide the student with an understanding of Primary Care through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and/or inpatient settings. The curriculum content is delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a fourth-year clerkship. <i>(P/NP grade)</i>	
<b>Specialty – COM 2022 (pediatric), COM 2051 (surgical), COM 2072 (medical)</b>	4.0 credit hours each
The clinical clerkship in a specialty or Sub-Specialty of medicine or surgery or pediatrics is a 4-week clerkship. This clerkship is designed to provide the student with an understanding of a specific area of concentration not otherwise part of a traditional curriculum. Students will receive exposure to a diverse community of patients in either an ambulatory or inpatient setting. The curriculum content will be delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a fourth-year clerkship. <i>(P/NP grade)</i>	
<b>COM 2081: Emergency Medicine</b>	4.0 credit hours
The clinical clerkship in Emergency Medicine is a 4-week clerkship. This clerkship is designed to provide the student with an understanding of emergency medicine through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. The curriculum content will be delivered to students via the learning management system web site. During the clerkship, students will access the learning website to review learning modules on topics appropriate for a fourth-year clerkship. <i>(P/NP grade)</i>	
<b>COM 2091: Entrustable Professional Activities III</b>	2.0 credit hours
This 2- week capstone course incorporates practical clinical skills labs and competency-based OSCEs along with required OPP activities and other assessments to ensure students are ready for graduation and residency. <i>(P/NP grade)</i>	
<b>COM 2092, 2093, 2094, 2095, 2096, 2097: Electives</b>	4.0 credit hours each
Five total elective clerkships are required, each 4 weeks in duration. 4 of the 5 Elective clerkships can be audition clerkships at the approval of Clinical Education. These clerkships are designed to provide the student with the opportunity to select a discipline and receive hands-on training through the integration of didactic knowledge and clinical experiences. Students will receive exposure to a diverse community of patients in both ambulatory and inpatient settings. <i>(P/NP grade)</i>	

<b>ELECTIVE COURSES</b>	
<ul style="list-style-type: none"> <li>• Audition Clerkships</li> </ul>	<p>Audition clerkships are 4-week clerkships chosen by students who are interested in a specific residency program and/or target specialty in a location other than that of his/her medical school.</p>
<ul style="list-style-type: none"> <li>• Research Option</li> </ul>	<p>The elective Research clerkship is a 4-week course. The purpose of the Research elective is to provide meaningful research experiences for medical students, with the expectation that students will gain initial experience and interest in research that will carry over into the practice of medicine. The goals of the Research Selective are to provide students an opportunity to participate an ongoing research project, to create a greater appreciation for clinical, basic science, or medical education research, and to introduce future physicians to good research practices.</p>
<ul style="list-style-type: none"> <li>• Enhanced Study</li> </ul>	<p>The Enhanced Study clerkship is a 4-week course. This clerkship is designed to provide students with an additional opportunity to prepare for COMLEX Level 1, Level 2CE, or Level 2PE. The student will submit a board study plan and timeline for their curriculum of study for approval. During the clerkship, students access the learning website to review Evidence-Based Practice learning modules. This elective must be approved by the Office of Clinical Education and is intended for students who are identified as at-risk or have previously failed a COMLEX exam who may need additional preparation and review time.</p>
<ul style="list-style-type: none"> <li>• International Public Health Option</li> </ul>	<p>The International Public Health Clerkship is a 4-week elective clerkship offered to students in their 4th year designed to give students clinical experience in patient care in another country. The foundation of the clerkship's curriculum is built upon gaining an understanding of travel medicine, public health, cultural competency, and the most common clinical presentations of the region being visited. The student will be provided the opportunity to perform history and physical examinations, develop the skills of appropriate documentation, and they will develop skills for diagnosis and treatment necessary in low resource areas. Familiarity and skill level with the local language depend on the specific requirements of the clinical site.</p>



# College of Pharmacy (COP)



## Message from the College of Pharmacy Dean

On behalf of our faculty, staff, and students, I thank you for your interest in the California Health Sciences University (CHSU), College Pharmacy! CHSU is located in the beautiful San Joaquin Valley with a mission to improve the quality of life and health care for people of the Central Valley. Students will be joining a unique community of learners, deeply committed to embodying the CHSU values of collaboration, diversity, excellence, growth, innovation, integrity, and stewardship.

The CHSU College of Osteopathic Medicine and the College of Pharmacy will have opportunities for interprofessional experiences which allow all students exposure to the team approach to health care. Team Based Learning (TBL) is a core part of the curriculum as students develop relationships with their faculty and peers that strengthens the learning process. Our School is committed to improving the success of each and every student.

The College of Pharmacy is a student-centered program, and our faculty are committed to providing all of the necessary resources to support students through the program. The curriculum has been designed to provide students provide students with a comprehensive education and practice skills that will prepare them as generalist pharmacists capable of practicing in various health care environments.

We invite you to visit our campus to view the impressive facilities and meet our talented group of Faculty. Thank you for your interest in our program and we hope to see you soon!



Sincerely,

Mark Okamoto, PharmD  
Dean & Professor

## Doctor of Pharmacy Degree Program Description

CHSU offers the Doctor of Pharmacy (PharmD) degree through the College of Pharmacy (COP) as the sole professional degree in pharmacy. CHSU's PharmD degree program is designed to provide the scholastic expertise and clinical acumen necessary to prepare graduates to provide high-quality pharmaceutical services to patients in a variety of settings.

Career opportunities are many and varied, such as, but not limited to community practice, hospital pharmacy, the pharmaceutical industry, governmental regulatory agencies and academics are just a few examples. Alternative career opportunities include consulting pharmacy, nuclear pharmacy, drug information, managed care, geriatric, psychiatric or pediatric specialties and academic/teaching. These varied opportunities offer flexibility and growth to the PharmD graduate.

## COP Governing Statute 1 Mission, Vision and Goals

### 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.

### CHSU COP VISION

To transform pharmacy into a primary care profession.

### CHSU COP GOALS

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.

6. Post-Graduate Education: CHSU COP will develop and implement post-graduate educational opportunities for our graduates, including residencies, fellowships and potentially additional certificates or degrees.

## COP Program Learning Outcomes (PLOs)

Students attending the CHSU College of Pharmacy undergo intensive education and training to give them the knowledge and skills needed to achieve the PLOs. The outcomes listed below follow the educational outcomes outlined by the Center for the Advancement of Pharmacy Education (CAPE) 2013.

### Domain 1 – Foundational Knowledge

**1.1 Learner (Learner)** - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.

### Domain 2 – Essentials for Practice and Care

**2.1 Patient-Centered Care (Caregiver)** - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

**2.2 Medication Use Systems Management (Manager)** - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

**2.3 Health and Wellness (Promoter)** - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

**2.4 Population-Based Care (Provider)** - Describe how population-based care influences patient-centered care and influences the development of practice guidelines and evidence-based best practices.

### Domain 3 - Approach to Practice and Care

**3.1 Problem Solving (Problem Solver)** – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

**3.2 Educator (Educator)** – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

**3.3 Patient Advocacy (Advocate)** - Assure that patients' best interests are represented.

**3.4 Interprofessional Collaboration (Collaborator)** – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

**3.5 Cultural Sensitivity (Includer)** - Recognize social determinants of health to diminish disparities and inequities in access to quality care.

**3.6 Communication (Communicator)** – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

### Domain 4 – Personal and Professional Development

**4.1 Self-Awareness (Self-aware)** – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

**4.2 Leadership (Leader)** - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

**4.3 Innovation and Entrepreneurship (Innovator)** - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

**4.4 Professionalism (Professional)** - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

# COP 2021 – 2022 Academic Calendar

## College of Pharmacy

Summer 2021	Date
Tuition Due for Summer <i>(if not using Financial Aid)</i>	May 9, 2021
Summer Session	May 17, 2021 – August 13, 2021
Fall 2021 – (August 16 – December 10, 2021)	Date
Board Competency Prep <i>(year-long course)</i>	June 18, 2021 – May 6, 2022
Tuition Due for Fall <i>(if not using Financial Aid)</i>	July 16, 2021
P3 Orientation	August 13, 2021
Fall Semester Classes Begin	August 16, 2021
Add/Drop Period	August 16 – 20, 2021
Last Day to Withdraw from Program without Penalty	August 20, 2021
Professional Development Day	September 24, 2021
Last Day of Classes	December 3, 2021
Tuition Due for Spring <i>(if not using Financial Aid)</i>	December 3, 2021
Final Examinations	December 6 – 10, 2021
Remediation Period	December 13, 2021 – January 7, 2022
Final Grades Due	December 17, 2021
Winter 2021	Date
Winter Session <i>(IPPEs Only)</i>	December 13, 2021 – January 2, 2022
Spring 2022 – (January 10 – May 6, 2022)	Date
Start of APPE Rotations for 4 <sup>th</sup> year students	January 3, 2022
Spring Semester Classes Begins	January 10, 2022
Add/Drop Period	January 10 – 14, 2022
Last Day to Withdraw from Program without Penalty	January 14, 2022
Spring Career Fair	March 11, 2022
Spring Break – <i>No Classes</i>	March 14 – 18, 2022
Community Engagement Day	April 8, 2022
Last Day of Classes	April 29, 2022
Final Examinations	May 2 – 6, 2022
P4 Naplex/Law Review	Week of May 9, 2022 <i>(dates TBD)</i>
Graduation Ceremony – Class of 2022	May 14, 2022

### University Holidays

Event	Date	Event	Date
July 4 <sup>th</sup>	July 5, 2021 <i>(observed)</i>	Winter Holiday – <i>Campus Closed</i>	Dec. 25, 2021 – Jan. 1, 2022
Labor Day	September 6, 2021	Martin Luther King Jr.	January 17, 2022
Veterans Day	November 11, 2021	President's Day	February 21, 2022
Thanksgiving Holiday	November 22 – 26, 2021	Memorial Day	May 30, 2022

## COP Admissions Policy

**CHSU's College of Pharmacy is currently in a teach-out phase and is not accepting applications for admissions for the 2021-2022 academic year.**

### DESCRIPTION OF DEGREE PROGRAM AND PURPOSE STATEMENT

CHSU's College of Pharmacy ("College") offers a Doctor of Pharmacy degree program which prepares graduates for careers as clinical and/or research pharmacists. The mission, vision and values of CHSU and the College can be accessed in the University Catalog, available at [www.chsu.edu](http://www.chsu.edu).

The purpose of the College of Pharmacy Admissions policy is to explain the admissions process for applicants at CHSU's College of Pharmacy and provide guidance on minimum requirements necessary to be eligible to apply to the program. Additionally, the policy discusses the Pathways and Early Decision programs, 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 Pharmacy's accrediting body is the Accreditation Council for Pharmacy Education ("ACPE"). Information regarding CHSU and the College of Pharmacy's accreditation status can be found in the current University Catalog, accessible at [www.chsu.edu](http://www.chsu.edu). Hard copies of the Catalog can be provided upon request.

### COMMITMENT TO DIVERSITY AND ADMISSIONS COMMITTEE

It is essential that CHSU only admit those students that it believes will be successful in the College's program and, ultimately, the pharmacy profession.

The core of CHSU's mission is to educate pharmacists who will be prepared to serve the growing health needs of the Central Valley. To accomplish this mission, 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 a pharmacy 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.

The College's Admissions Committee reviews application materials for applicants to the College, interviews 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 and students of the College of Pharmacy, additional pharmacist(s) and University or College-level admissions personnel, as appointed by the Dean.

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

### ADMISSIONS PROCESS

The following steps comprise the College's admissions process:

- PharmCAS Application Submission;
- Admissions Committee Review of Application;

- Candidate Interviews;
- Admissions Post-Interview Discussion and Recommendations to the Dean;
- Dean’s Admission Decision.

Each of the above steps in the admissions process are described below.

### PharmCAS Application Submission

The College uses the Pharmacy College Application Service (“PharmCAS”), which allows prospective students to complete one application that may be submitted to multiple schools. CHSU encourages all candidates to apply through PharmCAS and only accepts paper applications on rare occasions. CHSU does not have a separate supplemental application. Applicants for admission to the College are required to submit an application with all of their enclosures through PharmCAS at [www.pharmcas.org](http://www.pharmcas.org). Applicants who need to complete paper applications as an accommodation due to disability should contact the College’s admissions office for more information.

Applicants are required to submit all coursework taken through PharmCAS (including all prerequisites taken), fill out the transcript request forms, submit letters of recommendation, a personal statement and an application fee. Applicants will also need to submit all final transcripts verifying all of their completed coursework. The application requires three (3) letters of recommendation. The letters may be from professors, advisors, teachers, pharmacists or employers. CHSU prefers that one of these letters come from any faculty member familiar with the student’s academics or research related work. The faculty member does not need to be a science faculty member. The Admissions committee will evaluate the candidates’ English language writing skills when reviewing written materials submitted by the applicant.

The application review process begins after PharmCAS has verified all the required application information. Candidate applications will be reviewed by the Office of Admissions to ensure all minimum requirements have been satisfied consistent with this policy. Any applications that require analysis of completion of minimum requirements, including but not limited to pre-requisite requirements, will be forwarded to the Admissions Committee for additional review and a decision regarding whether minimum requirements have been satisfied. Similarly, all international student applications will also be forwarded directly to the Admissions Committee for determination regarding whether minimum and/or pre-requisite requirements have been satisfied.

Applicants not meeting the minimum requirements will be notified of the deficiencies in their application by the Office of Admissions and may, at the discretion of the Admission’s staff, be given the opportunity to provide additional information in response to these deficiencies. Applicants meeting the minimum requirements will move on to the next stage in the admissions process.

### Admissions Committee Review of Application

After the initial screening regarding completion of minimum requirements is completed, the applications are reviewed by Admission Committee members. The Admissions Committee will determine the criteria for whether the applicant will be invited to CHSU for an interview.

The Admissions Committee, in consultation with the Dean as needed, has sole discretion in deciding which applicants will be offered an interview. In making decisions regarding which applicants will be granted an interview, the Admissions Committee will review the application not only to determine whether the applicant meets the academic competence for pharmacy school but also whether the application shows evidence of Non-Academic Factors which support the application.

### Candidate Interviews

CHSU’s College of Pharmacy uses an interview process to make determinations regarding admissions. The interview can be completed in-person, via video call, or phone call. The purpose of the interview is to assess

oral communication skills, writing skills, leadership skills and the applicant's potential to be a pharmacist. The interview will also assess an applicant's ability to complete the program successfully and advance in the field of pharmacy as a contributing member of a patient care team.

If an applicant is offered an interview, the applicant will be notified in advance of the interview so that the applicant to make travel arrangements. All travel arrangements will be at the applicant's own cost.

In some cases, the interview may include a writing test. Whether the interview includes a writing component will be determined prior to each admission cycle. Applicants will be notified in advance of the interview if a writing test will be required. If a writing test is required, CHSU may provide students who are not interviewing in-person several options for completing the writing test.

### Dean's Admission Decisions

Following the interview, application and interview scores will be compiled by the Office of Admissions and reviewed by the Admissions Committee in accordance with pre-established rubrics. These rubrics are developed by the Admissions Committee and approved by the Dean. A blank copy of the rubrics may be obtained from the Office of Admissions prior to the candidate's interview date. Candidates are not entitled to receive copies of their scored rubrics.

The Admissions Committee will forward the scoring data along with a recommendation regarding admission of each candidate to the Dean for final decision.

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 or email if they have been accepted into the College. After the admission decision is made and prior to the student's matriculation in the PharmD program, the University Registrar will confirm all final transcripts have been received 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 College.

### PRE-REQUISITE COURSEWORK REQUIRED FOR ADMISSIONS

Admission to the College of Pharmacy requires completion of the undergraduate pre-requisite courses identified in the chart below. Applicants may not use the same course to fulfill more than one pre-requisite.

When determining whether a course satisfies a pre-requisite, the College 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 pre-requisite requirement, applicants should reference equivalency charts prepared by the Office of Admission from the College'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 College 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 Admissions Committee may review the course syllabi and course descriptions to ensure the applicant has learned the necessary content for each subject area.



Subject	Quarter Units	Semester Units	Additional Course Information
General Chemistry with Lab or Equivalent	12	8	1 year of lecture with 1 year of lab; must be a course sequence designed for science majors
Organic Chemistry with Lab or Equivalent	12	8	1 year of lecture and 1 year of lab; must be a course sequence designed for science majors
Biology with Lab or Equivalent	12	8	1 year of lecture and 1 year of lab; must include cellular and molecular biology of whole animals or humans and be a course sequence designed for science majors
Calculus or Equivalent	4	3	May be satisfied through AP credit
Physiology or Equivalent	4	3	Mammalian (whole animal or human, human preferred). In instances where a two-part anatomy/physiology series is offered by the undergraduate institution both courses are required.
Anatomy or Equivalent	4	3	N/A
Microbiology or Equivalent	4	3	N/A
General Education: Economics or Equivalent	4	3	Micro or macro will satisfy this requirement.
General Education: Humanities/Social Sciences	8	6	Two (2) years of coursework required. Examples include but are not limited to: psychology, communications, sociology, cultural anthropology, public speaking or related equivalent course.

## CRITERIA FOR PRE-REQUISITES AND OTHER ACADEMIC REQUIREMENTS

### Pre-Requisite Coursework

The following requirements apply to all pre-requisite coursework identified in section IV of this policy, above:

1. *Must Be Taken at Accredited College or University*

All pre-requisites 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 College, the only exception to this is if the student has satisfied pre-requisite coursework through satisfactory AP scores as described below. For international students, please see separate provisions in this policy applicable to international coursework.

2. *Deadline for Pre-Requisite Completion*

Unless an exception is approved by the Dean's office, all prerequisite requirements must be completed by July 31 preceding enrollment in the College. While applicants may be in the process of completing prerequisites when they submit their application, all prerequisites generally must be completed prior to matriculation.

3. *Letter Grade of C- or Better Required; Preferred 2.7 Pre-Requisite GPA*

Applicants must have received a letter grade of at least "C-" or higher to satisfy completion of each prerequisite course. Grades of Pass/No Pass or Credit/No Credit in prerequisite coursework will not satisfy this requirement unless the course is offered only on a Pass/No Pass or Credit/No Credit basis at the institution where the course was taken.

The College prefers a Grade Point Average (“GPA”) in pre-requisite courses of at least 2.7. If a student has repeated a course multiple times, the highest letter grade the student received in the course will be counted for purposes of calculating the GPA for the pre-requisite coursework.

4. *Distance Learning/Online Coursework*

Generally, distance learning or online courses taken with accredited institutions are acceptable for most pre-requisite requirements. Courses that require a laboratory component may need to be completed in an in-person setting to ensure the applicant achieves the full learning experience.

5. *Advanced Placement Courses to Satisfy Pre-Requisites*

Pre-requisite course credit for Advanced Placement (“AP”) examinations taken in high school may be offered if the applicant’s AP scores are at or above a three (3.0) in science courses and at or above a four (4.0) in humanities/social science courses. AP courses may be used to satisfy any of the pre-requisite requirements. CHSU does not place a limit on the number of AP courses that may be used to satisfy prerequisites.

6. *Courses Must Be Taken Ten (10) Years or Less Prior to Enrollment*

Generally, all applicants must complete all pre-requisite requirements within ten (10) years or less prior to enrollment in the College. Applicants who have taken prerequisite courses more than ten (10) years prior to enrollment in the College may be required to repeat that coursework prior to matriculation. Applicants who wish to have coursework taken more than ten (10) years prior to enrollment count for pre-requisite requirements may request that those courses be counted as fulfilling a pre-requisite by contacting the Admissions Office (see Exceptions to Pre-Requisite Requirements, below).

7. *Exceptions to Pre-Requisite Requirements*

Requests for courses taken more than ten (10) years prior to enrollment, for substitutions of activities or alternative coursework in place of a required pre-requisite, requests to take pre-requisite requirements after matriculation, or any other requested deviation from the above described pre-requisite requirements must be processed through the Office of Admissions before July 15 preceding the semester of intended enrollment in the College. Once received, the applicant’s request will be reviewed by the Admissions Committee who will formulate a recommended response to the request and forward that recommendation along with the request form to the Dean for final decision.

With respect to courses taken more than ten (10) years prior to enrollment, the following factors will be considered: (1) whether the course is essential as a building block for the pharmacy curriculum; (2) whether the content taught in the course has remained stagnant or changed over time; and (3) whether an applicant has been working or has otherwise been exposed to an environment that allowed the applicant to remain up-to-date on the subject.

With respect to requests for substitutions to required pre-requisite course work, the College rarely grants such requests, and extraordinary circumstances must be shown to support the request. All requests for substitutions or alternative coursework must be accompanied by an official course syllabi. Such requests will be evaluated based on whether the necessary knowledge and skills would have been gained through the substituted activity or coursework.

With respect to requests to take pre-requisite courses after matriculation to the College, the following parameters apply to such requests:

- Requests to take General Chemistry, Organic Chemistry, General Biology or Calculus concurrently with College of Pharmacy courses are not permitted.
- Requests to take Physiology, Anatomy or Microbiology concurrently with College of Pharmacy courses will be granted in rare, limited circumstances where applicants show extraordinary circumstances support such a request.

- Requests to take General Education (Economics, Humanities/Social Sciences) requirements concurrently with College of Pharmacy courses must be supported by information showing the applicant made every effort to complete these courses prior to matriculation. Requests to complete all General Education requirements concurrently with enrollment in the College of Pharmacy are not permitted.

Once a request for courses taken more than ten (10) years prior to enrollment, for substitutions of activities or alternative coursework in place of a required pre-requisite, requests to take pre-requisite requirements after matriculation, or any other requested deviation from the pre-requisites are received by the Office of Admission, it will be routed to the Admissions Committee for review. The Admissions Committee will provide a recommendation regarding the determination of the applicant's request and will forward both the request and the recommendation to the Dean for final decision. The Admissions Office staff will communicate the final decision to the applicant.

If such request is granted, applicants will be required to sign a Pre-Enrollment Agreement prior to matriculating to CHSU which will identify the decision made and any obligations the applicant has as a result. If the applicant fails to sign the Pre-Enrollment Agreement, the applicant will not be permitted to enroll at CHSU.

### **Other Academic Requirements for Admission**

Other academic requirements for admission to the College of Pharmacy are explained below.

#### *1. Bachelor's Degree Preferred, Minimum Units Required*

To be eligible to apply to the California Health Sciences University, College of Pharmacy program, a bachelor's degree (B.S. or B.A.) is preferred, but not required. For applicants that will have earned a bachelor's degree prior to enrollment, no specific undergraduate major is recommended or required 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 course work at an accredited college or university in the United States or an equivalent foreign university prior to enrollment in the College. Pre-requisite courses will count towards the minimum number of units required.

#### *2. Entrance Examinations*

No entrance examinations are required for admission. The College does not require applicants to take the Pharmacy College Admission Test ("P.C.A.T.") or Graduate Records Examination ("G.R.E.").

#### *3. Cumulative GPA*

The College takes a holistic approach to admissions, ensuring a qualified and diverse student body. Accordingly, the College does not have a minimum cumulative GPA requirement; however, a cumulative GPA of 2.7 or higher is preferred. In calculating cumulative GPA, the College will count all undergraduate course work taken (including courses the applicant has failed). If a student has retaken a course multiple times, all grades received for that course will be accounted for in calculating cumulative GPA.

#### *4. English & Other Language Skills*

The ability to express oneself in both oral and written English is essential to the practice of pharmacy in the United States. Accordingly, the College 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 pharmacists 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 College but not required.

#### *5. Ability to Obtain and Maintain Pharmacy Intern License Issued by the California Board of Pharmacy*

In addition, students must be able to obtain and maintain a valid Pharmacist Intern license in the State of California and pass the requisite criminal background check, drug tests/screens, immunization/tests, and trainings required by the California Board of Pharmacy, California law and/or California Health Sciences University College of Pharmacy affiliated experiential sites and their accrediting and/or regulatory agencies.

## **MINIMUM TECHNICAL STANDARDS FOR THE PHARMD PROGRAM**

The California Health Sciences University, College of Pharmacy acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 11-336, the Americans with Disabilities Act (ADA) 19903, and requires that all applicants in the Doctor of Pharmacy program meet minimum technical standards to be accepted into the program. Following enrollment, all College students must continue to meet these technical standards. The Doctor of Pharmacy program is a rigorous and challenging academic program. Technical standards refer to the minimum characteristics and abilities within the cognitive, affective and psychomotor domains. All applicants/students are required to possess specific characteristics and abilities within these domains.

Every applicant is considered without regard to disability. The College reserves the right to deny admission to any applicant who cannot meet the minimum technical standards with or without reasonable accommodations, as determined during the application process. Applicants are not required to disclose the nature of their disability(ies), if any, to the College. Any applicant with questions about these technical standards is strongly encouraged to discuss his/her specific concerns with the Admissions Office. If appropriate, and upon the request of the applicant, reasonable accommodations will be provided in accordance with law.

Conferring the PharmD degree on a student graduating from the College 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 pharmacist. The acquisition and application of these skills ensure the safety of patients served by students during their enrollment at the College and after as they become pharmacists. Therefore, each student must be able to demonstrate proficiency in these skills with or without reasonable accommodation. The technical standards that each student must possess to successfully complete the academic/curricular requirements for the PharmD degree are described in this section below.

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 disabilities will be considered on an individual basis in accordance with the College's and University's policies. Students who fail to demonstrate the technical standards while in the program will be evaluated and appropriate action 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 for failure to meet technical standards. Furthermore, the College of Pharmacy reserves the right to dismiss any student from the program who either fails to disclose information relevant to their qualifications under the technical standards described below or who falls out of compliance with the technical standards after admission to the program.

### **Observation**

Students must be able to observe demonstrations and conduct exercises in a variety of areas related to contemporary pharmacy practice, including but not limited to monitoring of drug response and preparation of specialty dosage forms. Students must be able to observe demonstrations and experiments in the basic and pharmaceutical sciences, and medical illustrations and models. 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 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; observing the activities of technical staff operating under their supervision; reading information on a computer screen and small print on packages or package inserts; distinguishing shapes, colors, markings, and other characteristics of small objects (e.g. different dosage forms); and competently using instruments for monitoring drug response. 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.

### **Communication**

A pharmacy student should be able to speak, hear and observe patients and other health care professionals to extract both verbal and non-verbal information, and must be able to communicate effectively with and about patients. Communication includes speech, reading, writing and computer literacy. The student must be able to perceive and respond appropriately to all types of communication (verbal, nonverbal, 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 medication and 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.

### **Sensory and Motor Coordination and Function**

Pharmacy students must have sufficient motor function to perform basic laboratory skills to accomplish basic pharmacy practice tasks utilizing both gross and fine motor skills. These include but are not limited to: compounding prescriptions; filling prescriptions; counting prescription medications; administering medications; preparing intravenous products; and administering intramuscular and subcutaneous injections. Students must be able to conduct physical assessments of patients by palpation, auscultation, and other diagnostic evaluations. Other motor activities include performing first aid and/or cardiopulmonary resuscitation in the clinical setting.

Students must be able to travel to off-site settings and experiential locations in a timely manner. Students must be able to respond promptly to urgencies within the practice setting and must not hinder the ability of their co-workers to provide prompt care. Examples of such emergency treatment reasonably required of pharmacists include arriving quickly when called, rapidly and accurately preparing appropriate emergency medication, and preparing sterile intravenous medications. Students must be able to use computer-based information systems and have sufficient motor function and coordination required for manipulation of small and large objects. Students must have the ability to move and position another person in a manner that will facilitate physical assessment or other diagnostic lab testing. Lastly, students must exhibit the physical and mental stamina needed while standing or sitting for prolonged periods of time.

### **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. These abilities include measurement, calculation, reasoning, analysis, decision-making, judgment, information integration, and solution synthesis. In addition, the student should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Especially important is the appropriate and rapid calculation of dosages for a variety of patient-specific conditions such as renal or hepatic failure, obesity, cardiac or respiratory arrest, etc. Additionally, calculations involving appropriate dilution or reconstitution of drug products, electrolytes, etc. must be made accurately and quickly. 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.

### **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. 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.

## **Ethical Values**

An applicant/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 ethical and professional rules applicable to the profession of pharmacy and all College and University policies, including but not limited to the Code of Ethical Conduct. Under all circumstances, students must protect the confidentiality of patient information in their professional and personal communications and may not store electronic patient information on their own personal or CHSU-issued electronic devices.

## **TRANSFER APPLICANTS**

Applicants currently or previously enrolled in another accredited pharmacy school in the United States are eligible to apply to the College as transfer students. The transfer applicant must be in good academic standing with their current or previous pharmacy school and must not have been expelled or suspended for disciplinary reasons.

Transfer applicants must comply with the same admissions requirements as non-transfer applicants and, in addition, must submit the following:

- A letter from the dean of the pharmacy school where the student is currently attending or previously attended to confirm that they are in good academic standing and have not been subject to disciplinary proceedings at that institution.
- Transcripts from the transfer applicant's current or prior pharmacy school.

Importantly, all transfer applicants must be aware that transfer of pharmacy coursework to meet the College's curricular requirements will be the decision of the College's Curriculum Committee, which will issue course-waivers for those courses deemed comparable to CHSU College of Pharmacy courses. CHSU does not award credit for prior experiential learning and experiential rotations will need to be completed again.

## **DACA & INTERNATIONAL APPLICANTS**

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 (16th) 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 Pharmacy program.

## **International Applicants**

CHSU is not yet able to 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 College. However, the College encourages all such applicants to

communicate with the California Board of Pharmacy to determine if they will be eligible to receive a pharmacy intern license issued by that agency. Successful completion of the PharmD program requires a California intern license and the College cannot guarantee all admitted students will receive such license. The College will not be held liable to students who matriculate to CHSU and are later denied a California intern license for any reason, including, but not limited to, denial on a basis related to undocumented or other ineligible immigration status.

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. Notwithstanding the above, the College will accept applications from international applicants. International students follow the same application steps as all other applicants applying to the PharmD program. International students who have completed a bachelor’s degree in the United States or at a foreign institution where English is the primary language of instruction will be exempt from the below requirements and will be subject to the same admissions standards as described above. With regard to international students who have not completed a bachelor’s degree in the United States, the College 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 pre-requisite 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 PharmCAS; 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/>, Educational Credential Evaluators (“ECE”) at <http://www.ece.org/>, or Josef Silny and Associates <http://www.jsilny.com> to CHSU. Students may be exempt from the WES or other international verification requirements as determined on a case-by-case basis. To request exemption, the applicant must follow the procedures above under “Exceptions to Pre-Requisite Requirements.”
- International applicants applying to attend CHSU whose primary language of instruction was not English must submit scores on the Test of English as a Foreign Language (“TOEFL”). These scores may be submitted through PharmCAS.

**Minimum Required Scores for Eligibility for Admissions:**

TEST TYPE	SCORE
Paper-Based TOEFL	550
Computer-Based TOEFL	213
Internet-Based TOEFL	100

**EARLY DECISION PROGRAM**

The College participates in the Early Decision Program offered through PharmCAS. We encourage applicants who have decided that the College is their top choice school to be considered for admission before other applicants. The Early Decision Program gives students who are committed to the College peace of mind that they will receive an admission decision early in the pharmacy school admission cycles such that they may avoid paying for and completing additional pharmacy school applications for other schools. To be eligible to apply to the Early Decision Program, applicants must already have completed pre-requisite requirements or have their remaining pre-requisites in progress or planned for completion prior to matriculation to the College.

The Early Decision program is not binding on applicants. Applicants admitted to the College through the Early Decision Program may decline to attend and apply to other pharmacy schools; however, these applicants are prohibited from applying for an early decision to another pharmacy school during the same admissions cycle.

The Early Decision Program application deadline is the first Tuesday after Labor Day for applicants applying for admission in the following fall. PharmCAS must receive applicant's PharmCAS application, official transcripts and application fees no later than the Early Decision deadline described above. Additional rules and guidelines regarding the Early Decision Program are governed by PharmCAS, as those rules and guidelines may change from time to time. Early Decision applicants are encouraged to refer to the PharmCAS website for more information.

## **PATHWAYS PROGRAMS – PARTNERSHIPS FOR PRIORITY ADMISSION WITH UNDERGRADUATE EDUCATION INSTITUTIONS**

The College has established articulation agreements with undergraduate education institutions. The pathway programs fall into two different types: (1) accelerated pathway programs that allow students to earn their pharmacy degree in a shorter period of time by allowing the last year of college to be completed at the College of Pharmacy with priority admission; or (2) pathway programs that only offer priority admission to applicants applying from schools with articulation agreements in place between the school and the College so long as the applicants are meeting all admission requirements. Currently, the College has three such partnerships: with Fresno Pacific University, Clovis Community College and Bakersfield Junior College. The College is in the process of developing additional pathway programs. More information regarding the College's current pathways programs, including how each program works can be accessed on CHSU's website at: <https://chsu.edu/admissions/#pathways-to-chsu>.

## **DEFERMENT OF ADMISSIONS**

In general, CHSU's College of Pharmacy 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 Pharmacy in the specific semester to which they have applied to and subsequently have been admitted in, may 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. The Office of Admissions will make a recommendation regarding deferment to the Dean of the College of Pharmacy. Ultimately, these requests will be either granted or denied solely at the discretion of the Dean of the College of Pharmacy.

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. 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 was in place at the time they were initially offered admission into the College of Pharmacy, and not the admission requirements that are in place at the time the applicant actually attends CHSU.

## **RETENTION OF ADMISSIONS RECORDS**

### **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.

### **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 College's Admission office as follows:

- International Applicants: three (3) years from date of decision/declination;
- 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.

## **Additional Enrollment Requirements**

All offers of admission to the College are conditional on meeting additional pre-enrollment requirements. All admitted students must meet the following criteria in order to enroll in the College:

### **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.

### **Criminal Background Check and Drug Screening**

Experiential education as a licensed pharmacy intern is part of the College's curriculum for all students in the PharmD program. Experiential education sites as well as the California Board of Pharmacy require students to undergo a criminal background check and drug screening prior to receipt of an intern license and subsequent participation in experiential education curriculum. Therefore, all admitted students must successfully complete a criminal background check and drug screening prior to enrollment in the College.

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 College encourages all applicants with potential issues on their background checks to communicate with the California Board of Pharmacy to determine if they will be eligible to receive a pharmacy intern license issued by that agency. Successful completion of the PharmD program requires a California intern license and 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 student annually each academic year and 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.

### **Immunization Requirements**

Infection control policies at area experiential education sites require the College to ensure that students entering these facilities for training purposes are in good health. Accordingly, the following requirements must be met prior to enrollment in the College.

1. Admitted students must provide the following health related documents to the Office of Experiential Education before July 1 preceding the semester of initial enrollment:
  - Student Information (FORM 1)
  - Health History (FORM 2)
  - Physical Examination (FORM 3)
  - Tuberculosis Clearance (FORM 4)
2. PPD2-Step-Required upon admission. (Have PPD #1 completed. Wait 7-10 days from PPD #1 date read to have PPD #2 placed.) Refer to the [www.CDC.org](http://www.CDC.org) website for additional information.
  - a. 1-Step-Required annually.
  - b. TB Screening (PPD skin tests and/or chest x-ray results) must be completed between June 1-June 25, and annually thereafter.
  - c. Chest X-ray/Quantiferon-TB Gold – Only required for those with PPD(+) – Required annually.

3. Authorization for Release of Communicable Disease Clearance Information to Clinical Rotation Sites (FORM 5)
4. California State Required Meningitis Awareness Disclosure (FORM)
5. Proof of Immunization for the following vaccinations (copies required)
6. Tdap (tetanus/diphtheria/pertussis). Tdap is considered current if administered within 10 years. TD or DTaP will not be accepted.
7. Flu Vaccine – required annually.
8. Laboratory Results (serum blood titers) for the communicable diseases below:
9. Titers considered current if completed within 5 years.
10. Laboratory results must include reference ranges and be on laboratory letterhead.
  - a. If immunity is not present according to serum blood titer, student must obtain vaccination and serum blood titer retest as indicated per CDC recommendation. Refer to the [www.CDC.org](http://www.CDC.org) website for additional information.
11. Hepatitis B Surface Antibody Titer- Qualitative (HBsAb)
12. Measles (Rubeola) Antibody Titer- Qualitative (Measles AB, IgG, EIA) (if there is no documentation of 2 doses)
13. Mumps Antibody Titer- Qualitative (Mumps AB, IgG) (if there is no documentation of 2 doses)
14. Rubella Antibody Titer- Qualitative (MMR Ab, IgG) (if there is no documentation of 2 doses)
15. Varicella Antibody Titer- Qualitative (Varicella AB, IgG)
16. Additional immunizations, health information, or lab tests may be required to comply with outside affiliation agreements. Information regarding your health history is requested for your protection and to assist us in case of emergency. The information is confidential. Portions of this information may be shared with appropriate personnel at our pharmacy practice experience sites, as required by our affiliation agreements, however, before sharing any such information we will obtain the student's informed consent. Questions regarding these policies should be directed to the Director of Experiential Education.

Students may be permitted to opt-out of any of these immunization requirements for documented health-related reasons. Students should inquire about the opt-out process with the Office of Experiential Education.

### **Intern Licensure & Information on Pharmacist Licensure Post-Graduation**

All students in the PharmD program must obtain and maintain an intern license through the California Board of Pharmacy (“Board of Pharmacy”) after enrollment in the College.

Detailed information about registration as an intern pharmacist with the Board of Pharmacy is provided to all new students in the fall semester of the first year. To be eligible for an intern license from the Board of Pharmacy, students must meet all eligibility requirements required by that state agency, as those requirements may change from time to time. CHSU has no control over what requirements the Board of Pharmacy imposes. Generally, to satisfy these requirements students must be enrolled in a school of pharmacy recognized by the Accreditation Council for Pharmaceutical Education (ACPE) as evidenced by being granted Precandidate, Candidate or full accreditation status. ACPE has granted CHSU College of Pharmacy Candidate status. Registration instructions for licensure as a California Intern Pharmacist will be provided by the College during the first year of fall semester. However, additional requirements specific to each applicant for a pharmacy intern license can impact whether the Board of Pharmacy issues the license. Because CHSU cannot guarantee eligibility for licensure for each individual student, applicants for admission to the College are encouraged to contact the Board of Pharmacy before enrolling in the College if they have questions regarding their eligibility to obtain an intern license.

Following graduation from the College’s program students may apply to the Board of Pharmacy for licensure as a practicing pharmacist in accordance with the rules and regulations of that state agency, as they change from

time to time, including rules regarding standardized testing requirements (e.g., the North American Pharmacist Licensure Examination “NAPLEX”). As with intern licenses, pharmacist licensure decisions are made solely by the Board of Pharmacy. CHSU cannot and does not guarantee any College graduate will pass the required examinations or otherwise be eligible for licensure as a pharmacist.

## Readmission Policy

**The College of Pharmacy is not accepting applications for readmission to the program for 2021-2022.**

Students who have been dismissed from the college of pharmacy or have withdrawn from the university may apply for readmission. A student who wishes to apply for readmission shall submit a letter of interest to the dean explaining the reasons behind the request. The letter should include a description of the circumstances that led up to the dismissal or withdrawal and a detailed explanation of why the student feels that readmission is warranted, as well as justification of why the student believes that he/she would be successful if readmitted. The letter must be submitted to the dean no later than June 1 for consideration of readmission to begin at the start of the fall semester.

Readmission will not be considered if the student has any outstanding financial obligations to CHSU. If the dean feels that readmission warrants consideration, the student’s letter and prior records at CHSU will be discussed at a meeting of the College Administrative Committee, at which the registrar and any other relevant faculty or staff shall be invited to participate. The meeting shall be scheduled to take place within 10 business days of receipt of the student’s letter. Based on input from the invited guests and a review of all documentation, the committee shall assess the likelihood of the student being successful if re-admitted and render a decision prior to July 1. If the decision is made to readmit, the committee shall also specify the status of the student upon readmission (in terms of place in the program) and whether readmission should be delayed until the spring semester to better align with completed coursework. The dean shall notify the student of the decision within 5 business days.

If the dean determines that circumstances of the dismissal or withdrawal do not warrant consideration, or if the College Administration Committee rules that readmission is not warranted, the decision is final and cannot be appealed.

If readmission is granted, the dean will notify the appropriate parties. The Professional Education Committee will also be asked to determine if any adjustments need to be made to the student’s course load due to curriculum changes that might have occurred while the student was not enrolled.

## COP Articulation Agreements Policy

CHSU may, partner with other colleges and universities to offer articulation agreements pursuant to CHSU policies and procedures. Information regarding those articulation agreements can be obtained from the COP Office of Admissions and via the CHSU website. CHSU reserves the right to add, modify or eliminate articulation agreements with its partner institutions.

## COP Intern License

Enrolled CHSU students in the PharmD program must obtain and maintain an intern license through the California Board of Pharmacy (“Board of Pharmacy”) after enrollment in the College.

Detailed information about registration as an intern pharmacist with the Board of Pharmacy is provided to all new students in the fall semester of the first year. To be eligible for an intern license from the Board of Pharmacy, students must meet all eligibility requirements required by that state agency, as those requirements may change from time to time. CHSU has no control over what requirements the Board of Pharmacy imposes. Generally, to satisfy these requirements students must be enrolled in a school of pharmacy recognized by the Accreditation Council for Pharmaceutical Education (ACPE) as evidenced by being granted Precandidate, Candidate or full accreditation status.

The College of Pharmacy is in a teach-out phase that affords currently enrolled students in the Classes of 2021,

2022, and 2023, (and those on an alternative progression plan) the same rights and privileges as graduates from a program holding ACPE Candidate status. Graduates of a class designated CALIFORNIA HEALTH SCIENCES UNIVERSITY COLLEGE OF PHARMACY as having Candidate accreditation status have the same rights and privileges of those graduates from a fully accredited program. ACPE conveys its decisions to the various boards of pharmacy and makes recommendations in accord with its decisions.

## COP Licensure

### COMPLETION OF PROGRAM AND LICENSING

Completion of the educational program leading to a degree and/or diploma is dependent upon student performance and success. The requirements for licensure in the profession are established by the state where licensure is sought. Completion of the educational program and obtaining a degree or diploma does not by itself guarantee licensure. Students are expected to remain current with other licensing requirements, including but not limited to the licensure examination and technical standards they may be required to meet in order to be licensed by the state in which they seek to practice. In addition, maintaining such technical standards is a condition for continued enrollment in this program; reasonable accommodations as defined and required by law may apply to persons with disabilities.

### CALIFORNIA INTERN PHARMACIST

#### Registration Requirements

To register as an intern pharmacist in California, candidates must be currently enrolled in a school of pharmacy recognized by the Board or accredited by the Accreditation Council for Pharmaceutical Education (ACPE) and

have fingerprint and background clearances. Complete registration instructions can be downloaded from the California State Board of Pharmacy website at:

[http://www.pharmacy.ca.gov/forms/intern\\_app\\_pkt.pdf](http://www.pharmacy.ca.gov/forms/intern_app_pkt.pdf).

#### California Pharmacist

The standard processing time for Pharmacist Examination and Licensure Applications by the California Board of Pharmacy is approximately 30 days after submission; however, the Board will process applications submitted by schools within 10 business days if these applications are submitted as a batch by the school. Students interested in participating in the batch processing of applications must submit their completed applications to the Office of Student Affairs by May 1st, prior to graduation. The Office of Student Affairs reviews each application prior to submission to the Board; however, it is the responsibility of the applicant to ensure all information is correct and that all required application materials have been included as part of the final application packet. These applications will then be hand delivered to the Board of Pharmacy after graduation, since official transcripts, which are a component of the application, are not complete until after graduation has occurred. To qualify for a pharmacist license, you must request an official transcript to be sent directly to the board by your school. The official transcript must indicate your degree earned and date conferred.

#### Eligibility Requirements

To be licensed in California you must pass the North American Pharmacist Licensure Examination (NAPLEX) and the California Pharmacist Jurisprudence Exam (CPJE).

To be eligible to take the licensure examination for California, you must:

- Be at least 18 years of age.
- Be a graduate of a domestic school of pharmacy or be a graduate of foreign school of pharmacy and be certified by the Foreign Pharmacy Graduate Examination Committee (FPGEC).
- Have completed at least 150 semester hours of collegiate credit, 90 of which must be from a school of

Pharmacy.

- Have earned at least a baccalaureate degree in a course of study devoted to pharmacy.
- Have completed 1,500 hours of approved pharmaceutical experience as a registered intern or one year of experience as a licensed pharmacist in another state.
- Have fingerprint and background clearances.

The registration instructions, requirements, and application form for licensure as a pharmacist in California may be obtained and downloaded at the California State Board of Pharmacy website:

[http://www.pharmacy.ca.gov/forms/rph\\_app\\_pkt.pdf](http://www.pharmacy.ca.gov/forms/rph_app_pkt.pdf).

## **NAPLEX/MPJE**

The MPJE exam is for students pursuing licensure out of the state of California. To take the NAPLEX and/or MPJE, candidates must meet the eligibility requirements of the board of pharmacy from which they are seeking licensure. The board will determine your eligibility to take the examinations in accordance with the jurisdiction's requirements. If the board determines that you are eligible to take the examinations, it will notify the National Association of Boards of Pharmacy (NABP) of your eligibility. If you have questions concerning eligibility requirements, contact the board of pharmacy in the jurisdiction from which you are seeking licensure.

Registration instructions, requirements, and application form can be obtained and downloaded from the National Association of Board of Pharmacy (NABP) website at <http://www.nabp.net>.

## **COP Annual Tuition, Fees & Costs for 2021-2022**

The purpose of this policy is to provide information regarding tuition, fees, and other costs for students of the College of Pharmacy. Listed on the following chart are the 2021-2022 annual tuition and fees paid directly to the University, and additional estimated costs that students are required to pay to others. Estimated tuition, fees, and other required costs for subsequent years of the four-year program are also included in the chart. The total annual estimates for living expenses (room and board and personal expenses) may not reflect a student's total financial responsibilities. The University reserves the right to change institutional tuition, fees, and costs at any time with prior notice. Non-institutional costs are controlled by third parties, not the University.

Tuition is charged on a full-time, semester basis, except during the fourth program year in which tuition is charged on a full-time, annual basis. Generally, tuition and fees are charged to a student's account thirty (30) days prior to the start of each semester term. The above is based on the assumption that a student will attend each semester term on a full-time basis, which allows for a student to graduate after successfully completing four (4) years of coursework consisting of 154 semester credit hours.

### **Right To Cancel**

A student has the right to cancel their enrollment agreement and obtain a refund of all charges paid through attendance at the first class session or the seventh day after enrollment, whichever is later, less the maximum nonrefundable two-hundred and fifty dollar (\$250) seat deposit. Students who wish to cancel their enrollment agreement must notify the applicable College's Office of Admissions of the cancellation by email, mail, or in person. If a student obtains a loan to pay for an educational program, the student will have to repay the full amount of the loan plus interest, less the amount of any refund. If the student receives federal student financial aid funds, the student is entitled to a refund of the monies not paid from federal financial aid funds.

Payment deadlines, loan obligations, refund calculations due to cancellation or withdrawal, and the Student Tuition Recovery Fund (STRF) disclosures are located in the Financial Services section of this catalog.

The following charts lists the tuition and fees for the COP students entering their P3 – third year, P4 – fourth year and

students on an alternative progression plan (APP) during the 2021-2022 school year.

**The following chart is applicable to CHSU COP students during the 2021-2022 school year:**

	APP & P3 - 2021-2022	P4 - 2021-2022
<b>Tuition and Fees Paid Directly to CHSU</b>		
Tuition	\$45,000	\$45,000
CPR Training	\$90	\$0
Technology Fee	\$100	\$100
Malpractice Insurance	\$25	\$25
Student Services, Activity and Clubs Fee	\$120	\$120
Student Professional Association Fee	\$190	\$190
Supplies and Licensure Prep	\$0	\$400
Events Fee	\$100	\$100
STRF Fee per \$1,000.00 <sup>1</sup>	\$0	\$0
<b>Total Institutional Charges</b>	<b>\$45,625</b>	<b>\$45,935</b>

<sup>1</sup> STRF – The Student Tuition Recovery Fund: Effective February 2021, the assessment rate has changed from zero (\$0) per one thousand dollars (\$1000) of institutional charges to fifty cents (\$.50) per one thousand dollars (\$1000) of institutional charges.

<b>Required Costs Paid to Others</b>	APP & P3 (estimated)	P4 (estimated)
<b>Note: The numbers in this chart are estimated because these costs are not controlled by CHSU and may change at the vendor's discretion.</b>		
Books & Supplies (includes a computer)	\$1,700	\$1,750
Background Check & Drug Screening	\$70	\$140
Health Insurance <sup>2</sup>	\$3,485	\$3,485
<b>Total Non-Institutional Charges</b>	<b>\$5,255</b>	<b>\$5,375</b>

<sup>2</sup> Waiver of Health Insurance: Students may request a waiver of the University Health Insurance fee upon providing proof of other qualifying health insurance coverage. This fee covers health insurance for the student only and does not cover additional family members.

**Total Estimated Institutional Charges: Year 3 & APP: \$45,625 and Year 4: \$45,935**

**Total Estimated Non-Institutional Charges: Year 3 & APP: \$5,255 and Year 4: \$5,375**

**Total Estimated Institutional and Non-Institutional Charges: Year 3 & APP: \$50,880 and Year 4: \$51,310**

Total Institutional charges and Non-Institutional charges disclosed above do not include estimated living expenses including, but not limited to, room and board, transportation, residency interviews, or other miscellaneous expenses a student may incur.

## Additional Fees Students May Incur

In addition to the required institutional fees, students may incur other fees and costs. For example, students will incur an additional fee if their payment is late, if they withdraw from any University program and then return to the University, if a student's check is returned for any reason when a student makes any payment to the University, if the student's ID card is missing and for printing/copying costs.

A list of additional institutional fees students may incur is provided below. The University reserves the right to change any of these fees, to add additional fees, and to make modifications to services related to such fees at any time without prior notice.

Late Payment Fee	A late fee of Fifty Dollars (\$50.00), or as permitted by law whichever is less, will be assessed each month on all outstanding tuition and fees balances until payment is received in full, except when the late payment is caused by a delay in either private or public student loan disbursement, through no fault of the student.
Registration Reinstatement Fee	Fifty Dollars (\$50.00) fee upon the student's return to the University.
Returned Check Fee	Returned check fee shall be Twenty-Five Dollars (\$25.00). For each subsequent returned check fee for the same installment, an additional Twenty-Five Dollars (\$25.00) fee will be charged. The outstanding obligation and the returned check fee must be paid by cashier's check or money order. After a student has two returned checks during their program at CHSU, the student will be required to make all university payments for the remainder of their attendance via a cashier's check or money order only.
Missing/Lost/Stolen Student ID Access Card	There is no charge for issuance of the initial Student ID Access Card. However, lost, stolen, misplaced or abused cards must be reported immediately and replaced by the Business Office at a cost of Twenty Dollars (\$20.00)/time to the student.
Copying/Printing Fees	CHSU provides each student with a Twenty-Five Dollar (\$25.00) printing credit each year. Copy machines and printers are available for students to use across campus. Additional printing costs for students may be up to \$0.10 per page.

## COP Academic Alerts and Promediation Policy

Promediation is the method used by the College of Pharmacy (COP) to assist in ensuring student progression. This system of academic alerts will keep the student, Course Director, and Office of the Dean aware if a student falls below 70% in any COP course. This will bring awareness of any potential concern and ensures the student has been made aware of resources available to help him or her progress successfully.

Course Directors are to identify at-risk students throughout the semester with the utilization of any individual assessments; this may include but is not limited to exams, mid-terms, OSCES, Simulations, iRATS, iBATS, or iCATS (at-risk students are those identified at 70% or below).

Course Director(s) communicates to the Office of Academic Affairs which students may be considered at-risk. Office of Academic Affairs reaches out to those identified by the Course Director(s) within one week of notification via email to start the Promediation Process.

- Email to student from the Office of Academic Affairs with copy to Course Director(s) and Faculty Mentor giving details of academic standing.
- Student to complete the mandatory Promediation Action Plan Form within two weeks and review plan with Faculty Mentor with final copies sent to both; failure to complete the Promediation Action Plan form and/or meet with the Faculty Mentor could result in an automatic referral to the Academic Performance and Standard Committee (APSC).
- Student will remain on Promediation for the remainder of the semester once the student has been triggered, even when academic progression has improved.
- Students that are on Promediation for multiple classes, or if the Faculty Mentor feels that additional support beyond mentorship is needed, meetings with the Learning Specialist could be scheduled to discuss study habits, time management, stress management and other skills that the student could improve upon. If the Learning Specialist does not see progression or improvement, the student will be referred to APSC for additional support.

Office of Academic Affairs Academic Affairs appropriately stores completed Promediation Action Plan Forms and all student meeting notes. The completed forms and notes can be utilized as needed for future decision making (e.g. grade appeal).

## COP Academic Progression Policy

The purpose of this policy is to ensure students' progress through the program in a timely manner and to ensure they become effective and safe practitioners.

This COP Academic Progression Policy applies to all students in the College of Pharmacy program during both the Didactic and Experiential portion of the COP program, including Electives.

### **GRADES**

The only grades that will be assigned to students at the COP pursuant to Department of Education standards for schools receiving Title IV funding are as follows:

#### Passing Grades:

A, B, C, RC (Successful Remediation), or Pass.

#### Non-Passing Grades:

Withdrawal (W), Incomplete (IC), Not Passing (NP), D, RF (Unsuccessful Remediation), and F



## **GPA STANDARD**

Pharmacy students must maintain a Grade Point Average (GPA) of at least 2.00 each semester, and for their overall GPA in the program. Any pharmacy student with a semester or cumulative GPA below 2.00 will be referred to and required to meet with the Academic Performance and Standards Committee (APSC). Consequences of a semester or overall GPA < 2.0 may impact the student's progression through the program, including changing the overall cost of the program. Potential consequences for having a cumulative or semester GPA under 2.0 will be determined by the Dean and may include, but are not limited to, placement on probation, requirement of successful completion of an Alternative Progression Plan (APP) or dismissal from the program. Any pharmacy student with a term or cumulative GPA of 1.00 or below will be ineligible for federal aid.

## **PROMEDIATION**

CHSU has established an early intervention program called Promediation pursuant to the CHSU College of Pharmacy Remediation policy. The Academic Affairs office monitors the academic performance of Pharm.D. students based upon the various academic assessments given in each course. If a student has an individual grade < 70% at any time during the semester or if the Course Director or Assistant/Associate Dean of Academic Affairs (or designee) determines the student is academically at risk, the student will be placed on Promediation. This mandatory process may involve tutoring services, structured support from the student's Faculty Mentor and/or Course Director, and/or sessions with the College Learning Specialist for additional coaching and mentoring. Students that fail to complete the Promediation process or continue to have academic difficulties while on Promediation will be referred to the Academic Performance & Standards Committee (APSC) for review.

**Below is a summary of the following roles of the parties involved in the promediation process:**

**a. Academic Performance and Standards Committee (APSC)**

The APSC's role and process is described in the COP APSC Policy in the General Catalog. The APSC reviews the academic performance of students and makes recommendations on academic progression to the Office of the Dean.

**b. Tutors Program**

CHSU offers tutors for a variety of topics and subjects to all students seeking these services at no additional charge. The tutors are current, high-achieving CHSU students that are employed by the college to be a peer resource and offer an additional layer of academic support to any student, regardless of what their academic standing is.

**c. Learning Specialist**

All students are encouraged to reach out to the Learning Specialist, at no additional charge, for additional support related to time management, study habits, goal setting, motivational support, and assistance in creating strategies to promote a greater chance of academic success.

**d. Student Affairs**

Students are encouraged to reach out to the Office of Student Affairs for additional support related to life challenges such as personal concerns and life situations. The Office of Student Affairs can assist with connecting students to additional outside resources related to student needs. Student Affairs can assist students with disabilities with requests for reasonable accommodations in compliance with the Americans with Disabilities Act ("ADA") and related California state law.

**e. Faculty Mentorship**

Students are responsible for utilizing the support provided by their faculty mentor. By focusing on personal development, mentors directly influence their mentees, institutional, and professional success. Specifically, they help students become accountable members of their higher education community, think critically about their roles and responsibilities as students, and prepare to be educated professionals who are part of a global community.

## **REMEDICATION**

A student that receives any final individual course grade of D will be allowed to remediate the course in which the D grade was received. Remediation is a self-study process in which the student is given the opportunity to improve their grade typically by taking a comprehensive remediation examination at a later time (Remediation). During Remediation, students may seek faculty assistance, or utilize other resources listed in the Remediation section to help prepare them for the remediation exam. Satisfactory completion of remediation is determined by a grade of 70% or better on the remediation exam. Regardless of their score on the remediation exam, the highest grade for students successfully remediating a course is a grade of "C" and the student will be assigned a grade of RC on their transcript (Successful Remediation). Students who earn 3 "D" grades cumulatively at any time in the program, irrespective of whether those D grades have been successfully remediated, will be referred to the APSC for review and may not be allowed to remediate any future courses.

If remediation is unsuccessful or the student chooses not to remediate the course, the student is required to re-take the course the next time it is offered the following year. Unsuccessful remediation will result in a grade of RF (Unsuccessful Remediation) being reported to the Registrar. The RF grade is the equivalent to the original D grade in terms of computing GPA. An unsuccessful remediation will cause the student to have to retake the course the next time it is offered in the following year. This will impact normal progression through the program and may affect financial aid eligibility as well as may change the student's total cost of attendance in the program. These cases require the student to meet with the Financial Aid Office so that a determination of their federal financial aid eligibility can be made.

## **REPEAT OF COURSES OR ROTATIONS IN WHICH A STUDENT HAS RECEIVED A NON-PASSING GRADE OR WITHDRAWN FROM A COURSE**

Students receiving grades of "RF" or "F" or "NP" or "W" will be required to re-take the course (or, if in an elective, an equivalent course) in which they received the grade. This may impact the student's progression throughout the program and may affect financial aid eligibility (students should refer to the SAP Suspension section discussed later in this policy for impact related to financial aid). Students are allowed one chance to re-take any course, laboratory session or rotation. Students that successfully repeat the course, laboratory or rotation will have that grade noted on their transcript. For elective courses only, students will be allowed to retake another elective course that was different than the one in which they received a non-passing grade.

The student will be able to repeat each course, laboratory session or rotation, only one time. If a student receives any non-passing grade in any repeated course, laboratory session or rotation, they will be referred to the APSC and recommended for dismissal.

## **ALTERNATE PROGRESSION PLAN (APP)**

An Alternate Progression Plan (APP) is a written agreement between the student and the institution that may extend the student's timeline for program completion for one or more semesters during the designated probationary period and may change the student's overall cost for the program. The APP specifies requirements, (e.g., minimum course completion ratio, GPA, reduced course load or enrolling in specific courses) that the student must meet or exceed each semester to maintain or regain federal financial aid eligibility and to be able to continue in the program. A student that fails to meet the progression standards or the terms of their APP will be ineligible for federal financial aid in future semesters until the student can meet the standards. See the General Catalog for more detail on the Alternate Progression Plan ([www.chsu.edu](http://www.chsu.edu)).

## **ACADEMIC PROBATION**

Academic probation is a conditional status indicating that the student is not meeting satisfactory academic progression. Students are placed on probation by the Office of the Dean for the following conditions:

- Failure to maintain a cumulative GPA > 2.0
- Receipt of any grade of "D", "F", or "NP"
- Failure to successfully remediate any course or laboratory in which a non-passing grade was assigned

Students on probation may be ineligible for receiving Federal Financial Aid (see Progression issues affected Federal Financial Aid below). Students on probation need to meet progression standards and may be removed from probation by meeting the following standards:

- Raising their GPA > 2.0 if cumulative GPA was < 2.0
- Successfully repeating or remediating a course or rotation in which a grade of "D", "F" or "NP" was received
- Successfully remediating any course or laboratory in which a non-passing grade was received

Students that remain on probation because of failure to achieve the above will be referred to the APSC for review. The APSC may recommend the following actions, including but not limited to: be placed on an Alternate Progression Plan or dismissal from the program.

## **TIME LIMIT**

Students placed on an extended track must complete the PharmD program within a reasonable period of time, and in all circumstances in compliance with the COP Graduation Policy.

## **EXPERIENTIAL EDUCATION**

Any student receiving a grade of "NP" on any rotation (either IPPE or APPE) will be referred to the APSC and will be required to successfully repeat that type of rotation in order to meet graduation requirements and will be placed in SAP Suspension that affects his/her ability to receive Federal Financial Aid (see SAP Suspension discussed later in the section).

Repeat rotations will generally be scheduled by the Experiential Education office during the next academic year (student's OFF Block is generally not allowed to be used for a repeat rotation). Students that are unsuccessful in achieving a passing grade while repeating a rotation, or that receive 3 or more grades of "NP" on rotations will be referred to the APSC and may be required to repeat the APPE year or are be subject to dismissal (See the General Catalog for more detail on the Satisfactory Academic Progression (SAP) ([www.chsu.edu](http://www.chsu.edu))).

## **ACADEMIC PROGRESSION**

Specific consequences for students that fail to meet the academic progression standards include but are not limited to the following:

**TABLE A**

Scenarios	APSC Recommendations
Up to 3 non-passing grades	Remediate all courses graded D; mandatory Academic Probation;
4 or more non-passing grades	Recommended for dismissal
1 F	Repeat failed course; mandatory Academic Probation plus APP
2 or more F grades	Recommended for dismissal
1 NP (not passing) on IPPE or APPE rotation	APP created; repeat the rotation
3 or more NP grades (not passing) on IPPE or APPE rotations	Recommended to repeat the entire APPE year or subject to dismissal

*Note:* Each condition listed above will require the student to be referred to the APSC, and the recommendations will be sent to the Office of the Dean for a final decision. An APP will be developed for each student that is allowed to remain in the program.

### **SATISFACTORY ACADEMIC PROGRESS (SAP) RELATED TO FEDERAL FINANCIAL AID**

Satisfactory Academic Progress (“SAP”) ensures that students are able to complete their academic program in a timely manner while achieving and maintaining compliance with minimum academic standards. Federal regulations mandate that all students are required to conform to SAP standards as they work towards a degree in order for them to qualify to receive federal financial aid assistance through all California Health Sciences University eligible Title IV federal financial aid programs. SAP is in alignment with the CHSU progression policy.

SAP standards (GPA, Pace, and Maximum Time Frame) consist of quantitative and qualitative measurements that are determinants of SAP.

Qualitative measurements include GPA and Academic Standing and quantitative measurements include the Pace by which students are working toward completion of their program (completing a specific number of units per term or year) and the Maximum Time Frame required to complete the entire program. Federal regulations also require that all terms of attendance be considered, including any term(s) in which no financial aid is received.

#### *Grades*

The only grades that meet SAP standards are A, B, C, RC (Successful Remediation), and P. Withdrawal (W), incomplete (I), Not Passing (NP), D, RF (Unsuccessful Remediation), and F grades are not passing grades. Unsuccessful Remediation and F grades require students to re-take the course and will impact both progression through the program and affect financial aid eligibility. These students will be placed immediately in SAP Suspension.

Grades are required when evaluating SAP. Students who have not been graded for a prior term during which they were enrolled cannot be evaluated for SAP and therefore will be suspended from federal financial aid. Eligibility can be restored when the missing grades are officially recorded and the student is evaluated and meets the appropriate SAP standards.

#### *Quantitative Measurements*

Pharmacy students must complete at least two-thirds of all units recorded on their official graduate transcripts for each term of enrollment, starting from the time of first attendance in a graduate/professional program at

CHSU. Thus, a student that enrolls in 18 units, and does not pass 4 units, but successfully completes the other 14 units, would be meeting this quantitative measurement but may not be meeting the qualitative measurement.

### *Review Period*

The Academic Affairs Office in conjunction with the Registrar and the Academic Performance and Standards Committee will review academic records at the end of each term (semester) to determine if SAP is being achieved. The Financial Aid Office will also review academic records at the end of each academic term (semester) to determine if SAP is being achieved.

### *SAP Notification*

Any student found to not be meeting the SAP Standards will be notified in writing by the Academic Performance and Standards Committee (APSC) and the student will be placed on SAP Suspension. Written notification will be sent electronically via their CHSU email account and/or mail via the last known mailing address according to the Registrar's Office.

### *SAP Probation*

SAP Probation is a status assigned to any student who fails to meet the SAP standards and has been placed on an Alternate Progression Plan (APP) and have appealed their Financial Aid Suspension (see FA appeal process further in this section). If placed on Financial Aid Probation, students will be required to follow an approved Alternate Progression Plan (APP) in order to receive federal financial aid for one semester and have their progress reevaluated at the end of that semester. Students who meet all SAP standards or the requirements of their APP will remain eligible for federal financial aid. Students who fail to meet the SAP standards or the requirements of their APP will again be placed on SAP Suspension and be required to meet with the APSC again. They will also be suspended from financial aid eligibility and will be ineligible for federal financial aid going forward. Students may have plans that extend for more than one semester but their progress will still be evaluated at the end of each semester to ensure that they have complied with their APP.

### *Financial Aid Appeal Process*

Students who become ineligible to receive federal financial aid for failure to meet the SAP standards and have been notified of the Financial Aid Suspension status have the right to make a written appeal to the Director of Financial Aid. Students who appeal must demonstrate all of the following:

- That failure to meet the minimum standard was caused by extreme or unusual circumstances (corroborating documentation must be supplied), some of the mitigating circumstances can include:
  - The student, spouse, dependent children have experienced illness that prevented class attendance; a death of an immediate family member; or some other extraordinary situation that prevented them from meeting the SAP standards.
  - In cases of illness or disability, a letter of explanation is needed from a health care provider.
  - In cases of death, the student must provide a copy of the death certificate or obituary notice.
  - In cases of extraordinary circumstances, the student must provide a written explanation of the cause and how it was resolved. The student should provide as much supporting documentation as possible.
- Have completed an approved Alternate Progression Plan showing how they have identified and will resolve the issue(s);
- That the issue(s) will not affect their performance in the future.

Once an appeal has been submitted to the Director of Financial Aid and the APP has been verified as approved, the Director will have 7 business days to respond. The response will be in writing via their CHSU email and/or mail via the last known address on file with the Registrar's Office with either an:

- Approval: The student is now on Financial Aid Probation
- Denial: The student is no longer eligible for federal financial aid

All financial aid appeal decisions are final. If a decision has not been made by the time tuition is due, it is the student's responsibility to contact the Business Office to discuss the options on how to proceed. Students may appeal for reinstatement and be placed on Financial Aid Probation a maximum of two times during their attendance at CHSU.

To the extent that SAP requirements imposed by the federal government conflict with this policy, the federal government requirements for SAP, as they may change from time to time, will govern the COP's treatment of any progression issue.

## COP Academic Policies and Procedures

### LOCATION OF INSTRUCTION

For academic year 2020-2021, classes for students enrolled in the College of Pharmacy are held at 120 N. Clovis Ave, Clovis, CA and/or 45 N. Clovis Ave, Clovis, CA. During the final year of instruction students will be assigned to affiliated experiential education sites to complete experiential education requirements in addition to classes intermittently and periodically held on campus. Students will be required to commute to these experiential locations, which may include locations that are outside of the student's standard commuting distance.

### SEMESTER CREDIT HOUR POLICY

During each semester, one (1) unit of credit is assigned per hour each week of classroom or direct faculty didactic instruction (i.e., per 50 minutes 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. For experiential education, one (1) unit of credit is assigned for each 40 contact hours.

### SEMESTER LENGTH DEFINITION

CHSU College of Pharmacy defines a semester length as a minimum of 15 weeks of course instruction and 1 week of exams for a total of 16 weeks. Experiential education is completed as assigned throughout the academic year.

## COP Grading System and Quality Points Policy

Cumulative grade point averages are computed with a quality point system. The interpretation of the letter grades and their quality point values is as follows:

Grade	Percentage Range	Quality Points
A	90-100%	4.0
B	80-89.9%	3.0
C	70-79.9%	2.0
D	60-69.9%	1.0
F	< 60%	0
RC	Successful Remediation with Grade of "C"	2.0
RF	Failed Remediation with Grade Below "C"	1.0
P	Passed	Not included in GPA
NP	Not Passed	Not included in GPA

IC	Incomplete	0
IP	In Progress	0
W	Withdrawal	0
WF	Withdrawal Fail	0
WP	Withdrawal Pass	0

The grade of IC (incomplete) may be assigned to a student who otherwise is passing the course but is unable to complete all of the required coursework and/or examinations due to extenuating circumstances (such as illness, death in the family, injury due to accident, etc.). Generally, the IC should be removed no later than ten (10) days after it was assigned, unless otherwise specified by prior agreement with the course director and the Dean to extend the deadline. If the IC is not removed within the stated period of time, it will automatically change to a grade of F. In cases of illness or extreme circumstance, the IC may be changed to a grade of W, in accordance with the CHSU Student Attendance and Leaves of Absence Policy. A student with an IC on their transcript at the beginning of the fourth year APPEs will not be allowed to begin their fourth-year rotations until the IC has been removed from the transcript.

### **IN PROGRESS GRADE**

The grade of IP (in progress) may be assigned by the course directors to students whose work at the end of a term is still in progress because the course requires more than one term to complete. Completion of course requirements for IP grades must occur within one year. A grade of IP automatically changes to F or NP (depending on the selected grading method) after one year if no other grade is assigned. IP grades count as credits attempted and as credits earned upon completion of the course.

### **DEAN'S AND PRESIDENT'S LIST**

A first-, second-, or third-professional year student, whose grade point average is between 3.50 and 3.78 for 12 or more semester hours during any semester is given Dean's List standing at the end of that term. A first-, second-, or third-professional year student, whose grade point average is 3.79 or above for 12 or more semester hours during any semester is given President's List standing at the end of that term.

### **GRADUATION WITH HONORS**

Candidates for the Doctor of Pharmacy degree who earn a cumulative grade point average of 3.5 to 3.69 will receive their degree cum laude; those earning a grade point average of 3.7 to will receive their degree magna cum laude; those earning a grade point average of 3.9 and above, will receive their degree summa cum laude. To be eligible for honors, a student must have been in residence at CHSU for two years, during which time the student must have completed a minimum of 72 semester hours. A student who receives a grade of NP in any IPPE or APPE rotation will be exempt from Latin Honors recognition. An exception to this policy may be granted by the Dean of the program.

## **COP Course Add/Drop & Withdrawal Policy**

The purpose of this policy is to provide a guideline for students to add, drop, or withdraw from elective courses. All core didactic courses are required. Students may not add or drop required courses during a semester. This policy pertains to elective courses only.

This policy applies to students who requests to change an elective course after the initial elective course registration period completed by the Registrar's Office.

Prior to the start of a semester, students are provided a form listing available elective course options from the Office of the Registrar. Students are registered for their elective course selection based on priority and seat availability.

Students may request to change their elective course registration by submitting an add/drop form to the Office

of the Registrar without penalty up to the end of the first week ([5] five class days) of the semester. Students must obtain permission from the course instructor to change an elective course to their official registration during the add/drop period. During the second week of class, a student can request to add or drop an elective course only at the discretion of the course instructor without penalty. If a student drops an elective after the final add/drop period, a grade of withdrawal "W" will be recorded on the transcript.

Dropping of an elective course may change your enrollment status. This could affect financial aid and tuition charges. Students should consult with the Financial Aid Office prior to withdrawing a course to determine whether the withdrawal will impact their financial aid.

## COP Final Course Grade Appeal Policy

A student may file an appeal to dispute a final course grade following the process outlined:

1. 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.
2. The course director shall respond to the student in writing using the submitted Course Grade Appeal form within five (5) business days.
3. If the appeal is not resolved to the student's satisfaction, the student can submit the appeal form to the Department Chair within two (2) business days of receiving the decision of the course director.
4. The Department Chair 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.
5. 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 of the final decision.
6. 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.
7. In the event that the Dean has been personally involved in the determination of the student's grade, or in 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 themselves; 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.

## COP Course Numbering System

The number assigned to a course is a general indicator of the year level of the course, the discipline the course belongs to, and the placement of the course in the sequence of courses within the discipline.

Course	Year	Discipline
500	First	10 = Biomedical Sciences
600	Second	20 = Pharmaceutical Sciences



700	Third	30 = Medical Sciences
800	Fourth	40 = Clinical Sciences
		50 = Administrative Sciences
		60 = IPPE
		70 = APPE
		80 = Elective
		90 = Portfolio

## COP Lunch Time Co-Curriculum Hours Policy

The Lunch time Co-Curriculum provides growth, learning and professionalization opportunities that are not regularly incorporated in the curriculum, with the primary purpose of helping students make steady progress toward achieving the college's Global Learning Outcomes. Dedicated time for the Lunch time Co-Curriculum occurs Monday through Thursday from 12:00 pm to 2:00 pm. No classes are regularly scheduled during these hours. Required Lunch time Co-Curriculum sessions are scheduled periodically each month and are typically mandatory unless otherwise noted. Student organizations wishing to schedule events during lunch time hours, or at any other time, must reserve the date by completing an event form found on BrightSpace. On occasion, required Lunch time CoCurriculum sessions may be scheduled on short notice and take precedence over other events.

## COP Academic Progression Examination Policy

Students are required to take the annual Progression Examinations (PE) or PCOA® at the end of the first, second, and third professional years of the curriculum. These exams serve to assess the learning and retention of content covered during the respective academic year by students and assess preparedness for the next academic year. These exams are a progression requirement for movement to the next professional year.

Students are required to take the PCOA® exam in the third year of the curriculum. The exam encompasses the four broad curricular domains of the didactic curriculum required of all ACPE-accredited programs. Exam results provides data to facilitate the review of individual students performance - in comparison to national data.

The purpose of these examinations is to promote systematic learning approaches for long term retention of essential topics assessed by the board examinations. Examination results will help students identify areas of deficiency where more strategic focus should be placed. By monitoring the growth and development of students' knowledge base, identifying deficiencies and offering opportunities for growth and remediation. The purpose is to track student outcomes and to allow students to confidently sit for their board exams.

The annual *Progression Examinations* (PE) occur at a specific time point as students progress through the didactic and experiential curriculum. PE are focused on the primary topics and terminal outcomes covered each year. Objectives that cover the scope of the examinations will be made available to students.

The PCOA® exam developed by the National Association of Boards of Pharmacy (NABP).

### REQUIREMENTS APPLICABLE TO PES

All students must pass the PE to progress to the next academic year, as set by the College Administrative Committee based on norms associated with historical data. Students who do not pass a PE exam will be reviewed by the Academic Performance and Standards Committee. A maximum of two attempts may be allowed; that is,

the original exam plus one remediation exam. Failure of a second attempt may subject the student to repeating that year of the program.

## **REQUIREMENTS APPLICABLE TO PCOA**

All students must pass the PCOA® exam based on norms associated with national data of the PCOA® exam (exam is graded on a curve based on national data with a passing performance determined by the College Administrative Committee). Students who do not pass the PCOA® exam will be reviewed by the Academic Performance and Standards Committee for a possible remediation plan, which will include requiring the student to pass a remediation exam. Failure to pass a remediation exam may result in delayed progression to the 4th year or dismissal from the program.

## **COP Student Exam Policy**

The purpose of this policy is to enforce a uniform exam process that facilitates fairness and academic integrity for all students.

### **QUIET AND DISTRACTION-FREE ENVIRONMENT**

Students must refrain from communicating with classmates in any form, during an examination. Students shall not ask proctors for clarification on questions. For electronic exams, students can leave a note to defend a specific choice in the comment section, otherwise a blank sheet of paper may be provided to collect comments. All exam questions, comments and results are reviewed after the exam for trends and performance to finalize the exam key.

### **ACADEMIC INTEGRITY**

Typically, exams will be time-limited, with questions randomly sequenced, with no ability to go back on submitted questions. Students who bring unauthorized materials or electronic devices into an exam, seek assistance, obtain assistance from classmates or from any unauthorized sources, or otherwise fail to follow this Student Exam policy may receive an exam grade reduction or failure and may be subject to discipline under the Student Professionalism and Conduct policy, up to and including, dismissal of the program. CHSU reserves the right for proctors and faculty to refuse exams, terminate exams, and report test takers who are suspected of violating CHSU policies.

### **PERSONAL BELONGINGS AND ELECTRONIC DEVICES**

All coats, jackets, hats, scarves, shawls, blankets, pillows, books, notes, backpacks, book bags, briefcases, purses, pencil cases and electronic devices (including but not limited to cell phones, pagers, digital timers, smart watches, programmable calculators, netbooks and notebook computers, etc.), must be turned off and stored away from the examination area. When taking a paperless exam, a personal laptop may be permitted. All personal laptops must be equipped with a privacy screen if privacy screens are required per the course syllabus. Students may bring in a water bottle with no label or label removed. Table spaces must be cleared of all unnecessary materials prior to the start of the exam. All materials brought into the examination area are subject to search and confiscation by proctors and faculty.

### **ASSIGNED SEATING**

If an exam seating chart is posted with assigned seating, students must sit in assigned seats. Otherwise, students should sit at assigned team tables used for class.

### **ENTERING AND EXITING EXAM CLASSROOM/AREA**

Entrance to the classroom where the exam is to be given will not be permitted until the exam is set to start or when the proctors allow. Students will be asked to leave the classroom until the exam is ready to be given. Once the exam is complete, students should quietly exit the room. Students should refrain from unnecessary noise

outside of the classroom so as not to distract exam takers. Students will not be allowed to re-enter the exam room until the exam has ended.

### **WATER AND RESTROOM BREAKS**

Water or restroom breaks are permitted after notifying a proctor. If a limited number of proctors are available, restroom breaks may not be permitted. Only one student may use the restroom at a time and may be accompanied by a proctor. Proctors may ask students to show that they do not have any/or electronic devices or other materials on their persons when leaving for a restroom break. A note from a physician will be accepted for extenuating circumstances. A break does not entitle the student to more time on an exam. If restroom breaks are being abused or become a distraction, the proctor may limit breaks as deemed necessary.

### **SURVEILLANCE AND MONITORING**

In addition to proctors, CHSU employs video surveillance and recording technologies to maintain an environment of academic integrity.

### **EXAM COMPLETION**

When a student has completed their exam, they should inform the proctor by turning in their paper materials and/or showing the proctor the submission screen for electronic exams. All work must cease at the end of the exam. No credit will be given for any work done after the end of the allotted exam time.

### **LATE AND EXCUSED ABSENCES**

A student who arrives more than 15 minutes late to an exam may be allowed to take the exam at a later date. Final exam scores will be deducted by 10%. In addition, the student will receive a “letter of unprofessionalism” that will be kept in the student’s file. If the student has an approved excused absence, they will be allowed to take the exam at a later date without penalty. For exam absences, students should reference the Student Attendance and Excused Absence Policy for further details.

## **COP Academic Performance and Standards Committee Policy**

### **PURPOSE & SCOPE**

The Academic Performance and Standards Committee (APSC) is a COP faculty committee charged with being the primary body responsible for review of the totality of COP students’ academic progression and professionalism. For matters involving academic progression, as a part of a comprehensive review the APSC will make decisions as to whether a student should be granted remediation after an academic failure and/or establishing alternative plans for students to progress through the program (Alternate Progression Plans or “APPs”). For matters involving unprofessional conduct that are referred to the APSC by the COP Assistant/Associate Dean for Student Affairs and Enrollment (“College Student Affairs Dean”), APSC is also responsible for adjudicating complaints of unprofessionalism, including recommending an appropriate sanction. APSC shall be responsible for ongoing review and tracking of remediation plans and APPs, as well as tracking final adjudications of professionalism conduct referrals.

The APSC has broad authority to review students’ records, decide how best the University can assist the student on getting back on track academically or professionally, and recommending a broad number of options for consideration as part of any final decision. APSC is authorized to recommend to the Dean suspension or dismissal of students from the University for failure to adequately progress through the program or for engaging in unprofessional conduct. In the event of suspension or dismissal, the student must receive a hearing under Section III.B., below.

This policy shall serve as the policy required by the CHSU Student Professionalism and Conduct policy governing adjudication of professionalism matters and providing required due process to students appearing before the committee.

## APSC Membership & Regular Meetings

The Dean shall appoint a total of five (5) member to serve on APSC and shall designate one of these members to serve as the Chair of APSC. All of the members will be comprised of faculty from the College. The APSC members shall adequate and reasonably reflect the faculty representation from the College. All voting members of the APSC must be full time CHSU COP faculty and may not be adjunct faculty. A quorum of at least three (3) committee members is required to finalize any decision of APSC. All voting members shall have one vote. APSC meetings shall include the voting members of APSC and may include others invited by the Chair or Dean who may serve as resources in accomplishing the work of the committee. APSC student hearings discussed below in section III.B. shall be attended only by the voting members of APSC, the student, the student's support representative, and the College's appropriate administrative support personnel. APSC shall meet as often as necessary to conduct its business, which shall generally be at least monthly, as determined by the APSC Chair.

## APSC PROGRESSION AND CONDUCT DISCIPLINE PROCEDURES

APSC procedures for academic progression matters and the procedures for professionalism conduct referrals are outlined below.

### Level 1 – Academic Progression Matters Involving First Course or Experiential Education Failure

- 1. Notice to Student and Faculty Mentor/Advisor:** The student is notified by the APSC Chair via CHSU email of the student's failure and the date, time and location of a mandatory meeting with the SPC to determine a remediation plan. The student's assigned faculty mentor/advisor will also receive notice of the meeting and may, at the faculty mentor/advisor's discretion, choose to attend.
- 2. Remediation Plan:** At the meeting, a remediation plan for the failed coursework or experiential education will be formulated by the student and the subcommittee. The remediation plan may include, but is not limited to, the following items: a study plan, options for fulfilling the outstanding requirement and timeline for same, regular meetings with academic affairs personnel and/or learning specialists, and/or regular meetings with a psychologist. The remediation plan shall include timelines as well as expected outcomes and behaviors of the student during remediation. The remediation plan will be in writing signed by the APSC Chair and the student.

### Level 2 – Level 2 – Professionalism Conduct Matters and Academic Progression Matters Involving Second Course or Experiential Education Failure, Failure to Comply with a Remediation Plan or Alternate Progression Plan, and All Matters Involving Potential Suspension or Dismissal: Required APSC Hearing

As a threshold matter, APSC hearings are informal proceedings – they are not formal judicial or administrative proceedings. Accordingly, the rules of evidence do not apply, the student is not entitled to present or cross-examine witnesses, and audio/video recordings of the hearing are not permitted. Unauthorized video or audio recording may subject a student to discipline, up to and including dismissal.

The following procedures shall apply to the APSC hearing:

- 1. Notice to Student:** Student is notified by the APSC Chair via CHSU email of the failure or professionalism conduct referral, and of the date, time and location of the APSC hearing. Generally, notice shall be at least three business days in advance of the hearing. Exceptional circumstances or emergencies may require the hearing be held with less notice. In cases of academic progression, the student will already have received information regarding prior failures and remediation plans, so additional notice of those matters is not required. Similarly, in cases of professionalism conduct referrals, the student will already have received notice of the findings of the investigation, and so additional notice of such findings is not required. Students are not entitled to the full investigation file.
- 2. Recommended Pre-Meeting with Student Affairs:** Generally, prior to the hearing the student will meet with the College Student Affairs Dean (or designee) prior to the hearing. The College Student Affairs Dean's (or designee's) role is to help the student better understand the APSC hearing process, to answer the students related questions, and advise on how the student can prepare for the hearing. The student may

decline the assistance of the College Student Affairs Dean.

3. **APSC Materials for Review and Pre-Meetings:** Prior to the hearing, APSC will receive a copy of the student's academic file, including any disciplinary documents, and in professionalism conduct referral cases a copy of the full investigation file, including findings of fact provided to the student. Additionally, the student may submit a written statement for APSC's review and may submit written statements from others which have information relevant to the proceeding. The APSC Chair shall determine whether any such statements are or are not relevant to the proceeding. Prior to the hearing, APSC may, but is not required to, meet to discuss the matter, and may request additional information from the administration, members of the faculty or the student, prior to the hearing.
4. **Professionalism Findings of Fact & Investigation Process Review:** In cases of unprofessional conduct, the investigator assigned to the matter under the CHSU Professionalism and Student Conduct Policy is the finder of fact. APSC's role is to review the investigation process to ensure it was thorough and unbiased. If APSC finds that the investigation process was incomplete or subject to inappropriate bias, it may remand the matter to the College Student Affairs Dean for further appropriate action before convening a hearing.
5. **Appearance at Hearing; Support Representative:** Students are required to attend the APSC hearing in-person unless they are on an IPPE or APPE at a substantial distance from campus, in which case remote conference technology may be used to attend the hearing. The student may bring a faculty mentor/advisor or other support representative to the APSC hearing. The support representative may not participate directly in the hearing, even if that person is a lawyer. Support representatives may not disrupt the hearing; if disruption occurs or attempts to directly participate are made, the APSC Chair may ask the support representative to leave.
6. **APSC Deliberation & Recommendation:** After the student is excused from the hearing, APSC will discuss the case and vote on a recommendation to be submitted to the Dean (or Dean's designee). Recommendations are determined by a majority vote of the APSC members attending the hearing. If more time is needed, APSC may choose to continue deliberations to another meeting time without notice to the student.
7. **Basis for Dismissal:** The APSC may determine that a dismissal is warranted when there is (a) a failure to meet the requirements for academic progression or graduation from the program; (b) failure to meet the terms of a prior remediation plan or APP; (c) an unapproved absence of a full semester or longer; (d) severe or pervasive unprofessionalism; or (e) any other circumstance that calls into serious question the student's ability to graduate or practice pharmacy.
8. **Notice to Student of Final Decision:** Upon receipt of APSC's recommendation, the Dean (or Dean's designee) will review the recommendation and prepare a written final decision. A copy of the decision will be placed in the student's file, and a copy provided to the Registrar, College Student Affairs Dean and Provost (or designee). The final decision may be considered in the issuance of letters of recommendation.
9. **Appeal Rights:** The student may appeal the final decision to the Provost in writing via email within five (5) business days from the date of the final decision. The written appeal must state the basis for why a different decision is appropriate. In the event the Provost has a conflict of interest, the appeal shall be to the President. The written decision on the appeal request shall be issued in writing to the student, generally within fifteen (15) business days from the date the appeal is received.

## COP Attendance and Leaves of Absence Policy

Students are expected to attend and participate in all class sessions, all clinical and anatomical teaching sessions, all clinical/experiential sessions, and complete all exams and assessments as scheduled (together defined as "coursework"). Missed coursework has the potential to disrupt individual and team learning. However, occasionally an absence from coursework will be unavoidable. This policy outlines requirements for students to attend, or be excused from, classes and rotations. Further, occasionally students decide to take an extended period of time off away from their studies at California Health Sciences University ("University") College of Pharmacy

(COP). Students may take either an Extended Excused Absence (EEA) or a Leave of Absence (LOA) for many reasons including but not limited to work, recovering from illness, attending to personal business, military service, to find their true academic direction etc. Because a leave affects a student's status with the University, as well as the student's access to various student services, this policy provides information on what students need to know to ensure they are following the official leave process for each type.

## DEFINITIONS

*Excused Absence* is an absence from a single class or a single day that is approved by COP Office of Academic Affairs up to a maximum of three (3) total days per course, per semester. Excused absences are only granted for high-stakes circumstances such as examinations, OSCEs, and lab days, and other curricular course requirements as identified by the course director.

*Unexcused Absence* is an absence from one (1) to three (3) consecutive classes/days that is not approved by the COP Office of Academic Affairs. Unexcused absences include absences of any type that do not involve missing examinations, OSCEs, and lab days. For unexcused absences, students should notify their course director.

*Extended Excused Absence (EEA)* is a temporary absence during the didactic portion of the curriculum when a student will exceed the three (3) consecutive days excused absences per course, per semester, as defined in the Duration of Absence Policy in the Student Catalog and Handbook. Students are allowed to take a standard EEA of up to two (2) weeks off during the didactic curriculum with approval once in a twelve- (12-) month cycle. Generally, any additional leaves during the twelve- (12-) month time period from the date the initial EEA began will be treated as a LOA, as discussed below. Due to the nature of the experiential/clinical curriculum students seeking to take an EEA during any rotation are required to consult with the Office of Student Affairs and the Office of Experiential Education, prior to taking the leave.

*Leave of Absence* is an extended absence during the didactic curriculum lasting longer than two (2) weeks. Because courses in the College of Pharmacy curriculum are only offered one time per year and build on content from previous courses, LOAs generally require students to restart the following year at the beginning of the semester they left from. Due to the nature of the experiential/clinical curriculum students seeking to take a LOA during any rotation are required to consult with the Office of Student Affairs and the Office of Experiential Education, prior to taking the leave. Students will be required to complete a LOA form, and the document will need to be approved and signed by the Dean, the Registrar, and the highest-level administrator in the Office of Financial Aid.

*Unapproved Leave of Absence:* Any student absence exceeding the three (3) day excused absences per course, per semester, as defined in the Duration of Absence Policy in the Student Catalog and Handbook, without appropriate approval for a EEA or LOA as defined under this policy.

## REQUIREMENTS APPLICABLE TO ALL ABSENCES

Students are required to provide reasonable advanced written notice of the need for an excused absence, EEA or LOA. All requests must be submitted through the appropriate online portal (e.g., Brightspace) or in-person with the Office of Academic Affairs (for excused absences), the Office of the Dean for (EEA or LOA). The office may require the student to provide documentation before taking leave and/or upon return from leave, including but not limited to doctor's notes or other documentation evidencing the need for an absence. If required, an explanation of the type of documentation required will be given to the student and a reasonable time to provide the requested documentation will be given before approving or denying a request.

Out of professional courtesy, students should notify their teammates of their absence prior to class when possible (a reason need not be provided).

Abuse of the absence or leave request process is unprofessional and violates the University’s student conduct policy. Abuse of such process includes but is not limited to: (1) dishonesty regarding the need for or use of leave; and (2) submission of fraudulent documentation supporting the need for leave.

**ATTENDANCE**

A student may request an excused absence for personal, emergency, professional, or healthrelated reasons, as listed below. Consideration of the nature of an absence not defined in the list below is at the discretion of the Dean of the COP.

**A. Duration of Absence**

In general, a student may receive up to three academic days of excused absences per course per semester. In total, a combination of absences shall not exceed five (5) calendar days per course per semester. Absences exceeding five (5) calendar days may require a student to take an EEA, LOA, or withdrawal. The Student Affairs and Academic Affairs offices for the student’s program can provide additional information on the impact of excused and unexcused absences on progression and grading.

**B. Makeup Expectations**

Students are responsible for contacting their team for arranging review of missed materials or coursework. Students who do not follow this policy and the Course Directors instructions for makeup assignments will receive a zero for the missed coursework. If the absence is determined to be unexcused by the Office of Academic Affairs, the student will receive a zero for the missed coursework.

**C. Excused Absence Request Procedure**

To request an excused absence be approved, a student must submit the excused absence request form online via BrightSpace or CHSU.EDU (or the form may be requested from the Academic Affairs office). Following receipt of the form, Academic Affairs office shall review the form and either approve or deny the request and communicate the decision to the student and course director(s) of the missed course(s). In all cases, students must submit an excused absence request with as much notice as possible.

**D. High Stakes Excused Absence Categories and Criteria**

Following the submission of the High Stakes Absence Request Form to via the online portal, it will be determined if an absence will be excused or unexcused for the course based upon the categories and criteria below. High Stakes absences should only be utilized for extenuating circumstances and thus students are generally limited to a maximum of two High Stakes Absence requests per semester (absences exceeding a total of five [5] days should be routed through the Office of Student Affairs and an EEA request should be completed).

May Request	May Not Request
Medical (self or immediate family)	Car breakdown (please call for alternative transportation if urgent)
Military duty	Work scheduling
Professional leave (requires 14-day advanced notice)	Professional leave (without required 14-day notification)

Immigration & Naturalization	
Jury duty (Students are required to immediately report if summoned to Jury Duty to their College's Office of Student Affairs)	
Legal	
Bereavement (up to five days for parent, spouse/partner, or child; up to three days for all other others at the discretion of College)	
Traffic Accident (law enforcement report required)	

Regarding weddings or similar significant events, students are encouraged to consult with the student affair's office and the academic calendar before planning such events.

### **EXTENDED ABSENCE PROCESS**

Students may begin the EEA process by speaking with the Office of Student Affairs and complete an EEA form. Part of this meeting with the Office of Student Affairs will include discussion of the student's ability to graduate within the requirements outlined in the COP Graduation Policy.

The EEA Request Form is available to students by visiting the online portal and website. If extenuating circumstances prevent a student from providing a prior written request, before the leave begins, the Dean may, but is not required to, make exceptions to this process on a case by case basis. Non-attendance in classes does not constitute notification of intent to apply for a leave of absence.

Students must then obtain all required signatures and submit the form to the Office of Student Affairs. Generally, a letter will be emailed and mailed to the student within five (5) calendar days after the Office of Student Affairs's receipt of the request to state whether the leave is approved and to provide information regarding the student's leave and subsequent return to the University. CHSU reserves the right to impose conditions upon the student's return that will be communicated either in this initial letter or in subsequent correspondence to the student approving the leave to the student.

Students needing to take a leave longer than an approved EEA must seek such approval from their college Dean. These will be reviewed on a case-by-case basis and students may be required to instead take a LOA and/or withdrawal from the University.

### **LEAVE OF ABSENCE PROCESS**

A LOA may be granted for a maximum of one (1) year from the date the LOA is approved. A LOA may be granted for military, jury duty, unforeseen emergency, family obligations (e.g., parenting), medical, outside employment, or for personal or health-related issues and financial hardship. Poor academic performance is not considered a rationale for an approved LOA.

A student seeking to take a LOA will first meet with the Office of Student Affairs. During this meeting students should discuss their ability to graduate within the requirements outlined in the COP Graduation Policy. All LOAs should be requested in writing – the LOA Request Form is available to students by visiting the website or by reaching out to the University Registrar. If extenuating circumstances prevent a student from providing a prior written request, their college Dean may, but is not required, make exceptions to this process. Whenever practical, a student should submit their written request for a LOA at least thirty (30) calendar days in advance of the start



of the upcoming semester or thirty (30) calendar days before the end of the current semester. Non-attendance in classes does not constitute notification of intent to apply for a leave of absence.

Students who take a LOA that, at a minimum, extends through the end of the semester shall be considered withdrawn for the purposes of grading and tuition refund only, but not withdrawn from the University. The student's final grades will be processed as outlined in the Student Withdrawal Policy. Students must restart from the beginning any coursework that they have not successfully passed. Because courses in the College of Pharmacy curriculum are only offered one time per year and build on content from previous courses, generally, LOAs require students to restart the following year at the beginning of the semester they left from. As LOAs have a significant impact on a student's student loans and scholarships, as well as the total cost of the student's attendance at the COP, students are required to contact the Financial Aid Office about the implications related to their LOA. Student should also refer to the CHSU Tuition Refund Policy regarding the student's potential eligibility for a tuition refund.

Students will receive a letter via email and mail once a decision has been made regarding the LOA generally within five (5) calendar days. CHSU reserves the right to impose conditions upon the student's return that will be communicated either in the initial letter to the student approving the leave or in subsequent correspondence to the student. For example, students granted a LOA for health-related purposes may be required to have a health care professional certify in writing that they are approved to return to the University prior to the student's anticipated return date.

The completed Leave of Absence form must be signed by the Dean and the highest-level of Administrator in the Office of Financial Aid and submitted to the Office of the Registrar before the leave of absence is granted. The date of leave of absence status is the date that the Registrar receives the signed Leave of Absence form, except in case of extenuating circumstances.

Students taking a LOA will need to complete an Alternative Progression Plan (APP) with the Office of Academic Affairs before returning back to the program.

Should a student wish to take a leave longer than initial LOA granted to the student must re-apply for an additional new LOA following the same LOA process.

## **UNAPPROVED LEAVE OF ABSENCE**

Any student on an Unapproved Leave of Absence is a violation of this policy and may result in consequences for the student, up to and including dismissal from the University.

## **RETURNING FROM A LEAVE OF ABSENCE**

Students approved for a leave of absence can return to their college and to classes without reapplying to the University if the return is within the approved time frame as recorded in the Leave of Absence Approval letter and any relevant University approved extensions of such leave. Prior to returning to the University students are required to comply with all conditions for the student's return as stated in correspondence to the student by the University. A student granted a LOA with conditions may be required to meet with a student affairs staff member before returning to the University. For LOA, students must submit their intent to return in writing to the University Registrar within ninety (90) calendar days of the anticipated return to the didactic portion of the curriculum and thirty (30) calendar days for the experiential/clinical curriculum, for leaves that are longer than ninety (90) calendar days and thirty (30) calendar days, respectively. While CHSU will make efforts to stay connected with the student on their return, it is the student's ultimate responsibility to duly inform the administration of any delays to their return or needs for further extensions.

Students failing to return to the University following the approved timeframe for the LOA will be considered to be on an Unapproved Leave of Absence and may be dismissed from the University.

## COP Graduation Requirements

Graduation requirements are set forth above under the [Conferral of Degrees and Program Graduation Requirements Policy](#).

## COP Course Curriculum

List of required courses to earn the PharmD degree for remaining COP students during the teach-out phase – Academic Years Fall 2021 – Spring 2023

Students on an Alternative Progression Plan – Spring 2024

<b>First Year</b>		
<b>Semester 1</b>		<b>Credits</b>
PHR 509	Lifelong Learning and Leadership	3
PHR 511	Biochemistry	4
PHR 514	Calculations Lab	2
PHR 522	Pharmaceutics	5
PHR 540	Compounding and Dispensing Lab	1
PHR 541	Patient Self Care	4
	Total Credits	19
<b>Semester 2</b>		
PHR 512	Immunology	3
PHR 515	Biostatistics & Evidence Based Medicine	3
PHR 523	Pharmacokinetics	5
PHR 532	Principles of Drug Action I	6
PHR 543	Pharmacy Practice Lab and Patient Assessment	2
	Total Credits	19
<b>Second Year</b>		
<b>Semester 3</b>		
PHR 634	Principles of Drug Action II	6
PHR 644	Patient Care I	8
PHR 649	Advanced Patient Assessment	2
PHR 658	Critical Pharmacy Knowledge I	1
PHR 661	Introductory Pharmacy Practice Experience I	3
*PHR 781	Elective Course Option	(2)
	Total Credits	20 - 22
<b>Semester 4</b>		
PHR 635	Principles of Drug Action III	6
PHR 645	Patient Care II	8
PHR 654	Pharmacy Ethics	2
PHR 659	Critical Pharmacy Knowledge II	1
PHR 662	Introductory Pharmacy Practice Experience II	3
*PHR 781	Elective Course Option	(2)
	Total Credits	20 - 22

<b>Third Year</b>		
<b>Semester 5</b>		<b>Credits</b>
<b>PHR 751</b>	Health Care Systems	3
<b>PHR 735</b>	Principles of Drug Action IV	6
<b>PHR 746</b>	Patient Care III	8
<b>PHR 757</b>	Critical Pharmacy Knowledge III	1
<b>*PHR 781</b>	Elective	(2)
<b>PHR 791</b>	Co-Curriculum Portfolio	.5
	Total Credits	18.5 - 20.5
<b>Semester 6</b>		
<b>PHR 747</b>	Patient Care IV	8
<b>PHR 753</b>	Pharmacy Management	4
<b>PHR 754</b>	Pharmacy Law	2
<b>PHR 759</b>	Critical Pharmacy Knowledge IV	1
<b>PHR 763</b>	Introductory Pharmacy Practice Experience III	1.5
<b>PHR 792</b>	IPE Portfolio	.5
	Total Credits	17
<b>Fourth Year</b>		
<b>Semester 7 &amp; 8</b>		
<b>PHR 851B</b>	Board Competency – ( <i>Course runs Fall and Spring Semester</i> )	1.5
<b>**PHR 871</b>	Inpatient/Acute Care Medicine	6
<b>PHR 872</b>	Hospital or Health System Pharmacy	6
<b>PHR 873</b>	Ambulatory Care	6
<b>PHR 874</b>	Community Pharmacy	6
<b>**PHR 876</b>	Patient Care	(6)
<b>PHR 877</b>	Selected APPE (Elective)	6
<b>PHR 878</b>	Selected APPE (Elective)	6
<b>PHR 879</b>	APPE Selective (Prescriber Led / IPE Project)	6
	Total Credits	43.5

\*Students are required to take 4.0 credit hours of elective courses.

\*\*Students can take either PHR 871 – Inpatient/Acute Care Medicine or PHR 876 – Patient Care.

A minimum of 154.0 total credit hours is required to earn the PharmD degree.

## COP Student Counseling Policy

A licensed psychological counselor is contracted with CHSU-COP to provide psychological counseling services for students, and for evaluation and accommodation of students suspected of having learning disabilities. Students interested in pursuing this service should contact the COP Student Affairs Office.

The COP Student Affairs Office is available to assist students with questions or challenges related to student life. The Director of Financial Aid is available to help students who seek assistance in financing their education.

## COP Career Services Policy

Career Services connects students to career information, resources and job opportunities. Career Services is committed to engaging students in transformative one-on-one appointments, programs, and opportunities to formulate career plans, develop post-graduation objectives, and implement appropriate lifelong career decision-

making strategies. CHSU does not provide job placement services.

Career development is provided through the following:

- Career Enrichment Speaker Series: Workshops that address topics including, but not limited to, career exploration, interview preparation, resume writing, and networking strategies.
- Career Exploration Special Events, including an annual Career Fair.
- Interview coordination with local partners who recruit CHSU students for internships and jobs.
- Individual coaching sessions with students who need individual assistance with a resume or cover letter.
- Mock interviews coordination for students who would like to practice their interview skills.

## COP Professional Dress and Demeanor Policy

Students who have made the California Health Sciences University College of Pharmacy (COP) their choice should be aware that the College expects all students to maintain a neat and clean appearance. To provide guidance with student dress and demeanor with the College of Pharmacy (COP) and guide students' transition to their development as a healthcare provider.

This dress code applies to all COP students.

- A. Attire is expected to be neat, conveying respect for self and others. CHSU will adopt a standard of business casual for the classroom. Attire may include slacks or trousers but not jeans, a shirt with a collar, and dresses or skirts must be of appropriate length (should be visible when a lab jacket is worn, not to exceed 3 inches above the knee and may not be of sheer fabric. Tops must provide adequate coverage and may not be made of sheer fabric. Clothing must also not allow undergarments to show. Shoes should be neat, clean and in good condition. Tennis shoes, sneakers and flipflops are not acceptable.

***Not to be worn:***

- Tee shirts, mid-drifts, tank tops, jeans/denim, skirts or dresses in excess of 3 inches above the knee
- Flip flops

- B. Exceptions:

Laboratory and experiential attire will be more restrictive and depends on the specific site expectations. Here, clean, neat white coats and closed toe shoes are required. Other restrictions may be applied by faculty and practice sites. In addition, casual days may be permitted upon special occasion.

- C. COP students may also wear CHSU-COP scrubs purchased from the university, or from a university-approved supplier in the designated style and color, and closed-toed shoes (sneakers are permissible) for on-campus didactic events requiring business casual attire and select experiential/clinical events when approved by the preceptor.
- D. As part of their professional demeanor, students in the COP are expected to take responsibilities for their actions and to approach challenges with a problem-solving mindset. Students are to develop a demeanor and professional presence that is appropriate to their role as healthcare providers and educators of the public. Students must assume this role and its responsibilities in its totality. Students at the COP are being developed and trained to inspire confidence in their patients, provide excellent patient care, and take their role as healthcare providers seriously.

## COP Course Descriptions

### Preparatory Sciences

PHR 509: Life-Long Learning & Leadership	3.0 credit hours
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Future practitioners must demonstrate competence in a number of general abilities that form the foundation for professional practice and continuing professional development. This course provides introduction to, and practice in, the application of methodologies in assessment and self-assessment, critical thinking, problem-solving, critical reading and study for deep comprehension and learning, teaming, creative thinking, and self-management.

PHR 851B: Board Competency	1.5 credit hours
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This year long course is designed to provide scheduled time for NAPLEX preparation and mock board exams. This course will also help students identify areas of deficiency where more strategic focus should be placed. By the completion of this course, students should be able to confidently sit for their board exams.

### Biomedical Sciences

PHR 511: Biochemistry	4.0 credit hours
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This course will discuss the basic principles of the molecular basis of cellular function and control mechanisms of the human body, as well as the biochemistry of macromolecules, enzymes, and metabolic pathways.

PHR 512: Immunology	3.0 credit hours
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This course discusses the principles of immune responses in health and disease with a focus on antigen processing and presentation, B-cell, T-cell and antibody development and function, autoimmune diseases and primary immunodeficiencies, hypersensitivity reactions as well as transplant and cancer immunology.

PHR 514: Calculations	2.0 credit hours
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This course will review the basic calculations that are necessary for the practice of pharmacy. These calculations include ratio and proportions, dilutions, flow rates, tonicity adjustments, determining molarity, molar equivalents and osmolarity. Students will be trained to deal with problems involving compounding and other integrated concepts.

PHR 515: Biostatistics & Evidence Based Medicine	3.0 credit hours
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This course introduces the students to various sources of drug information, to the concept of evidence-based medicine and basic principles of biostatistics.

### Pharmaceutical Sciences

PHR 522: Pharmaceutics	5.0 credit hours
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This course will introduce students to the physicochemical principles important for the formulation, preparation, stability, and performance of pharmaceutical dosage forms. The course will focus on the theory, technology, formulation, evaluation, regulatory aspects, and dispensing of basic dosage forms such as tablets, capsules, solutions, suspensions, emulsions, semisolids, topical, aerosol and few novel drug delivery systems.

PHR 523: Pharmacokinetics	5.0 credit hours
<p>Pharmacokinetics course provides an overview of the fundamental principles of absorption, distribution, metabolism and elimination of drugs. This course, in addition, focuses on the basic principles of pharmacokinetics and their clinical applications. Pharmacokinetics of intravenous and oral administration, multiple dosing and nonlinear pharmacokinetics will be discussed. Students will be introduced with drug dosing techniques in various clinical situations. Prerequisites: PHR 514, PHR 522</p>	
PHR 532: Principles of Drug Action I	6.0 credit hours
<p>This course is intended to provide students an overview of pharmacological and medicinal chemistry principles underlying drug action. The students will gain an understanding of various drug targets, drug-receptor interaction, signal transduction, drug metabolism and elimination. In addition, pathophysiology and pharmacology of endocrine, musculoskeletal and gastro-intestinal disorders will be covered in this course. Particular emphasis will be laid on the mechanisms of action, medicinal chemistry, pharmacokinetics, impact of pharmacogenomics on medication therapy, adverse effects and drug-drug interaction of the various drugs used in the treatment of course related disorders. Prerequisites: PHR 511 (<i>formerly PHR 531</i>)</p>	
PHR 634: Principles of Drug Action II	6.0 credit hours
<p>This course will provide students a detailed understanding of the pathophysiology and pharmacological treatments of respiratory, renal and cardiovascular diseases. Particular emphasis will be laid on the mechanisms of action, medicinal chemistry, pharmacokinetics, impact of pharmacogenomics on medication therapy, adverse effects and drug-drug interaction of the various drugs used in the treatment of course related disorders. Prerequisite: PHR 532 (<i>formerly PHR 632</i>)</p>	
PHR 635: Principles of Drug Action III	6.0 credit hours
<p>This course is a continuation in the series of courses examining the pharmacological and chemical basis of drug action. Students will integrate physiologic, biochemical and pathophysiologic concepts and information to understand the therapeutic and adverse actions and interactions of drugs. Topics included in this part of the sequence are drugs affecting the central nervous systems. This course introduces students to the pathophysiology and pharmacological treatments of neurological and psychiatric disorders. Sites of intervention by medications used to treat these disorders and their side effects will be emphasized in the treatment of affective/mood disorders, psychoses, epilepsy, anxieties, movement disorders, and sleep disorders. Prerequisite: PHR 532 (<i>formerly PHR 633</i>)</p>	
PHR 735: Principles of Drug Action IV	6.0 credit hours
<p>This course will introduce students to the pathophysiology of infectious diseases and cancer in general and their pharmacological treatment. Particular emphasis will be laid on the mechanisms of action, medicinal chemistry, pharmacokinetics, impact of pharmacogenomics on medication therapy, adverse effects and drug-drug interaction of the various drugs used in the treatment of course related disorders. In addition, students will be exposed to appropriate supportive care drugs that are required for the management of adverse effects associated with some of the specific cancer chemotherapeutic agents. Prerequisite: PHR 532</p>	
<b>Clinical Sciences</b>	
PHR 540: Compounding & Dispensing	1.0 credit hours

<p>This course is designed to provide students with an opportunity to learn and practice important pharmaceutical compounding techniques and dispensing used in optimizing a patient's drug therapy. This course will utilize a problem based/interactive instructional approach, and problem-solving exercises to provide students with knowledge, skills and attitude used for the extemporaneous preparation of a variety of dosage forms. This course will reinforce concepts of various pharmaceutical compounding techniques from didactic course principles to real world problem-based settings.</p>	
PHR 541: Patient Self Care	4.0 credit hours
<p>Patient Self-Care teaches the student the process of patient interviewing, patient assessment, product selection of over-the-counter (OTC) medications and complementary alternative medications (CAM). This course is interactive and designed to introduce a systematic approach for evaluating a patient's self-care needs.</p>	
PHR 543: Pharmacy Practice Lab & Patient Assessment	2.0 credit hours
<p>This course will engage students in simulations to introduce them to patient counseling, patient assessment, introduction to medication management and smoking cessation. This course will provide students hands on learning to the Pharmacist's Patient Care process when encountering simulated patients, comprehensive cases and pharmacist as a health care provider activity. Prerequisite: PHR 541</p>	
PHR 644: Patient Care I	8.0 credit hours
<p>This course introduces students to the pharmacotherapy of endocrine, gastrointestinal, sexual and reproductive health, immunological, and musculoskeletal disorders. Clinical evaluation and assessment of patients will be emphasized in this course which will complement the development of treatment plans for patients based on their existing health status. Dosage forms, routes of administration, adverse effects, pharmacokinetics, potential drug interactions, medication safety, and patient counseling principles of the medications used in the treatment of the disorders will be emphasized. Prerequisite: PHR 523, PHR 532, &amp; PHR 541</p>	
PHR 645: Patient Care II	8.0 credit hours
<p>This course introduces students to the pharmacotherapy of non-malignant hematology, cardiovascular, genitourinary, and renal disorders. Clinical evaluation and assessment of patients will be emphasized in this course which will complement the development of treatment plans for patients based on their existing health status. Dosage forms, routes of administration, adverse effects, pharmacokinetics, and potential drug interactions and medication safety of the medications used in the treatment of the disorders will be emphasized. Prerequisites: PHR 634, PHR 644, PHR 649.</p>	
PHR 649: Advanced Patient Assessment	2.0 credit hours
<p>Patient assessment integrates psycho-social and pathophysiological processes. It includes techniques of history taking and health assessment together with as overview of normal findings and common deviations, identifying high-risk individuals and various disease states. This course will prepare students to verbally communicate with simulated patients during an assessment and to complete written assessments and develop plans of treatment using a SOAP Note format. Prerequisites: PHR 543</p>	
PHR 746: Patient Care III	8.0 credit hours
<p>This course introduces students to the pharmacotherapy of neurological and psychiatric disorders, and of other disorders specifically affecting the pediatric and geriatric populations. Clinical evaluation and assessment of patients will be emphasized in this course which will complement the development of treatment plans for</p>	

patients based on their existing health status. Dosage forms, routes of administration, adverse effects, pharmacokinetics, and potential drug interactions and medication safety of the medications used in the treatment of the disorders will be emphasized. Prerequisites: PHR 635 & PHR 645.	
PHR 747: Patient Care IV	8.0 credit hours
Clinical evaluation and assessment of patients will be emphasized in this course which will complement the development of treatment plans for patients based on their existing health status. Dosage forms, routes of administration, adverse effects, pharmacokinetics, and potential drug interactions and medication safety of the medications used in the treatment of the disorders will be highlighted. Prerequisites: PHR 735	
<b>Administrative Sciences</b>	
PHR 654: Pharmacy Ethics	2.0 credit hours
This course introduces students to pharmacy ethics as an interdisciplinary subject through critical thinking, writing, and discussing contemporary issues. Trends in professional values and ethical standards can be understood best within the situational context of pharmacy practice. So, in this course after reviewing the major principles of moral ethics in the biomedical field, we will focus on case studies in pharmacy ethics. During every session we will present cases considering a range of sources of moral authority, from professional organizations, health care institutions, patients, families, physicians, and administrators to professional committees and the general public.	
PHR 658: Critical Pharmacy Knowledge I	1.0 credit hours
This is the first course in a series that focus on basic, essential pharmacy information that students should be able to readily recall from memory, in addition to pharmacy calculations and IPPE readiness topics. Learning in this course will be through repetitive self-directed study as well as in a team format to complete information in case studies and calculations problems provided to the students. <i>(formerly PHR 656)</i>	
PHR 659: Critical Pharmacy Knowledge II	1.0 credit hours
This course is the second course of a series that focuses on basic, essential pharmacy information that students should be able to readily recall from memory. Learning in the course results from repetitive self-directed study. All of the information that students are required to learn is presented to them on the first day of class. The intent is for students to learn and re-learn critical pharmacy facts until such information can be accurately and reliably retrieved from memory. This course will specifically cover the Top 50 specialty drugs, pharmacokinetic calculation, of drugs cleared by liver and kidney as well as a review of the topics from CPK1. <i>(formerly PHR 657)</i>	
PHR 751: Health Care Systems	3.0 credit hours
This course introduces students to the organization, financing, and delivery of health care services in the United States and presents the challenges that the changing health care system has for patients, pharmacists, and society. This course also covers policy-making processes. Current prescription drug policies and the avenues that pharmacists can use to influence policies that promote safe, effective, and accessible drug therapy and provide patient-centered pharmacy care will be discussed.	
PHR 753: Pharmacy Management	4.0 credit hours
This course is designed to introduce students to the essentials of pharmacy practice management. The course introduces leadership & management fundamentals, human resource essentials, principles of financial management, marketing basics, and risk management in the health care environment. Emphasis is placed on developing problem-solving abilities within a framework of pharmacy leadership. Student are introduced to business models for pharmacy services and products. Economic principles utilized to compare the cost and value of medication treatments will also be covered.	



PHR 754: Pharmacy Law	2.0 credit hours
This course introduces students to the scope of pharmacy practice and the legal practice of pharmacy. The course will introduce students to the various regulatory agencies and the impact that these agencies have on pharmacy day to day practice. <i>(formerly course PHR 752A)</i>	
PHR 757: Critical Pharmacy Knowledge III	1.0 credit hours
This course is the third of four courses that focuses on basic, essential pharmacy information that students should be able to readily recall from memory. Drug cards will be used to highlight black box warnings, contraindications, dosages, interactions, and affects. Learning will be done in a team format to complete information in case studies and scenarios provided to the students. This course will be a review of previous materials and coordinate with materials being taught in the Principles of Drug Action, calculations, Patient Care and other relevant courses. <i>(formerly PHR 756)</i>	
PHR 759: Critical Pharmacy Knowledge IV	1.0 credit hours
This is the third course in a series that focus on basic, essential pharmacy information that student should be able to readily recall from memory, in addition to pharmacy calculations, and IPPE III readiness topics. Drug cards will be used to highlight black box warnings, contraindications, dosages, interactions, and affects. Learning in this course will be through repetitive self-directed study as well as in a team format to complete information in case studies and calculations problems provided to the students. This course will be a review of previous material and coordinate with materials being taught in the Principles of Drug Action, Calculations, Patient Care, and other relevant courses. <i>(formerly PHR 757)</i>	
PHR 791/2: Co-curriculum and IPE Portfolio	.5 credit hours
In the 5th and 6th semester of the program, students submit a professional portfolio documenting experiences and reflections demonstrating movement aligned to the University Global Learning Outcomes. These portfolios are initiated in the Leadership for Lifelong Learning course in Semester 1 and are developed longitudinally with support of the Academic Advisor. A focus of Semester 5 includes demonstrating Professionalism, Moral Agency and Emotional Intelligence. A focus of Semester 6 includes demonstrating Interprofessional Collaboration.	
<b>Experiential Education</b>	
PHR 661: IPPE I	3.0 credit hours
This introductory pharmacy practice experience (IPPE) is a 120-hour (3 week) on-site rotation in a community pharmacy setting. This experience is designed to provide students with opportunities to apply the basic skills they learned in the first professional year of pharmacy school and learn about patient care in a community pharmacy practice. Prerequisites: Successful completion of first professional year didactic coursework.	
PHR 662: IPPE II	3.0 credit hours
This introductory practice experience (IPPE) is a 120-hour (3 week) on-site rotation in an institutional pharmacy setting. This experience is designed to provide students with opportunities to apply skills they learned in the first and second years of pharmacy school and learn about patient care in an institutional pharmacy practice. Prerequisites: Successful completion of first and second professional year didactic and experiential coursework.	
PHR 763: IPPE III	1.5 credit hours

This introductory practice experience (IPPE) is a 60-hour pre-APPE readiness rotation with a pharmacy practice preceptor. This experience is designed to provide students with skills necessary to be successful in the advanced pharmacy practice experiences (APPE) and is offered in the spring semester of the third year of pharmacy school. Prerequisites: Successful completion of all first- and second-year courses (didactic and experiential), as well as the current year fall coursework.

### Advanced Pharmacy Practice Experiences (APPEs)

PHR 871: APPE - Acute Care

6.0 credit hours

This advanced pharmacy practice experience (APPE) is a 240-hour (6 week) clinical rotation with a pharmacy practice preceptor. This course is designed to provide students with an in-depth understanding of an acute care setting such as internal medicine or critical care. Students will participate as an active member of the patient care team. Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.

PHR 872: APPE - Hospital or Health System

6.0 credit hours

This advanced pharmacy practice experience (APPE) is a 240-hour (6 week) on-site rotation in a hospital or health system pharmacy setting. This experience will build upon and expand student knowledge previously gained in the institutional pharmacy IPPE. Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.

PHR 873: APPE – Ambulatory Care

6.0 credit hours

This advanced pharmacy practice experience (APPE) is a 240-hour (6 week) clinical rotation with a pharmacy practice preceptor. This course is designed to provide students with an in-depth understanding of an ambulatory care setting such as heart failure clinic, diabetes management, or anticoagulation clinic. Students will participate as an active member of the patient care team. Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.

PHR 874: APPE – Community Pharmacy

6.0 credit hours

This advanced pharmacy practice experience (APPE) is a 240-hour (6 week) on-site rotation in a community pharmacy practice setting. This experience will build upon and expand student knowledge previously gained in the community pharmacy IPPE. Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.

PHR 876: APPE – Patient Care

6.0 credit hours

This advanced pharmacy practice experience (APPE) is a 240-hour (6 week) rotation that takes place in patient internal medicine/general medicine/acute care/transition of care/specialty unit where patients are managed using a team-based approach. This experience allows students to apply didactic knowledge to direct patient care activities. Students will apply their knowledge of pathophysiology, pharmacology, and pharmacokinetics to optimize patient care in a hospital setting. Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.

PHR 877, 878: APPE – Elective Opportunities

6.0 credit hours

Each student will be required to complete two 240-hour (6 week) elective rotations in the final (P4) year. Electives are quite varied and are designed to offer students innovative opportunities in different areas of pharmacy to mature professionally and explore their own interests. Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.

PHR 879: APPE-Selective Elective (Prescriber Led / IPE Project)

6.0 credit hours

Each student will be required to complete one 240-hour (6 week) elective rotation in the final (P4) year of either Prescriber Led or IPE Project. The prescriber led APPE rotation is a learning experience designed to teach the

pharmacy student how to apply pharmaceutical care as an integrated member within a primary care setting.  
Prerequisites: Successful completion of all first, second and third year didactic and experiential coursework.  
(formerly PHR 875)

## Electives

PHR 781B: Neuroscience Behind Tribal Leadership Model

2.0 credit hours

This course allows students to apply the principles learned from exposure to various leadership readings, excerpts, models, and self-awareness activities (including self-assessments and quizzes) in the areas of neuroscience and the tribal leadership stages/model. Applications will walk the students through how they will integrate leadership aspects, their own personal beliefs and biases, and awareness of their situation/organization into effective decision-making strategies to enrich their own lives and the lives of those around them within their organization.

PHR 781C: Cultural Competence in Interprofessional Care

2.0 credit hours

With recent changes in the population demographics of the United States, it is essential for future practitioners to gain proper knowledge and skills in cultural competence. This class offers an overview of the cultural aspects of the healthcare system from an interprofessional perspective and discusses key issues on the impact of culture in providing effective patient care. Critical examination of different attitudes towards health and healing will be promoted through case studies and self-assessment. The case-based approach encourages innovative thinking and new solutions in addressing patients' needs, belief system, and their relationship with the medical team.

PHR 781E: Natural Medicines

2.0 credit hours

This course is interactive and designed to introduce students to natural products. Natural medicine teaches students to establish principles to identify appropriate literature, product selection, and to create physical references for natural products covered in class and others that the students deem relevant to what they may have seen in practice. This course will use the Pharmacist's' Patient Care Process when evaluating patient scenarios involving natural products. Prerequisites: PHR 541

PHR 781H: Pharmacy Spanish

2.0 credit hours

The course, Pharmacy Spanish I, provides students with knowledge and skills needed to provide a high level of care for Spanish-speaking patients and their families. In the day-to-day management of patients in any healthcare setting the clinician needs basic knowledge and skills to communicate with Spanish speaking patients. Students gain a deeper understanding of the culture and language shared by members of the Spanish speaking world.

PHR 781L: Innovation & Entrepreneurship

2.0 credit hours

This course is designed to introduce students to the essentials of pharmacy product and service development. Emphasis is placed on developing needs analysis skills, steps in product design & service design, development, and business models. Students working as individuals or in teams, will present their needs analysis, prototypes, data from focus groups, and business models in a traditional business pitch. The curriculum is based on the Google design framework and the product development framework used by the National Institute of Health (NIH).

PHR 781M: Drug Development in Industry and Regulatory Application

2.0 credit hours

This course will review the industry product development processes along with FDA regulations currently applied in the USA for bringing an FDA regulated product from research and development (R&D) to

approval and market. The course will provide an overview of critical regulatory requirements through the pharmaceutical product development pathway, introduce key regulatory documents and summarizing the key information to interpret regulatory concepts. Students will be involved in projects, case studies, and/or discussions to further understand important regulatory elements and concepts, and the pathways of pharmaceutical product development in the current pharmaceutical industry.

PHR 781O: NAPLEX Calculations

2.0 credit hours

This course will review fundamental concepts related to various calculations encountered during the program. Apart from accuracy, emphasis will be laid on solving the problem quickly. Students will be exposed to a collection of word problems that will acquaint them for their NAPLEX exam. Math calculations, review of various pharmacokinetic calculations including renal function calculations and dosing of anti-cancer agents will be discussed.

PHR 781P: Pharmacogenomics and Precision Medicine

2.0 credit hours

This course will (a) introduce students to the fundamentals of pharmacogenomics; (b) provide a basic understanding of genetic concepts and nomenclature; (c) help to understand how genetic variation contributes to inter-individual variability in drug pharmacokinetics, response, and adverse effects; (d) provide a basic understanding of how to interpret pharmacogenomics test results and recommend pharmacogenomic testing, when appropriate, to aid in drug and dose selection and; (e) help to evaluate the results of pharmacogenomic tests and apply the results to patient care. Prerequisites: PHR 534, PHR 634, & PHR 644

# CHSU Directory University Administration & Faculty



## CHSU Directory

Listing of people, official titles and contact information can also be found on the website located at:  
<https://chsu.edu/directory/#university>.

### University Administration

Office of the President	
Florence T. Dunn	President
James Dunn	Vice President of Operations
John Graneto, DO, M.Ed., FACOP, FACOPEP-dist., FNAOME	Dean, College of Osteopathic Medicine, Chief Academic Officer Vice President of Health Affairs, Professor
Mark Okamoto, PharmD	Dean, College of Pharmacy Chief Academic Officer Professor of Clinical Sciences Professor of Social and Economic Sciences
Tanya Bohorquez	Interim Chief Financial Officer
Carlita Romero-Begley, PHR, SHRM-CP	Vice President of Human Resources Title IX, Equity and Diversity Coordinator
Richele Kleiser	Vice President, Marketing & Communications
Karin Chao-Bushoven	Director of Sponsored Programs
Kathleen Haerberle	Executive Assistant to the President
Lynette Carter	Executive Assistant

### College of Pharmacy Faculty

#### Office of the Dean

Mark Okamoto, PharmD	Dean, College of Pharmacy, Chief Academic Officer, Professor of Clinical Sciences, Professor of Social and Economic Sciences	PharmD, University of Southern California
Harish S. Parihar, PhD, RPh	Associate Dean for Academics, Professor of Social & Economic Sciences	PhD, University of Louisiana, Monroe
Anitha Shenoy, PhD, MS	Interim Assistant Dean of Student Affairs, Assistant Professor of Pharmacology	PhD, University of Florida, Gainesville, FL MSc, Manipal University, Manipal, India

#### Experiential Education

Sunil M. Sonawane, PharmD, RPh, MS	Director of Experiential Education, Assistant Professor of Clinical Sciences	PharmD, University of Florida, Gainesville MS, University of Rhode Island
---------------------------------------	--	---

## Clinical Sciences

David Ombengi, PharmD, MBA, MPH	Chair, Clinical Sciences, Associate Professor	PharmD, Duquesne University MBA, University of St. Thomas
Kareem Addassi, PharmD	Assistant Professor of Clinical Sciences	Doctor of Pharmacy, Manchester University College of Pharmacy
Allen Keshishian Namagerdi, PharmD, MS, RPh	Assistant Professor of Clinical Sciences	PharmD, California Health Sciences University MS, University of Tehran
Stanley Snowden, PharmD, MSCR, APh	Assistant Professor of Clinical Sciences	PharmD, University of New Mexico, Albuquerque, NM MSCR, University of New Mexico, Albuquerque, NM
Michael Freudiger, PharmD, APh, BCPS, BCGP	Adjunct Assistant Professor of Clinical Sciences	PharmD, University of the Pacific
Francisco Ibarra, PharmD, BCCCP	Adjunct Assistant Professor of Clinical Sciences	
Lorilee Perry, MSN, BSN, FNP, CNS	Adjunct Assistant Professor of Clinical Sciences (COP), Community Engagement Lead, Clinical Affairs & Community Engagement (COM)	MSN, California State University, Fresno, CA.

## Pharmaceutical and Biomedical Sciences

Sree N. Pattipati, MPharm, PhD	Chair, Pharmaceutical & Biomedical Sciences, Associate Professor of Pharmacology	PhD, Panjab University, Chandigarh, India
Chandra Kolli, MPharm, PhD	Professor of Pharmaceutics	MPharm & PhD, Kakatiya University, Warangal, India
Koteswara Rao Nalamolu, MPharm, PhD	Assistant Professor of Pharmaceutical & Biomedical Sciences	PhD, Acharya Nagarjuna University, India MPharm, Andhra University, India
Anitha Shenoy, PhD, MS	Interim Assistant Dean of Student Affairs, Assistant Professor of Pharmacology	PhD, University of Florida, Gainesville, FL MSc, Manipal University, Manipal, India
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Kristine Diaz, PharmD	Adjunct Assistant Professor	



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Anne VanGarsse, MD, FAAP, CHCEF, CPE	Associate Professor of Social & Economic Sciences	MD, St. Louis University, St. Louis, MO
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## College of Osteopathic Medicine Faculty

### Office of the Dean

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Randy Culbertson, DO, MBA	Associate Dean, Graduate Medical Education, Specialty Medicine, Professor	DO, Kansas City University MBA, Baker University
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Mahboob Qureshi, MD, PhD, MPH	Associate Dean, Academic Affairs & Assessment, Specialty Medicine, Professor	MD, University of Dhaka, Bangladesh PhD, University of Ryukyus, Japan MPH, University of Dhaka, Bangladesh
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## Biomedical Education

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Hany Ibrahim, MD	Associate Professor, Biomedical Education	Alexandria Faculty of Medicine, Egypt
Edward Merino, PhD	Associate Professor, Biomedical Education	PhD, University of North Carolina, Chapel Hill
Lora Benoit, PhD, MSc	Assistant Professor, Biomedical Education	PhD, University of Toronto MSc, University of British Columbia
Carleen de Leon, MD	Assistant Professor, Biomedical Education	MD, Our Lady of Fatima University
Krista Edmiston, PhD	Assistant Professor, Biomedical Education	PhD, University of California, Davis

Emily Johnston, PhD, MPH, RDN, CDE	Assistant Professor, Biomedical Education	PhD, Pennsylvania State University MPH, Rutgers University
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Sundeeep Grewal, DO	Adjunct Assistant Professor, Primary Care	DO, Western University
Udayan Kandarp Shah, MD	Adjunct Assistant Professor, Primary Care	MD, University of Michigan
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Yoshihiro Ozaki, DO, FAAP	Adjunct Assistant Professor, Primary Care	DO, Des Moines University
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## Specialty Medicine

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**CHSU**

CALIFORNIA  
HEALTH SCIENCES  
UNIVERSITY

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**CHSU.edu**

# 2021-2022

## CHSU STUDENT CATALOG AND HANDBOOK ADDENDUM

July 1, 2021 – June 30, 2022

September 2021 - Volume 1.1 - Revision

**CHSU**  
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# Addendum

September 2021, volume 1.1 – revision



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# CHSU Policy and Procedures for Claims of Unlawful Discrimination, Harassment and Title IX Misconduct

## I. NON-DISCRIMINATION POLICY STATEMENT & PURPOSE

California Health Sciences University (“CHSU”) is committed to creating and maintaining an inclusive environment, where all individuals can achieve their academic and professional aspirations free from Sex- Based Misconduct, and other forms of unlawful discrimination, harassment, or related retaliation. CHSU does not discriminate in the operation of or access to the University’s programs on the basis of the following protected classes: race (including natural hairstyle or hair texture related thereto); color, national origin (including possessing a driver’s license issued under Vehicle Code § 12801.9), or ancestry; age (40 and over); physical or mental disability, perceived disability or perceived potential disability; sex; gender; sexual orientation; gender identity, transgender status, gender expression, pregnancy or perceived pregnancy, childbirth, breastfeeding or medical conditions related to pregnancy, childbirth or breastfeeding; medical condition (including cancer-related physical or mental health impairment or history of same); citizenship; military and veteran status; genetic characteristics; political affiliation; religious belief or practice; marital status; or any other classifications protected by applicable federal, state, or local laws and ordinances (“Protected Class” or “Protected Classes”).

This Non-Discrimination Policy (“Policy”) prohibits the following conduct (“Prohibited Conduct”):

1. Harassment or discrimination, including, but not limited to, Sex-Based Misconduct against students, employees, and applicants for admission or employment based on membership in a Protected Class;
2. Harassment or discrimination based on the perception that a person is a member of a Protected Class or is associated with a person who has, or is perceived to have, membership in a Protected Class;
3. Any and all Retaliation against any person for submitting a report of violation of this Policy or for cooperating in the administration of this Policy, including participation in an investigation or adjudication process;
4. Knowingly submitting a complaint under this Policy based on false allegations or to knowingly provide false information in connection with an investigation or adjudication of a complaint processed under this Policy;
5. Any Responsible Employee who fails to report allegations of Prohibited Conduct, including, but not limited to, Sex-Based Misconduct or Title IX Sexual Harassment;
6. Any person in a position of power or influence that intentionally deters or hinders another person from reporting allegations of conduct which, if true, would violate this Policy; and
7. Any other violation of this Policy.

The intent of this Policy is to provide for the University to act consistently with its legal obligations under Title IX of the Education Amendments of 1972 (“Title IX”), Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Uniformed Services Employment and Reemployment Rights Act of 1994 (“USERRA”), the Equal Pay Act of 1963, the Age Discrimination Act of 1975, Title I and Title IV of the Americans with Disabilities Act (“ADA”) of 1990 and as amended by ADA Amendments Act of 2008, the Immigration Reform and Control Act of 1986 (“IRCA”), the Rehabilitation Act of 1973, and other applicable federal and state anti-discrimination laws. CHSU recognizes that the law in these areas may change. To the extent this policy conflicts with applicable federal or state law, CHSU will act in compliance with law.

The purpose of this policy is to:

1. Define Prohibited Conduct;

2. Ensure members of the University community respond appropriately when incidents of Prohibited Conduct occur;
3. Provide for methods of reporting Prohibited Conduct to appropriate University administrators;
4. Establish fair and equitable procedures for filing and handling complaints of Prohibited Conduct; and
5. Ensure that when Prohibited Conduct does occur the University takes appropriate action to stop, prevent and remedy the Prohibited Conduct;
6. Set forth grievance procedures for the handling of Formal Title IX Sexual Harassment complaints, as required by federal regulations set forth at 34 Code of Federal Regulations Section 106.45.

This policy shall be reviewed periodically to determine if modifications are appropriate.

## **II. APPLICATION AND SCOPE**

This policy applies to all members of the University community, including CHSU employees, students, applicants for admission or employment, third-party contractors and vendors, independent contractors, volunteers and any third party who enters CHSU facilities. Every member of the community is responsible for complying with this Policy.

This policy applies to prohibited conduct alleged to have occurred: (a) on CHSU property; (b) in connection with CHSU activities, programs, or events; (c) online or off-campus where the conduct affects the CHSU learning or working environment, would violate other University Policies had it occurred on campus, or where the University determines it has a substantial interest.

CHSU recognizes and promotes its commitment to academic freedom and freedom of speech, as described in applicable CHSU policies. 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, such as the conduct prohibited by this Policy.

CHSU also recognizes that some students are also employed by the University (“Student-Employee”). Under this Policy, Student-Employees may be treated either as students or employees based on the circumstances of each situation, in compliance with the provisions set forth below.

Additionally, while this Policy comprehensively prohibits illegal harassment and discrimination, there will be some procedures which are only applicable to Title IX Sexual Harassment (defined below) because different legal requirements are applicable in such matters. Applicable distinctions in the processing of such complaints are addressed below.

This Policy has been approved by the Office of the President. It supersedes all other University policies regarding harassment, discrimination, Sex-Based Misconduct, or Title IX. The Title IX, Diversity and Equity Coordinator is responsible for the administration of this Policy.

## **III. ESTABLISHMENT OF THE OFFICE OF THE TITLE IX, EQUITY AND DIVERSITY COORDINATOR**

The President of the University shall designate and authorize an administrator to serve as CHSU’s Title IX, Equity and Diversity Coordinator (“Title IX Coordinator”) who has the training, experience, and resources necessary to perform the following duties:

- A. Coordinate the University's compliance with Title IX of the Education Amendments of 1972 and other California state and federal laws applicable to Sex-Based Misconduct, including with respect to issuance of notification of this Policy to members of the campus community, the conduct of investigations, preparation of required reports, and effective implementation of supportive measures, and Corrective Measures.
- B. Developing and maintaining the University's Title IX webpages which provide information regarding Title IX compliance, including methods for reporting Sex-Based Misconduct, applicable grievance processes and options regarding supportive measures whether or not a Formal Complaint of Title IX Sexual Harassment is filed.
- C. Ensure, that the University is providing mandatory Sex-Based Misconduct prevention education and training programs to all members of the University campus, including as follows:
  - 1. In accordance with applicable state and federal law, provide training to all students, faculty, other academic appointees, administrators, and non-academic staff regarding how Sex-Based Misconduct can be reported.
  - 2. Provide annual training for University employees who are responsible for reporting Sex-Based Misconduct, including Title IX Sexual Harassment.
  - 3. Provide annual training for University employees who are Confidential Resources, facilitators of informal resolution processes, investigators, Hearing Advisors, hearing officers and other decisions makers, appeal adjudicators, University officials with authority to institute corrective measures and others involved with a grievance process for complaints of Sex-Based misconduct regarding their roles and responsibilities with respect to Title IX compliance. This includes, but is not necessarily limited to, training regarding the following matters, as appropriate to the employee's role: technology to be used at a live hearing, issues of relevance of questions and evidence, and the rules applicable to questions and evidence regarding sexual predisposition or prior sexual behavior. Additionally, this annual training will also include topics related to dating violence, domestic violence, sexual assault, and stalking. Such training will also cover how to conduct an investigation and hearing process where there are allegations of dating violence, domestic violence, sexual assault and stalking, that protects the safety of both the Complainant and Respondent and promotes accountability for all Parties. Any materials used to train Title IX Coordinators, investigators, decision-makers, appeal adjudicator, and any person who facilitates an informal resolution process for a Formal Title IX Complaint of Sexual Harassment, must not rely on sex stereotypes and must promote impartial investigations and adjudications of Formal Title IX Sexual Harassment Complaints of sexual harassment. Additionally, training with a trauma-informed perspective is required for any CHSU employee responsible for any part of an investigation, informal resolution, or grievance process for complaints of Sex-Based Misconduct.
  - 4. Offer primary prevention programs and awareness campaigns to the University community to promote ongoing awareness of Sex-Based Misconduct, including preventing dating violence, domestic violence, sexual assault, and stalking. These campaigns may include, but are not limited to, education about the definition of consent, consensual relationships, options for bystander intervention, trauma-informed approaches, and risk reduction awareness information. These programs are to promote behaviors that foster healthy and respectful relationships while also encouraging a safe environment for bystanders to intervene in a potential case of dating violence, domestic violence, sexual assault, or stalking.
- D. Provide educational materials to promote compliance with the Policy and familiarity with reporting procedures, and post on the CHSU's website the names and contact information of the Title IX Coordinator and other information regarding preventing and reporting Sex-Based Misconduct, including Title IX Sexual Harassment, and compliance with this policy.
- E. Provide prompt and equitable response to reports of Sex-Based Misconduct, including authorizing and ensuring effective implementation of Supportive Measures and Title IX Supportive Measures for

complainants and respondents, determining whether to file a Formal Title IX Sexual Harassment Complaint on behalf of the University, overseeing implementation of the University's Sex-Based Misconduct grievance processes, and effectively implementing Corrective Measures in cases of Sex-Based Misconduct.

- F. Maintain records of reports of Sex-Based Misconduct, including Title IX Sexual Harassment including: investigation records, any determination regarding responsibility, any audio or audiovisual recording or transcript related to the grievance process, any supportive measures implemented, any preventative or corrective measures imposed on the respondent, any remedies provided to the complainant, any appeal and result of such appeal, any informal resolution process and result from such process, all training materials used to train Title IX Coordinator, investigators, decision-makers, and any person who facilitates an informal resolution process, for seven (7) years and in accordance with University records management policies.
- G. Identify and address any patterns or systemic problems that arise during the review of reports of Title IX Sexual Harassment.
- H. Ensure procedures are in place to provide support for both complainants and respondents during the University's process for responding to allegations of Sex-Based Misconduct, including Title IX Sexual Harassment.

#### **IV. APPLICABLE DEFINITIONS**

Definitions applicable to this Policy are set forth below. Under federal regulation the definitions applicable in cases of Title IX Sexual Harassment are different from the definitions applicable to other types of Prohibited Conduct as a matter of law. Accordingly, set forth below are three sections of definitions:

- A. Definitions Applicable in all Matters of Prohibited Conduct Covered by this Policy;
- B. Definitions Applicable in Matters of Prohibited Conduct Other than Title IX Sexual Harassment;
- C. Definitions Applicable Only in Cases of Title IX Sexual Harassment.

These sections are set forth below.

##### A. Definitions Applicable in all Matters of Prohibited Conduct Covered by this Policy

1. Responsible Employee: All employees of the University who receive, in the course of their employment, information that a violation of this Policy has occurred shall promptly report that information to the Title IX, Diversity and Equity Coordinator. This includes all students who are also employees of the University when the disclosure is made to them in their capacity as an employee. The online reporting form can be accessed at <https://chsu.edu/title-ix/>. Exceptions to the duty to report include:
  - a. University employees who are Confidential Resources (as defined below) who receive, in the course of employment, information that a student has or may have suffered Sex-Based Misconduct, including, but not limited to, Title IX Sexual Harassment.
  - b. Employees who learn of a report of Sex-Based Misconduct during the course of participation in a public awareness event such as a "Take Back the Night" or similar event.
2. Confidential Resources: CHSU's confidential Resources ("Confidential Resources") include only mental health counselors and other persons working pursuant to professional license requiring confidentiality while working on campus when working within the scope of their licensure. Physicians, pharmacists, and other health care professionals employed by CHSU as faculty and not employed to provide healthcare services to employees or students are not Confidential Resources. Confidential Resources are exempt from reporting Sex-Based Misconduct when working in the course and scope of their licensure. When Confidential Resources are not working in the course and scope of their licensure and they learn about allegations of Prohibited Conduct they are required to report that conduct as any other Responsible Employee. This exemption does not extend to other areas of mandated reporting obligations under federal,

state or local laws, such as the California Child Abuse and Neglect Reporting Act (CANRA) or Cleary Act reporting requirement as a Campus Security Authority.

3. Preponderance of Evidence: A standard of proof that requires that a fact be found when its occurrence, based on evidence, is more likely than not to be true. This shall be the standard of proof applicable to all factfinding under this Policy.
4. Relevancy of Evidence: Throughout this policy, references are made to relevant evidence, both in the investigation phase or adjudication phase of a matter. Relevant evidence means evidence which has any tendency in reason to prove or disprove a disputed fact, including both inculpatory and exculpatory evidence, that is of consequence in determining whether the allegations of Prohibited Conduct are true or not true under the preponderance of the evidence standard. Relevant evidence includes evidence regarding the credibility of a party or witness. However, notwithstanding the above, the following evidence must be excluded:
  - a. Evidence which is disclosed to a Confidential Employee, operating within the scope of their work, unless the disclosing party and the Confidential Employee provide voluntary written consent to its use.
  - b. Evidence which is protected by a legally recognized privilege unless the appropriate party has provided voluntary written consent to its use. Legally recognized privileges including, but not limited to, the following: the attorney-client privilege, evidence maintained by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional when acting in the professional's or paraprofessional's capacity or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party.
  - c. Evidence of a complainant's prior sexual history unless one of the following exceptions applies: (i) if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Title IX Complainant; or (ii) if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.
5. Sex-Based Misconduct: Sex-based Misconduct includes:
  - a. All forms of discrimination and harassment on the basis of sex, sex stereotyping, gender or gender expression; pregnancy or perceived pregnancy, childbirth, breastfeeding, or medical conditions related to pregnancy, childbirth, or breastfeeding.
  - b. California Sexual Harassment, as defined herein.
  - c. Title IX Sexual Harassment, as defined herein, and other conduct which violates Title IX of the Education Amendments of 1972.
  - d. Invasion of Sexual Privacy:
    - i. 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;
    - ii. Without a person's consent, making photographs (including videos) or audio recordings, or posting, transmitting, or distributing such recorded material depicting that person's nudity or sexual acts in a place where that person has a reasonable expectation of privacy; or
    - iii. Using depictions of nudity or sexual activity to extort something of value from a person.
  - e. Exposing one's genitals in a public place for the purpose of sexual gratification.
  - f. Attempts to engage in any Sex-Based Misconduct, even if not completed.
6. 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 does not alone constitute consent. Affirmative consent must be ongoing and can be revoked at any time during sexual activity, even after penetration occurs. If confusion or ambiguity arises as to the willingness of the other individual to proceed, then consent should be re-obtained. 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). The following provisions apply to the definition of consent:

- a. **Incapacitation:** Incapacitation is a state beyond drunkenness or intoxication. A person is not necessarily incapacitated merely as a result of drinking, using drugs or taking medication.
  - b. The Respondent's belief that the alleged victim consented will not provide a valid defense unless the belief was actual and reasonable. In making this determination, the factfinder will consider all of the facts and circumstances the Respondent knew, or reasonably should have known, at the time. In particular, the Respondent's belief is not a valid defense where:
    - i. The Respondent's belief arose from the Respondent's own intoxication or recklessness;
    - ii. The Respondent did not take reasonable steps, in the circumstances known to the Respondent at the time, to ascertain whether the alleged victim affirmatively consented; or
    - iii. The Respondent knew or a reasonable person should have known that the alleged victim was unable to consent because the alleged victim was incapacitated, in that the alleged victim was: asleep or unconscious; unable to understand the fact, nature or extent of the sexual activity due to the influence of drugs, alcohol or medication; unable to communicate due to a mental or physical condition. Anyone engaging in sexual activity should be aware of the other person's level of intoxication.
7. **Credibility:** The credibility of complainants, alleged victims, respondents and witnesses must be evaluated when there are conflicting versions of relevant events related to a matter under investigation required by this Policy. Credibility means whether or not a particular version of events should be believed. In assessing credibility of any person, factors to consider include, but are not necessarily limited to: inherent plausibility of the person's statement; their demeanor and attitude toward the matter; whether they have motivation to inaccurately state facts; whether or not other persons or evidence corroborate their version of events (such as an eye witness or someone who discussed the events with the person around the time the events took place); the character of the testimony; the extent of the person's capacity to perceive, remember or communicate regarding the matter; consistent or inconsistent statements made by the same person; admissions of untruthfulness. No one factor is necessarily determinative of credibility. The mere fact that there was no eye witness to an alleged event does not mean a person is not credible, and similarly whether a respondent had previously engaged in similar misconduct does not mean the respondent is not credible as to the current matter being investigated.
8. **Corrective Measures:** Services, accommodations, corrective actions, sanctions, remedies or other measures put in place as a result of final resolution of a complaint of conduct prohibited by this Policy. Possible Corrective Measures imposed under this Policy include:
- a. Participation in a voluntary, facilitated restorative process;
  - b. A written or verbal apology;
  - c. A written or verbal warning, letter of reprimand, performance improvement plan, or other document outlining expectations for future behavior and related consequences;
  - d. Training or other educational requirements, such as an assigned reading, a research or reflective paper, attendance at an educational seminar or program, or similar activity;
  - e. Assistance from or check-ins with campus safety or security personnel;
  - f. Mandatory or voluntary counseling;

- g. Mentorship, accountability meetings or coaching assignments;
- h. Community service or other volunteer activities;
- i. Modifications to job position or work assignments (such as a transfer or modification of job duties), or delivery of curriculum or course requirements, such as independent study, adjusted deadlines or remote learning;
- j. Disciplinary probation, which may include monitoring of progress, review of behavior, limitations on campus privileges, or other restrictions on participation in University events, extra-curricular or co-curricular activities over a set period of time;
- k. Prohibition from utilizing certain campus facilities;
- l. No-contact directives;
- m. Drug testing and/or drug and alcohol counseling programs;
- n. Temporary or permanent exclusion from attending University events or activities;
  - i. Suspension from employment or participation in an academic program, extra-curricular or co-curricular activities;
- o. Dismissal from the University's academic programs or termination of employment;
- p. Other actions which seek to make a victim whole or which seek to prevent a recurrence of Prohibited Conduct.

**B. Definitions Applicable in Matters of Prohibited Conduct Other than Title IX Sexual Harassment**

1. **Discrimination:** 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.
2. **Harassment:** Harassment is unwelcome verbal, visual or physical conduct based on a Protected Class which creates 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 based on a Protected Class.
3. **Complaint:** A report of Prohibited Conduct prohibited by this Policy. A “formal” or written report or complaint is not required.
4. **Complainant:** A Complainant is any person who reports alleged Prohibited Conduct or an alleged victim of Prohibited Conduct, regardless of whether the alleged victim makes the report. Prohibited Conduct for purposes of this definition does not include Title IX Sexual Harassment.
5. **Respondent:** A Respondent is a person alleged to have engaged in Prohibited Conduct. Prohibited Conduct for purposes of this definition does not include Title IX Sexual Harassment.
6. **California Sexual Harassment:**
  - a. Sexual harassment is unwelcome sexual advances, unwelcome requests for sexual favors, and other unwelcome verbal, nonverbal or physical conduct of a sexual nature when:
    - i. Quid Pro Quo: A person’s submission to such conduct is implicitly or explicitly made the basis for employment decisions, academic evaluation, grades or advancement, or other decisions affecting participation in a University program, activity, or service; or
    - ii. Hostile Environment: Such conduct is sufficiently severe or pervasive that it unreasonably denies, adversely limits, or interferes with a person’s participation in or benefit from the

education, employment or other programs, activities, or services of the University and creates an environment that a reasonable person would find to be intimidating or offensive.

- b. Consideration is given to the totality of the circumstances in which the conduct occurred.
- c. Sexual harassment need not be motivated by sexual desire. Examples of conduct that violates this policy include but are not limited to: Obscene or vulgar gestures, posters, or comments; Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies; Propositions, or suggestive or insulting comments of a sexual nature; Derogatory cartoons, posters, and drawings; Sexually-explicit e-mails or voicemails; Uninvited touching of a sexual nature; Unwelcome sexually-related comments; Conversation about one's own or someone else's sex life; Conduct or comments consistently targeted at only one gender, even if the content is not sexual; or Teasing or other conduct directed toward a person because of the person's gender.

- 7. Retaliation: Retaliation is an adverse action against a person based on their report or other disclosure of conduct prohibited by this Policy to a University employee or their participation in the investigation, reporting, remedial or disciplinary processes provided for in this Policy. An adverse action is conduct that would intimidate or discourage a reasonable person from reporting conduct prohibited by this Policy or participating in a process provided for in this Policy, such as threats, intimidation, harassment, or coercion. Retaliation does not include good faith actions lawfully pursued in response to a report of conduct prohibited by this Policy.
- 8. Supportive Measures: Supportive Measures are services, accommodations or other measures put in place temporarily following a complaint of conduct prohibited by this Policy to assist or protect either the Complainant, the Respondent or the University community. Supportive Measures may remain in place until the matter is resolved, changed, or ended depending on how the parties' needs evolve while the matter is being processed. Supportive measures may also become a permanent Preventative and Corrective Measure following resolution of the matter. Supportive Measures may include, but are not limited to: counseling, extensions of deadlines or other course related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures, or other measures determined to be reasonable by the Title IX Coordinator.

#### C. Definitions Applicable Only in Cases of Title IX Sexual Harassment

- 1. Formal Title IX Sexual Harassment Complaint: A document filed by a Title IX Sexual Harassment Complainant or signed by the Title IX Coordinator alleging Title IX Sexual Harassment against a Title IX Sexual Harassment Respondent and requesting that the University investigate the allegation. A parent or guardian of a Title IX Sexual Harassment Complainant who is an unemancipated minor may also file a Formal Title IX Sexual Harassment Complaint on behalf of their child or ward. References to "Formal Title IX Sexual Harassment Complaint" throughout this Policy refer to Formal Title IX Sexual Harassment Complaint.
- 2. Title IX Sexual Harassment Complainant: An individual who is alleged to be the victim of conduct that could constitute Title IX Sexual Harassment irrespective of whether a Formal Title IX Sexual Harassment Complaint has been filed.
- 3. Title IX Sexual Harassment Respondent: An Individual who has been reported to be the perpetrator of conduct that could constitute Title IX Sexual Harassment. Any individual may be a respondent, whether such individual is a student, faculty member, administrator, or other employee of the University or other person with or without any affiliation to the University.
- 4. Officials with Authority – Actual Knowledge: For purposes of determining actual knowledge of Title IX Sexual Harassment the following positions have authority at CHSU to institute Corrective Measures for



Title IX Sexual Harassment: (i) the President, (ii) the Provost, (iii) all Deans of colleges within the University, (iv) all Assistant/Associate Student Affairs Deans of colleges within the University; (v) the Title IX Coordinator; and (vi) all employees who serve as either hearing officers, hearing panel members, decision makers, or appeal adjudicators in cases of Title IX Sexual Harassment when serving in that role. In all cases, Corrective Measures must be imposed in compliance with the Grievance Process for Complaints of Title IX Sexual Harassment.

5. Title IX Supportive Measures: Title IX Supportive Measures are non-disciplinary, non-punitive, individualized services offered as appropriate, as reasonably available, and without fee or charge to the Title IX Sexual Harassment Complainant or Title IX Sexual Harassment Respondent before or after the filing of a Formal Title IX Sexual Harassment Complaint or where no Formal Title IX Sexual Harassment Complaint has been filed. Title IX Supportive Measures are designed to restore or preserve equal access to the University's education program, or activity, without punishing, disciplining or unreasonably burdening the other party, including measures designed to protect the safety of all parties or the University's educational environment, or deter Title IX Sexual Harassment. Title IX Supportive Measures may include, but are not limited to: counseling, extensions of deadlines or other course related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures. The determination of what Title IX Supportive Measures are appropriate in a given situation must be based on the facts and circumstances of that situation.
6. Title IX Sexual Harassment Informal Resolution: An informal resolution of Title IX Sexual Harassment which may encompass a broad range of conflict resolution strategies, including mediation or restorative justice.
7. Title IX Sexual Harassment: Sexual harassment for purposes of Title IX means conduct on the basis of sex that satisfies one or more of the following: (i) an employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct; (ii) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University's education program or activity; or (iii) Sexual Assault, Dating Violence, Domestic Violence, or Stalking. The following definitions further define Title IX Sexual Harassment:
  - a. Sexual Assault: The term Sexual Assault means an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation, including, but not necessarily limited to, fondling, rape, and statutory rape.
  - b. Dating Violence: The term Dating Violence means violence committed by a person (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; (iii) The frequency of interaction between the persons involved in the relationship.
  - c. Domestic Violence: The term Domestic Violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

- d. Stalking: Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to—(A) fear for his or her safety or the safety of others; or (B) suffer substantial emotional distress.

## **V. REPORTING TO POLICE FOR CRIMINAL CONDUCT; EFFECT OF CRIMINAL CHARGES OR CRIMINAL INVESTIGATION**

In an emergency situation, CHSU community members should call 9-1-1. CHSU encourages all members of its community who believe they are the victim of criminal behavior (including, but not limited to, criminal sexual violence) to report the conduct to the police even if significant time has passed since the incident. All members of the CHSU community may seek assistance in reporting a crime of sexual violence to law enforcement by contacting the Title IX Coordinator.

Complainants under this policy also may choose not to notify law enforcement. Regardless of whether a Complainant chooses to make a report to law enforcement, the Complainant may still file a Complaint under this policy. Additionally, regardless of whether the alleged misconduct rises to the level of a criminal offense, CHSU encourages all community members to report alleged discrimination, harassment, retaliation, or sexual violence to CHSU.

The procedures outlined in this Policy are separate from any criminal process or investigation. Because the requirements and standards for finding a violation of criminal law are different from the standard under this Policy, criminal investigations, reports or verdicts may be different from the outcomes under this Policy. The University may share information and coordinate investigation efforts with law enforcement when necessary or appropriate. A delay resulting from such coordination is good cause for extending the timelines to complete the process. Any such delay will be communicated and documented to the Complainant and Respondent.

State, federal, and local government agencies are responsible for criminal prosecution. The University has no authority or responsibility for the criminal prosecution of any matter, even if the University helps someone to file a report of criminal conduct or receives a report of a complaint under this policy that may rise to the level of criminal conduct.

## **VI. REPORTING PROHIBITED CONDUCT TO THE UNIVERSITY; AMNESTY FOR STUDENT COMPLAINANTS AND WITNESSES**

CHSU is committed to enforcing this Policy. The effectiveness of the University's efforts depends in part on employees and students telling the University about inappropriate conduct. Employees and students should not assume that CHSU has knowledge of any form of illegal discrimination, harassment, or retaliation. If employees or students do not report harassing or discriminatory conduct, CHSU may not become aware of a possible violation of this Policy and may not be able to take appropriate corrective action. Any Responsible Employee who believes that this Policy has been violated is mandated to report those concerns, and for concerns related to Sex-Based Misconduct Responsible Employees must report those concerns to the Title IX Coordinator directly.

Any person can report Prohibited Conduct at any time (including during non-business hours), either verbally or in writing, in person, by mail, by telephone, email, or by any other means as follows:

1. Report to the Title IX Coordinator. As of the effective date of this policy, the University's Title IX Coordinator is Ms. Carlita Romero-Begley, PHR, SHRM-CP, Vice President of Human Resources and Title IX Coordinator, and may be contacted by phone at 559-282-8747 (direct line), via email at [cromerobegley@chsu.edu](mailto:cromerobegley@chsu.edu) or in person at Room 310B, 65 N. Clovis Avenue, Clovis, CA 93612.

The CHSU website will be kept updated with any changes to the Title IX Coordinator's name and contact information.

2. Report to Another Responsible Employee. They can report verbally, via phone or via email to any Responsible Employee, such as to the Dean or the student affairs staff of any of the University's colleges, the Office of the Provost or Office of the President. Any person or office that receives a report (except for Confidential Resources) must forward it to the Title IX Coordinator. If the person to whom a report normally would be made to is the person accused of Prohibited Conduct, reports may be made to another Responsible Employee or office. If the person accused of Prohibited Conduct is the Title IX Coordinator, the report may be made to the President.
3. Online Through the University Website. They can report by submitting the online form, either with their name or anonymously. The online form is located on CHSU's website at <https://chsu.edu/title-ix/>. Forms submitted online will be delivered to the Title IX Coordinator.

While there is no time limit for submitting reports of Prohibited Conduct, such reports should be brought forward as soon as possible. Prompt reporting will better enable CHSU to respond, investigate, provide an appropriate remedy, and impose Corrective Measures, if appropriate. All incidents should be reported even if significant time has elapsed.

CHSU prefers the Complaint be made in writing and specifically identify the person(s) involved, names of witnesses and what occurred. 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 steps to address the allegation(s) in a manner appropriate to the circumstances.

The University will keep reports of Prohibited Conduct as confidential as possible but may be required to disclose information to comply with law or the University's policies and procedures, including (but not limited to) for the purposes of investigating and/or resolving the complaint.

The University encourages reporting of Prohibited Conduct. It is in the best interest of the CHSU community that individuals come forward to make reports of Prohibited Conduct, regardless of whether they have engaged in conduct in violation of university policy, such as using drugs or alcohol at or near the time of the incident. To encourage reporting in these types of situations, the University will not subject a complainant or witness of Prohibited Conduct who is a student or a student-employee to Corrective Measures for a violation of the University's code of conduct or other University policy (i.e., will grant the student amnesty) unless the University determines that the violation was egregious. Egregious violations include acts that: (1) place the health or safety of themselves or others at risk; or (2) involves plagiarism, cheating or academic dishonesty. Student-employees may still be subject to Corrective Measures as employees of CHSU for acts which put CHSU at significant risk of litigation or damage to reputation. The University reserves the right to require individuals who are granted amnesty under this section to participate in assessments, training, counseling, or educational programs, including (but limited to) topics such as health and safety, professionalism, or harassment/discrimination prevention.

The University will not pursue action against a person for a code of conduct violation that does not involve sex discrimination or sexual harassment, but arises out of the same facts or circumstances as a report or complaint of sex discrimination, or a report or Formal Title IX Sexual Harassment Complaint, for the purpose of interfering with any right or privilege secured by Title IX or its implementing regulations.

## **VII. UNIVERSITY GRIEVANCE PROCESSES**

The University has two separate grievance processes for handling reports of Prohibited Conduct, including Sex-Based Misconduct, under this Policy:

- A. Grievance Process One for Complaints of Unlawful Harassment, Discrimination, and Sex- Based Misconduct Except for Formal Title IX Sexual Harassment Complaints (“Grievance Process 1”), set forth in section X of this Policy; and
- B. Grievance Process Two for Formal Title IX Sexual Harassment Complaints (Grievance Process 2”), set forth in section XI of this Policy.

The following matters will be processed under Grievance Process 1:

- a. All reports of Sex-Based Misconduct which do not meet the requirements of a Formal Title IX Sexual Harassment Complaint which are determined by the Title IX Coordinator to fall within the Application and Scope of this Policy as set forth above (this includes, but is not necessarily limited to, reports regarding sex discrimination, failure to accommodate pregnant or parenting students, conduct which violates the Violence Against Women Act—i.e., sexual assault, domestic violence, dating violence and stalking - which occurs outside of the United States); and
- b. Formal Title IX Sexual Harassment Complaints which are dismissed under 34 Code of Federal Regulations Section 106.45; and
- c. All other reports of Prohibited Conduct which do not involve Sex-Based Misconduct.

For matters processed under Grievance Process 1, a “formal” or “written” complaint is not required but is encouraged. Responsible Employees are required to report any allegations regarding such matters as described in this Policy.

Grievance Process 2 is reserved only for Formal Title IX Sexual Harassment Complaints which are not otherwise dismissed under 34 Code of Federal Regulations Section 106.45.

During the course of processing a report of Sex-Based Misconduct, it is possible that the alleged conduct may become a Formal Title IX Sexual Harassment Complaint after initiation of Grievance Process 1. In that case, the Title IX Coordinator shall move the matter into Grievance Process 2.

It is also possible that a Formal Title IX Sexual Harassment Complaint may be dismissed during Grievance Process 2, including, but not limited to situations where it is determined that the alleged conduct no longer meets the definition of Title IX Sexual Harassment. In that case, the Title IX Coordinator shall move the matter into Grievance Process 1, as appropriate.

In all cases, the availability of Informal Resolution procedures is governed by section IX, below.

Additionally, the University may require the Parties, Advisory Support Persons, Advisors, witnesses, third- party professionals or others involved in the grievance process to execute non-disclosure agreements, FERPA waivers or similar documents under either Grievance Process 1, Grievance Process 2 or Informal Resolution procedures.

## **VIII. INITIAL REVIEW OF REPORTS OF SEX-BASED MISCONDUCT; DISMISSAL OF FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINT AND APPEAL FROM DISMISSAL**

For reports regarding Sex-Based Misconduct, the Title IX Coordinator shall conduct an initial review of the report and determine the appropriate grievance process for the matter, as set forth in this section.

### **A. Requirements for Formal Title IX Sexual Harassment Complaint**

In order for a complaint to be subject to the Grievance Process for Complaints of Title IX Sexual Harassment, a Formal Title IX Sexual Harassment Complaint must be filed either by an alleged victim, the parent or guardian of a minor alleged to be a victim, or the Title IX Coordinator.

A Formal Title IX Sexual Harassment Complaint is considered “filed” when either of the following occurs:

1. An alleged victim files a report alleging another person has subjected them to Title IX Sexual Harassment and the report contains a physical or digital signature, or otherwise indicates that the Complainant is the person filing the Formal Title IX Sexual Harassment Complaint. If the identity of the Respondent is not known to the Complainant, the Complainant does not need to include the Respondent’s identity in the Complaint, as this may be determined during the investigation process.
2. The Title IX Coordinator files and signs a Formal Title IX Sexual Harassment Complaint.

Additionally, at the time of filing a Formal Title IX Sexual Harassment Complaint, the following three requirements must be met:

1. The alleged victim must be participating in or attempting to participate in the education program or activity of the University;
2. The alleged misconduct must have occurred against a person in the United States either (a) on CHSU property; (b) in connection with CHSU activities, programs, or events where the University exercises substantial control over the respondent and the context in which the incident occurred; (c) buildings owned or controlled by officially recognized University student organizations, regardless whether the building is located on or off-campus and irrespective of whether the University exercised substantial control over the respondent and the context of the harassment; (d) cyber harassment conducted over computer and internet networks, digital platforms, and computer hardware or software owned or operated by, or used in the operation of, the University; or (e) off-campus conduct that has effects in the education program; and
3. The conduct alleged in the Formal Title IX Sexual Harassment Complaint must, if proven by a preponderance of the evidence, constitute Title IX Sexual Harassment.

Participation or Attempted Participation in an Educational Program or Activity: An alleged victim must be participating in or attempting to participate in the education program or activity of the University. This includes, but is not limited to:

1. Applicants for or students enrolled in a University academic programs;
2. Applicants for employment or those employed by the University;
3. Alumni of the University if they graduated from a program of the University and intend to either (a) apply to a different program offered by the University or (b) to remain involved with University’s alumni programs and activities; or
4. A student who is on a leave of absence if they are still enrolled as a student of the University or if they intend to re-apply to the University after the leave of absence is concluded; or
5. A student who has left the University because of Title IX Sexual Harassment, but who wants to re- enroll if the University responds appropriately to the Title IX Sexual Harassment;

Substantial Control: When determining whether the University exercises substantial control over the respondent and the context in which the incident occurred, factors to be considered include, but are not limited to, whether the University funded, promoted, or sponsored the event.

Off-Campus Conduct: Off-Campus Conduct effects an education program when the alleged victim has to interact with the respondent in a University’s education program or activity, or when the effects of the underlying Title IX Sexual Harassment creates a hostile environment in the alleged victim’s workplace or educational environment

#### B. Title IX Coordinator’s Decision to File a Formal Title IX Sexual Harassment Complaint

The Title IX Coordinator should file a Formal Title IX Sexual Harassment Complaint if doing so is necessary to avoid being deliberately indifferent to known Title IX Sexual Harassment, with or without the participation of the alleged victim. In determining whether to file a Formal Title IX Sexual Harassment Complaint, the Title IX

Coordinator may consider a variety of factors including, but not limited to, a pattern of alleged misconduct by a particular respondent, and/or whether the allegations involve violence, weapons, whether filing a Formal Title IX Sexual Harassment Complaint is the best mechanism to protect the campus community, or similar factors.

To the extent possible, the Title IX Coordinator will respect the alleged victim's autonomy and wishes with respect to the filing of a Formal Title IX Sexual Harassment Complaint and grievance process. As such, the Title IX Coordinator's decision to file a Formal Title IX Sexual Harassment Complaint may occur only after the Title IX Coordinator has promptly contacted the alleged victim of Title IX Sexual Harassment to discuss availability of supportive measures, explain to the process for filing a Formal Title IX Sexual Harassment Complaint and consider the alleged victim's wishes with respect to supportive measures and the Formal Title IX Sexual Harassment Complaint process.

Where the Title IX Coordinator files a Formal Title IX Sexual Harassment Complaint, the Title IX Coordinator is not considered a Complainant or otherwise a Party to the grievance process.

### C. Dismissal of Formal Title IX Sexual Harassment Complaint; Appeal of Dismissal

The University is required to dismiss a Formal Title IX Sexual Harassment Complaint if: (1) the conduct alleged, if true, does not constitute Title IX Sexual Harassment; (2) the conduct alleged did not occur in the University's education program or activity; or (3) did not occur against a person in the United States.

The University may, but is not required to, dismiss a Formal Title IX Sexual Harassment Complaint at any time during the grievance process if:

1. An alleged victim notifies the Title IX Coordinator in writing that the alleged victim would like to withdraw the Formal Title IX Sexual Harassment Complaint or allegations therein;
2. The respondent is no longer enrolled or employed by the University; or
3. Specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Title IX Sexual Harassment Complaint or allegations therein.

Circumstances preventing University from gathering sufficient evidence to reach a determination includes, but are not limited to, the following: the report of Sex-Based Misconduct does not identify an alleged victim; the report of Sex-Based Misconduct includes precisely the same allegations that the University has already processed through this Policy; the length of time between an alleged incident of Sex-Based Misconduct and the filing of a Formal Title IX Sexual Harassment Complaint prevents the University from collecting enough evidence to reach a conclusion; or when the alleged victim has stopped participating in the investigation but has not sent a written withdrawal request and the only inculpatory evidence available is the alleged victim's statement in the Formal Title IX Sexual Harassment Complaint or as told to the Title IX Coordinator or a University investigator.

In all cases of dismissal of a Formal Title IX Sexual Harassment Complaint, regardless of whether the dismissal was mandatory or permissive, such dismissal does not preclude the University, in its sole discretion, from processing a report of Sex-Based Misconduct under the University's Grievance Process 1, or another appropriate University policy or procedure.

If the University dismisses a Formal Title IX Sexual Harassment Complaint, the Title IX Coordinator will promptly send written notice of the dismissal and reasons for such dismissal simultaneously to the Parties ("Notice of Dismissal of Formal Title IX Sexual Harassment Complaint"). Such notice shall include an option to appeal the determination regarding dismissal.

Either party may appeal the dismissal of a Formal Title IX Sexual Harassment Complaint on any of the following bases: (1) a procedural irregularity that affected the outcome of the matter; (2) new evidence not reasonably

available at the time the determination of dismissal was made that could affect the outcome of the matter; or (3) the Title IX Coordinator had a conflict of interest or bias against a party generally or individually that affected the outcome of the matter.

Any appeal of a dismissal of a Formal Title IX Sexual Harassment Complaint must be made in writing to the Title IX Coordinator within five (5) business days of the date of the Notice of Dismissal of Formal Title IX Sexual Harassment Complaint and must set forth all grounds for the bases of such appeal. If an appeal does not set forth sufficient grounds for appeal, the appeal will be dismissed. If an appeal does set forth sufficient grounds for appeal the appeal will be reviewed by an appeal adjudicator for final decision regarding dismissal on or around five (5) business days of the date of the appeal.

#### D. Option to Consolidate Formal Title IX Sexual Harassment Complaints

The Title IX Coordinator may consolidate multiple Formal Title IX Sexual Harassment Complaints against more than one Title IX Sexual Harassment Respondent, or by more than one Title IX Sexual Harassment Complainant against one or more Title IX Sexual Harassment Respondents, or by one party against the other party, where the allegations of sexual harassment arise out of the same facts or circumstances. The requirement for the same facts or circumstances means that the multiple Title IX Sexual Harassment Complainants' allegations are so intertwined that their allegations directly relate to all parties.

#### E. Offer of Title IX Supportive Measures

The Title IX Coordinator is responsible for offering and coordinating the effective implementation of Title IX Supportive Measures. In cases of alleged Title IX Sexual Harassment, regardless of whether or not a Formal Title IX Sexual Harassment Complaint has or will be filed, the Title IX Coordinator will promptly contact the alleged victim to discuss the availability of Title IX Supportive Measures and consider the person's wishes with respect to such measures. The Title IX Coordinator will engage in a meaningful dialogue with the alleged victim to determine which supportive measures may restore or preserve equal access to the University's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the University's educational environment, or deter sexual harassment. If a complainant desires supportive measures, the recipient can, and should, keep the complainant's identity confidential (including from the respondent), unless disclosing the complainant's identity is necessary to provide supportive measures for the complainant (e.g., where a no-contact order is appropriate and the respondent would need to know the identity of the complainant in order to comply with the no-contact order, or campus security is informed about the no-contact order in order to help enforce its terms).

When supportive measures are not provided to the alleged victim, the Title IX Coordinator shall document the reason why such measures were not provided and not clearly unreasonable in light of the known circumstances.

The Title IX Coordinator may also provide Title IX Supportive Measures to the person accused of Title IX Sexual Harassment, as appropriate.

#### F. Emergency Removal of Student Title IX Respondent; Appeal of Emergency Removal

The Title IX Coordinator may remove a student Title IX Respondent from the education program or activity on an emergency basis only if:

1. Before such removal, the University will undertake an individualized safety and risk analysis, determine that an immediate threat to the physical health or safety of any student or other individual arising from the allegations of sexual harassment justifies removal; and

2. The Title IX Respondent is provided with notice and an opportunity to appeal the decision immediately following the removal (“Notice of Emergency Removal”).

To appeal a decision for emergency removal, a student Title IX Respondent must submit their appeal (“Emergency Removal Appeal”) to the Title IX Coordinator in writing within seventy-two (72) hours of receiving the Notice of Emergency Removal. The Emergency Removal Appeal must describe the reasons why emergency removal is not appropriate.

The Emergency Removal Appeal will be reviewed by the appeal adjudicator which will issue of a final decision on emergency removal, generally within forty-eight (48) hours of the Title IX Coordinator’s receipt of the Emergency Removal Appeal. A Title IX Respondent is subject to the requirements of the emergency removal while the appeal is pending.

Nothing in this section precludes the University from placing an employee Title IX Respondent on paid administrative leave.

## **IX. INFORMAL RESOLUTION OF COMPLAINTS INVOLVING STUDENT RESPONDENTS**

Prior to the initiation of the appropriate grievance process or at any time prior to conclusion of a grievance process, a report of Prohibited Conduct (including Sex-Based Misconduct and Formal Title IX Sexual Harassment Complaints) may be resolved by an informal resolution process under the following circumstances:

1. Title IX Coordinator chooses to offer an informal resolution process;
2. In matters of Title IX Sexual Harassment, a Formal Title IX Sexual Harassment Complaint has been filed, or a Formal Title IX Sexual Harassment Complaint has been filed and then dismissed;
3. The respondent is a student, who is not also an employee, and the student is willing to accept the Corrective Measures resulting from the informal process;
4. All parties have received a written notice disclosing the allegations, the requirements of the informal process, a statement that during the informal process either party has a right to withdraw and resume the applicable grievance process, and any consequences resulting from participating in the informal process including what records will be maintained or shared from the informal process (“Notice of Informal Resolution Procedures”);
5. The parties wish to resolve the matter without completion of an investigation or adjudication, or where the respondent desires to admit responsibility for the alleged Prohibited Conduct; and
6. The complainant and respondent both voluntarily provide written consent to participate in the informal process (“Participation Agreement”).

The Title IX Coordinator has authority to: (1) require the University to be included as a party to an informal process; and/or (2) terminate the informal process at any time prior to its completion and re-initiate the

applicable grievance process if facts or circumstances emerge that indicate the matter is not appropriate for an informal process. The Title IX Coordinator’s decision whether to offer an informal resolution process and whether to terminate such process prior to completion is final and not subject to appeal.

Informal resolution processes should generally be completed within thirty (30) business days from the initiation of the process. The documented agreement resulting from the informal resolution process is final and not subject to appeal. Following completion of an informal resolution process, the Title IX Coordinator (or designee) shall ensure the parties adhere to the outcome.



Information shared with a facilitator or mediator during the informal resolution process will not be used in a separate student conduct or grievance process if the informal process is not completed and the facilitator or mediator shall not become a witness to any subsequent grievance process. However, facts disclosed to a facilitator may otherwise be uncovered in the normal course of investigation if the applicable grievance process is re-initiated. Information shared between a complainant and respondent during an informal resolution process may be used in the applicable grievance process if the informal resolution process is not completed, in accordance with law and University policy.

Options which the Title IX Coordinator may offer for informal resolution of Prohibited Conduct include: (1) a facilitated restorative justice process (“RJ Process”); and (2) a facilitated mediation (“Mediation”), as described below.

#### A. Restorative Justice Process.

A facilitated restorative justice process is philosophy of justice as well as a set of practices and seeks to: (a) eliminate Prohibited Conduct; (b) prevent recurrence of Prohibited Conduct; and (c) address harm caused by Prohibited Conduct through active accountability in a manner that meets the needs of both complainant and the campus community. A RJ Process is facilitated by someone trained in trauma-informed restorative justice practices who is impartial, and free from conflicts of interest or bias (“Facilitator”).

Disputes of fact are permitted in a RJ Process; however, in all cases the student respondent must be willing to admit and take responsibility for the Prohibited Conduct as generally described in the report of Prohibited Conduct.

At the end of a RJ Process, an agreement is required to document the outcome that must be in writing signed by the parties. The Facilitator shall deliver the agreement to the Title IX Coordinator.

Aside from the requirements described above, the restorative justice facilitator has discretion in how best to conduct the process, including, but not limited to, whether face-to-face interaction between the parties occurs.

#### B. Mediation.

Mediation is a process that seeks to help the parties resolve a dispute. Mediation is facilitated by an impartial facilitator who is free from conflicts of interest or bias (“Mediator”). The Mediator must be familiar with negotiation and dispute resolution protocols and may be, but is not required to be, an attorney. The Mediator does not have the authority to unilaterally impose Corrective Measures – the parties must agree to Corrective Measures to resolve the matter.

Disputes of fact are permitted in a mediation process; however, in all cases the student respondent must be willing to negotiate regarding the appropriate imposition of Corrective Measures to resolve the allegations generally set forth in the Formal Title IX Sexual Harassment Complaint.

At the end of a Mediation, the negotiated agreement must be in writing signed by the parties, and the Mediator shall forward a copy of the agreement to the Title IX Coordinator.

Aside from the requirements described above, the Mediator has discretion in how best to conduct the process, including, but not limited to, whether face-to-face interaction between the parties occurs.

## **X. GRIEVANCE PROCESS 1 FOR COMPLAINTS OF UNLAWFUL HARASSMENT, DISCRIMINATION, AND SEX-BASED MISCONDUCT EXCEPT FOR FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINTS**

The procedures set forth in this section X apply to all reports of Prohibited Conduct, including reports of unlawful harassment, discrimination and Sex-Based Misconduct, except those which meet the parameters of a Formal Title IX Complaint of Sexual Harassment and the Formal Title IX Sexual Harassment Complaint has not otherwise been dismissed.

### **A. Initial Review of the Complaint; Supportive Measures.**

The Title IX Coordinator shall conduct an initial review of the Complaint to determine whether an investigation is required and whether Supportive Measures are appropriate. An investigation is required when there is a dispute of fact which impacts the determination of whether conduct violating this Policy has occurred or it is otherwise in the best interest of the campus community to do so. Supportive Measures may include (but are not limited to): separating the parties; requiring the parties to abstain from communication with each other; modification to work assignments; campus security escorts; making alternative working or academic arrangements; assistance with reporting allegations of criminal misconduct to police; options for seeking mental health counseling or other support during the processing of a Complaint. In instances of allegations of Sex-Based Misconduct where an investigation is not conducted, the Title IX Coordinator shall provide to the alleged victim information regarding Supportive Measures, on-campus and off-campus resources and supportive services, the importance of preserving evidence and identification/location of witnesses, and the availability of assistance to file a report with law enforcement and contact information to do so.

### **B. Assignment of Neutral Investigator; Notice of Complaint Procedures.**

If an investigation is required, then the Title IX Coordinator shall either directly investigate the matter or may assign a qualified neutral investigator to investigate the alleged misconduct (“Investigator”). In some cases, an investigative team may be utilized. The Title IX Coordinator 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. The Investigator may be a University employee or a third-party investigator. All Investigators will carry out their roles in an impartial manner. Before the investigation begins, the Title IX Coordinator will provide the Complainant and the Respondent with a Notice of Complaint & Investigation Procedures (“Notice of Complaint Procedures”) that, generally, includes the following information:

1. The general nature of the alleged violations;
2. A summary of the grievance process, including a copy of the relevant portions of this Policy (including in matters of Sex-Based Misconduct information regarding the importance of preserving evidence and the identification and location of witnesses, and that such evidence may assist in proving a criminal offense or in obtaining a protection order);
3. The purpose of the investigation, including a statement that the investigation is when all known and/or available evidence or information must be introduced;
4. A statement that knowingly making false statements or knowingly submitting false information to the University as part of the grievance process is a violation of this Policy and the codes of conduct applicable to employees and the student code of conduct, and may subject the person doing so to corrective measures, up to and including expulsion from the University’s academic program and/or termination from employment;
5. The identity and contact information of the Investigator;

6. A statement that the findings of fact will be based on a Preponderance of Evidence standard;
7. A statement warning against interference with the integrity of the investigation, including, but not limited to, discussions with witnesses which may be perceived as threatening or coercive;
8. Any Supportive Measures that have been imposed (including, in matters of Sex-Based Misconduct, information regarding the availability of both on-campus and off-campus resources and other supportive services);
9. The option for a Support Person; and
10. An admonition against Retaliation.

C. Investigation Timeline and Process; Standard of Proof.

Generally, the investigation shall be complete within ninety (90) business days from the issuance of the Notice of Complaint. This deadline and all deadlines contained in this Policy may be extended by the University for good cause. The Complainant and Respondent will be notified in writing of any such extensions, the reasons for the extension and the projected new timeline. During the investigation, the Investigator will meet separately with the Complainant, Respondent, and witnesses who may have relevant information, will gather other available and relevant evidence and information. The Investigator will make findings of fact based on a preponderance of the evidence. The interviews may be electronically recorded at the discretion of the Investigator and will be maintained by the Title IX Coordinator. It will be the sole electronic recording permitted; the parties and witnesses are not permitted to make their own recording of their interview. No recording devices, including cell phones, will be permitted in the room where the interview is taking place other than the Investigator's recording device. To the extent a student who is a Respondent declines to participate in the investigation, non-participation may not be used as a basis for appeal and the Investigator will make findings of fact without the input of the Respondent. Employees of the University are required to participate in the investigation process. The Investigator may bring support staff to investigative interviews or other proceedings to assist in the process. Parties and witnesses may bring an Advisory Support Person, as described below. No other persons are permitted at an investigatory interview or other proceeding unless granted permission by the Title IX Coordinator.

D. Consent Required for Privileged Information.

The Investigator cannot access, consider, disclose, or otherwise use a Party's records which are protected by a legally recognized privilege, including, but not limited to, the following: the attorney-client privilege, questions and evidence made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the Investigator obtains that party's voluntary, written consent to do so.

E. Sexual History.

The Investigator may not consider a Complainant's prior sexual history with the following two exceptions: if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.

F. Investigation Documentation.

The Investigator shall prepare a written summary to the Title IX Coordinator that includes a statement of the allegations and issues, the perspectives of the parties (e.g., admissions or denials), a summary of the evidence,

findings of fact and information supporting such findings, credibility determinations for all witnesses, including the Complainant and Respondent, without basing such determination on the person's status as a Complainant, Respondent or witness. At the request of the Title IX Coordinator, the Investigator may also make a recommendation regarding whether any University policy violations occurred.

#### G. Investigation File.

The investigation file, including the final report, interview recordings and any documentary evidence relied upon by the Investigator, shall be maintained by the Title IX Coordinator and shall not be made available to the Complainant, Respondent or any witness unless otherwise required by law, (including, but not limited to, requirements under the Violence Against Women Act). The Title IX Coordinator may share the investigation file with others as needed to carry out their obligations under this policy.

#### H. Corrective Measures.

If no investigation is required, or following the completion of an investigation, the Title IX Coordinator shall:

(a) forward the investigation file and/or other appropriate documentation for all matters involving employees (including student-employees) to the Office of Human Resources; and (b) forward the investigation file and/or other appropriate documentation for all matters involving students to the appropriate college-level student affairs administrator for the purpose of determining whether a policy violation has occurred and Corrective Measures should be implemented. The Office of Human Resources of the appropriate Student Affairs office may issue Corrective Measures or may refer the matter for further adjudication or resolution under other applicable University policies, and shall provide the Parties notice of the decision in writing ("Notice of Decision"), as appropriate. The Notice of Decision shall set forth the findings of fact and all Corrective Measures imposed. In cases of Sex-Based Misconduct involving a student Respondent, the Notice of Decision shall also set forth credibility assessments if such assessments determined the outcome of the matter. Corrective Measures may include, but are not limited to: training and education, counseling, suspension, participation in a voluntary restorative process, separation from employment, or expulsion from the University's academic programs, or as otherwise defined in this Policy. Except as otherwise provided below, the Notice of Decision shall be final.

#### I. Right to Request a Student Hearing in Cases of Sex-Based Misconduct where the Corrective Measures Include Student Suspension or Expulsion from An Academic or Extracurricular Program.

Following receipt of a Notice of Decision, a student Respondent may request a hearing in writing submitted to the Title IX Coordinator within five (5) business days only in situations where the Corrective Measures to be imposed include suspension or expulsion from the University's academic program or University-controlled extracurricular programs. The Title IX Coordinator shall establish procedures for the conducting of such hearings which shall, at a minimum, include the following: (a) an external hearing officer may be, but is not required to be, utilized as part of the Student hearing process; (b) at hearing the Respondent may indirectly question the Complainant and/or witnesses before a neutral decision-maker with the power to independently find facts and make credibility assessments; (c) the hearing shall be informal, and rules of evidence shall not apply; (d) questions for each person must be submitted to the Title IX Coordinator by the Respondent at least three (3) days in advance of the hearing; and (e) only questions that are relevant will be permitted at the hearing; (f) only the Parties, witnesses, Advisory Support Persons, the Title IX Coordinator, University support staff, and support staff of external professionals involved in the proceeding may attend the hearing. Following the hearing, the Title IX Coordinator will communicate the outcome to the Respondent with a Notice of Student Hearing Decision, which shall include the decision as to findings of fact and credibility. If the Respondent wishes, they may appeal the outcome of the student hearing.

#### J. Appeal Rights.

Either the Complainant or the Respondent may appeal the Notice of Decision or Notice of Student Hearing Decision in writing submitted to the Title IX Coordinator within five (5) business days from the date of the notice based on one or both of the following criteria: (1) new evidence has come to light that was not available at the time of the investigation; or (2) procedural errors or unfairness, including, but not limited to, bias of an investigator, Title IX Coordinator, hearing officer or decision-maker. Only appeals which raise new evidence or procedural issues that may alter the findings of fact or decision regarding Corrective Measures will be considered. Upon receipt of an appeal, the Title IX Coordinator will review the appeal to determine if it meets the required criteria and, if so, forward the appeal to an appeal adjudicator. The appeal adjudicator may affirm the finding, affirm but modify the Corrective Measures, or remand the matter back for further investigation and/or other proceedings. All appeals adjudicator decisions are final.

#### K. Notices.

All notices and communications to CHSU faculty, staff, administration, and students will be delivered via the University's email system. All such parties have a responsibility to promptly read all University emails. For individuals outside of the CHSU community (including former employees and former/withdrawn students), notices and communications will be sent to the most recent email and physical home address on file with the Title IX Coordinator.

#### L. Advisory Support Person.

The Complainant and/or Respondent may choose anyone (including legal counsel, a colleague, friend, family member or other representative) to voluntarily serve as an advisory support person ("Support Person"). The Complainant and Respondent may be accompanied by their advisory support person to any meeting or proceeding under this Policy; however, the advisory support person may not speak on their behalf, advise them on how to answer a question of the Investigator, or otherwise engage with the Investigator or others participating in any part of the process under this Policy. The Complainant and Respondent must notify the Title IX Coordinator at least three business days in advance if they wish to bring an advisory support person and must disclose their name and contact information to the Title IX Coordinator. In all cases except those involving allegations of dating violence, domestic violence, sexual assault or stalking, the Title IX Coordinator may require the Complainant and/or Respondent to select a different advisory support person if the person selected is a witness to the matters contained in the Complaint.

## **XI. GRIEVANCE PROCESS 2 FOR FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINTS**

The grievance process set forth in this Section XI applies only to Formal Title IX Sexual Harassment Complaints which are not otherwise dismissed pursuant to 34 Code of Federal Regulations Section 106.45.

#### A. Formal Title IX Sexual Harassment Complaint Investigation Procedures

Formal Title IX Sexual Harassment Complaints shall be investigated as follows:

1. Initial Review of the Complaint. The Title IX Coordinator shall conduct an initial review of the Complaint to determine whether an investigation is required. An investigation is required when there is a dispute of fact which impacts the determination of whether Title IX Sexual Harassment has occurred, or it is otherwise in the best interest of the campus community to do so. During the entirety of this grievance

process, there will be a presumption that a Title IX Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the grievance process.

2. Assignment of Neutral Investigator. If an investigation is required, then the Title IX Coordinator shall assign a qualified neutral investigator to investigate the alleged misconduct (“Investigator”). In some cases, an investigative team may be utilized. The Investigator shall have no conflict of interest and be free of bias for or against a Title IX Complainant or Title IX Respondent generally or individually with respect to the people involved. Such determinations regarding bias shall be made by an objective evaluation of the circumstances without relying on stereotypes (e.g., assuming that all self-described feminists or survivors are biased against men, or that a man is incapable of being sensitive to women, or that prior work as a victim advocate or as a defense attorney renders the person biased for or against complainants or respondents). The Title IX Coordinator shall have broad discretion in selection of an Investigator, provided that the person assigned has both the skills, training and resources necessary to conduct a complete investigation. The Investigator may be a University employee or a third-party investigator.
3. Notice of Formal Title IX Sexual Harassment Complaint Procedures. Before the investigation begins, the Title IX Coordinator will simultaneously provide the Title IX Complainant and Title IX Respondent with a Notice of Formal Title IX Complaint & Investigation Procedures (“Notice of Formal Title IX Sexual Harassment Complaint”). If a party has already elected an Advisor and submitted the required documentation for their Advisor, the Notice of Formal Title IX Sexual Harassment Complaint shall also be delivered to the Advisor. Additionally, in the case of unemancipated minors, the Title IX Coordinator shall send a copy of such notice to the unemancipated minor’s parent or guardian and is permitted to communicate with the parent or guardian regarding the grievance process. If the alleged victim’s identity is unknown and the Formal Title IX Sexual Harassment Complaint is filed by the Title IX Coordinator, the Notice of Formal Title IX Sexual Harassment Complaint is not required to be provided to the alleged victim or a third party who may have filed the initial report of Title IX Sexual Harassment. The Notice of Formal Title IX Sexual Harassment Complaint shall include the following information, as applicable:
  - a. The alleged conduct that, if true, constitutes Title IX Sexual Harassment, including, if known, the identities of the Parties involved in, and the date, time, and location of, the alleged incident;
  - b. A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process;
  - c. A summary of the grievance process, including information regarding informal resolution procedures, each party’s entitlement to inspect and review evidence, rights regarding an Advisor and a copy of this Policy;
  - d. Information regarding the importance of preserving evidence and the identification and location of witnesses, and that such evidence may assist in proving a criminal offense or in obtaining a protection order in a court of law;
  - e. The purpose of the investigation and a statement that the investigation is when all known and/or available evidence or information must be introduced;
  - f. A statement that knowingly making false statements or knowingly submitting false information to the University as part of the grievance process is a violation of this Policy and the codes of conduct applicable to employees and the student code of conduct, and may subject the person doing so to corrective measures, up to and including expulsion from the University’s academic program and/or termination from employment;
  - g. The identity and contact information for the Investigator;
  - h. A statement that the standard of evidence is a Preponderance of Evidence;
  - i. A statement warning against interference with the integrity of the investigation, including, but not limited to, discussions with witnesses which may be perceived as threatening or coercive;

- j. Any Title IX Supportive Measures that have been imposed (including information regarding the availability of both on-campus and off-campus resources and other supportive services); and
  - k. An admonition against Retaliation.
4. Amended Notice of Formal Title IX Sexual Harassment Complaint. If during the course of the investigation, the Investigator will be investigating new allegations about the Parties that are not originally included in the Notice of Formal Title IX Sexual Harassment Complaint, then a subsequent notice containing these new allegations (“Amended Notice of Formal Title IX Sexual Harassment Complaint”) will be issued to both Parties. Additionally, if the new allegations do not constitute Title IX Sexual Harassment then the University may elect to process those allegations under other applicable grievance or dispute resolution processes, including, but not limited to, Grievance Process 1 or those contained in student or employee handbooks.
5. Investigation Process.
- a. Timeline. Generally, the investigation shall be complete within ninety (90) business days from the issuance of the Notice of Formal Title IX Sexual Harassment Complaint to the Parties. This deadline and all deadlines contained in this Policy may be extended by the University for good cause. The Complainant and Respondent will be notified in writing of any such extensions, the reasons for the extension and the projected new timeline.
  - b. Standard of Proof. The applicable standard of proof shall be a Preponderance of the Evidence.
  - c. Interviews, Participation of the Parties & Gathering of Evidence. The Investigator is the person primarily responsible for gathering evidence sufficient to reach a determination regarding responsibility (e.g., such burden shall not rest on the Parties). During the investigation, the investigator will meet separately with the parties and witnesses who may have relevant information and will also gather other available and relevant evidence and information. The Investigator will provide an equal opportunity for the Parties to present witnesses, including fact and expert witnesses, and will objectively review other inculpatory and exculpatory evidence. The Investigator will also consider relevant circumstances such as the ages of the Complainant and Respondent, disability status, position of authority of involved parties and other factors. The Parties are permitted to discuss the allegations under investigation with others or to gather and present relevant evidence; however, the Parties are precluded from intimidating or otherwise tampering with Parties or witnesses or otherwise interfering with the investigation, such as by attempting to alter or prevent a Party or witnesses’ testimony involved in the investigation. To the extent a student who is a Respondent declines to participate in the investigation, non-participation may not be used as a basis for appeal of the process and the Investigator will complete the investigation without the input of the Respondent. The interviews may be electronically recorded at the discretion of the Investigator and will be maintained by the Title IX Coordinator. It will be the sole electronic recording permitted; the Parties are not permitted to make their own recording of their interview. No recording devices, including cell phones, will be permitted in the room where the interview is taking place other than the Investigator’s recording device. The University reserves all rights with regard to requiring employee participation in the investigation process provided by law and University policy. The Investigator may bring support staff to investigative interviews or other proceedings to assist in the process. Parties and witnesses may bring an Advisor, as described below. No other persons are permitted at an investigatory interview or other proceeding unless granted permission by the Title IX Coordinator.
  - d. Consent Required for Privileged Information. The Investigator cannot access, consider, disclose, or otherwise use a Party’s records which are protected by a legally recognized privilege, including, but not limited to, the following: the attorney-client privilege, questions and evidence made or

maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the Investigator obtains that party's voluntary, written consent to do so.

- e. Sexual History. The Investigator may not consider a Title IX Complainant's prior sexual history with the following two exceptions: if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Title IX Complainant, or if the questions and evidence concern specific incidents of the Title IX Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.
6. Opportunity to Review Documentation and Information During Investigation Process. During the investigation process, the Investigator shall provide both Parties an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations raised in a Formal Title IX Sexual Harassment Complaint. This includes evidence upon which the University does not intend to rely on in reaching a determination regarding responsibility, and includes inculpatory or exculpatory evidence whether obtained from a Party or other source, such that each Party should be able to meaningfully respond to the evidence prior to conclusion of the investigation. All Parties should submit any evidence that they would like the Investigator to consider prior to when the Parties' time to inspect and review evidence begins.
    - a. Redactions. The Investigator may redact information provided to either Party that is not directly related to the allegations or that is otherwise barred by a legally recognized privilege, or a Party's treatment records if the Party has not provided written consent. The Title IX Coordinator shall keep a log of all information not directly related or that is otherwise withheld from the Parties.
    - b. Procedures for Review of Documentation. The University will send to each Party and the Party's advisor, if any, the evidence subject to inspection and review in an electronic format or a hard copy. The Parties will have ten (10) calendar days after receiving this information to submit a written response which the Investigator will consider prior to completion of the investigative report. During this ten (10) calendar day period, both Parties may provide additional evidence in response to their inspection and review of the evidence that had been provided to them. The additional evidence provided by both parties will be shared with the other party and each party shall have an additional opportunity to respond to the other party's additional evidence during a five (5) calendar day period following the end of the ten (10) calendar day period. Following this process, the Investigator may also follow up with the Parties regarding any outstanding evidence either Party has not had a chance to speak to. No further review, exchange or submissions will be permitted at this stage.
  7. Investigation Report; Parties' Review of Report. The Investigator shall prepare a written investigation report that fairly summarizes relevant evidence and includes copies of relevant documents as enclosures to the report ("Investigation Report"). The Investigation Report will include a statement summarizing the alleged misconduct, the perspectives of the parties (e.g., admissions or denials), a summary of the evidence including a list of witnesses interviewed and documents reviewed, preliminary credibility assessments for all witnesses if made, including the Complainant and Respondent (without basing such determination on the person's status as a Complainant, Respondent or witness). In a case where there are multiple Title IX Sexual Harassment Complainants and/or multiple Title IX Sexual Harassment Respondents, a single investigative report is permitted. At least ten (10) calendar days prior to the live hearing, the Investigator will send to each Party and each Party's advisor, if any, the investigative report in an electronic format or a hard copy, for their review and written response. At the same time as the Investigator sends the Investigation Report to the Parties, the Investigator shall also send a copy of the Investigation Report to



the Title IX Coordinator. During this ten (10) calendar day period the Parties may provide a written response to the Investigation Report to the Investigator.

8. Title IX Sexual Harassment Case File. The Title IX Sexual Harassment Case File shall include: (a) the initial report of Sex-Based Misconduct; (b) the Formal Complaint; (c) all notices delivered to the parties; (d) copies of all documents and information provided to the parties for review and inspection (either included as part of the Investigation Report or as separate documents); (e) the Parties written responses to the Investigator regarding their inspection and review documents and information during the investigation; (f) the Investigation Report including all exhibits; and (g) the Parties written responses to the Investigation Report, if available.
9. Notices. All notices and communications to CHSU faculty, staff, administration, and students will be delivered via the University's email system. All such parties have a responsibility to promptly read all University emails. For individuals outside of the CHSU community (including former employees and former/withdrawn students), notices and communications will be sent to the most recent email and physical home address on file with the Title IX Coordinator.
10. Advisor. The Title IX Complainant and/or Title IX Respondent may choose anyone (including legal counsel, a colleague, friend, family member or other representative) to voluntarily serve as an advisory support person ("Advisor") but in all cases the parties must participate directly in all meetings or process prior to the live hearing. The Complainant and Respondent may be accompanied by their Advisor to any meeting or investigation process; however, the Advisor may not speak on their behalf, advise them on how to answer a question of the Investigator, or engage with the Investigator or others participating in any part of the investigation, (excluding the live hearing) or otherwise interfere with the investigation in any way—other than to take reasonable breaks during the meeting or proceeding to confer with the respective Party. The Complainant and Respondent must notify the Investigator at least three business days in advance if they wish to bring an Advisor and must disclose their name and contact information to the Investigator. The University may require the Parties and Party advisors to enter into non-disclosure agreements.

## B. Live Hearing Procedures

Formal Title IX Sexual Harassment Complaints shall be adjudicated at a live hearing ("Hearing") as set forth below. References to the "Parties" include the Title IX Complainant(s), Title IX Respondent(s).

1. Hearing Officer Appointment and Purpose. The Title IX Coordinator shall appoint a Hearing Officer to conduct a live hearing as required under Title IX procedures. The Hearing Officer shall be the decision maker and shall: (a) evaluate all relevant evidence, both inculpatory and exculpatory, and independently reach determinations regarding findings of fact and whether the Title IX Respondent is responsible for Title IX Sexual Harassment; and (b) determine the appropriate Preventative and Corrective Measures, consistent with the University's past practice and this Policy.
2. Hearing Officer Qualifications. The Hearing Officer may be a University employee or external third-party, such an attorney, so long as the person:
  - a. Is not the Title IX Coordinator or Investigator;
  - b. Is free from conflict of interest or bias, including bias for or against complainants or respondents generally or with respect to the individual parties;
  - c. Has reviewed this Policy and understands the regulations applicable to the live hearing process pursuant to 34 Code of Federal Regulations Section 106.45; and
  - d. Is qualified by experience, education and/or training to effectively implement the requirements: (i) to serve impartially; (ii) understand issues of relevance of evidence (including how to apply the

sexual history evidentiary rules); (iii) the preponderance of the evidence standard; and (iv) any technology to be used at the hearing.

3. Delivery of Notice, Documents, and Information. All notices to CHSU faculty, staff, administration, and students will be delivered via the University's email system. All such parties have a responsibility to promptly read all University emails. For individuals outside of the CHSU community, notices and communications will be sent to the most recent email address on file with the Title IX Coordinator or, if no email address is on file then to their last known physical address. Copies of all documents provided to the Parties will also be provided to each Party's advisor if known at the time the documents are delivered to the Parties. If a Party is an unemancipated minor, copies of all documents will be provided to the Party and a parent or guardian of the minor upon request of either the parent/guardian or Party. The Title IX Sexual Harassment Case File and other relevant documents and information will be provided electronically unless otherwise requested by a hearing participant.
4. Virtual Hearing; Participants. Generally, all hearings will be virtual. A virtual hearing means that the Parties are located in separate locations such that the parties never come face-to-face with each other, the Hearing Officer, or witnesses. This may be done through the use of technology whereby all participants are still able to simultaneously see and hear the proceedings. At a virtual hearing, the Parties have the right to be present to observe and hear (or, if deaf or hard of hearing or blind or visually impaired, to access through auxiliary aids) testimony of all individuals who testify and to propose questions to be asked of all individuals who testify at the hearing through their Advisor. The University may, in its discretion, designate that the hearing will be in-person and, if so, either Party may request a virtual hearing instead. Such request must be made in writing submitted to the Title IX Coordinator at least five (5) calendar days prior to the Hearing. Only the Parties, witnesses, Advisors, the Title IX Coordinator, University support staff, and support staff of external professionals involved in the proceeding may attend the Hearing.
5. Pre-Hearing Procedures.
  - a. Notice of Hearing. The Title IX Coordinator will send a written Notice of Title IX Sexual Harassment Hearing to the Title IX Complainant and the Title IX Respondent at least fifteen (15) calendar days before the hearing. The Notice of Title IX Sexual Harassment Hearing shall include the following information: (a) the date, time, location; (b) purpose of the hearing; (c) the name of the Hearing Officer; (d) other applicable pre-hearing, hearing and post-hearing procedures; (e) an electronic or hard-copy of the Title IX Sexual Harassment Case File; and (f) notification of whether the University had elected to hold the hearing in-person and, if so, information regarding how to request a virtual hearing. The Hearing Officer shall also receive a copy of the Notice of Title IX Sexual Harassment Hearing.
  - b. Summary of Information. At least ten (10) calendar days before the hearing, the Title IX Complainant and the Title IX Respondent will submit to the Title IX Coordinator a written summary of the information they intend to present at the hearing, including a list of documents to be presented, the names of all requested witnesses, a brief summary of such witnesses' expected testimony ("Summary of Information"). The Parties must provide the Title IX Coordinator with electronic or hard-copies of any documents not already in the Title IX Sexual Harassment Case File.
  - c. Notice to Witnesses. The Title IX Coordinator shall contact each requested witness and to notify them of the date, time, location of the Hearing and procedures relevant to their appearance ("Notice to Witness of Hearing Appearance").
  - d. Deadline for Response to Investigation Report. The last day for the Parties to submit their response to the Investigation Report is five (5) calendar days before the hearing.

- e. Cross-Examination or Other Questions. The University encourages that the Parties submit their questions in advance of the hearing to the Title IX Coordinator to allow for a more efficient hearing process, although this does not preclude either Party from asking questions at the Hearing which were not previously submitted. If a Party chooses to submit questions in advance, they are encouraged to do so at least three (3) calendar days prior to the Hearing.
  - f. Pre-Hearing Packet. At least three (3) calendar days prior to the Hearing, the Title IX Coordinator will provide to each Party and the Hearing Officer, either a hard-copy or an electronic copy of the Pre-Hearing Packet, which shall include: (i) the Summary of Information provided by the Parties; (ii) any new documents not already provided; and (iii) a list of witnesses who are expected to appear at the Hearing.
  - g. Request for Disability Accommodations. If a Party, witness, Hearing Officer or Decision- Maker Panel member requires reasonable accommodation for a disability, they shall submit such request in writing to the Title IX Coordinator along with supporting information from a healthcare provider as soon as possible and at least three (3) calendar days prior to the hearing.
6. Hearing Procedures.
- a. Hearing Officer Guidelines; Standard of Evidence. Prior to and during the live hearing the Hearing Officer shall approach each case without any preconceived ideas of the responsibility of the Parties involved and thoroughly review the Title IX Sexual Harassment Case File, Summaries of Information and any other relevant documents and information submitted by the Parties prior to hearing. To arrive at findings of fact and determination of responsibility the Hearing Officer must objectively evaluate relevant evidence (both inculpatory and exculpatory) and analyze whether that evidence warrants a high or low level of weight or credibility, including the credibility of each Party and witness. The Hearing Officer has discretion to accept or exclude additional information presented at the live hearing, however, the Hearing Officer may not exclude any evidence relevant to the allegations of Title IX Sexual Harassment. The standard of evidence at the Hearing shall be a Preponderance of the Evidence. The Hearing Officer may determine that an extension or continuance of the hearing is necessary and, if so, shall coordinate with the Title IX Coordinator to issue simultaneous notices to all Parties and witnesses.
  - b. Recording. The University will create an audio or audiovisual recording, or transcript, of any live hearing and will make it available to the parties for inspection and review, within a reasonable time period following the hearing. The type of recording shall be at the Title IX Coordinator's discretion. The University's recording shall be the only recording permitted at Hearing, and the Parties will receive a copy of it with the Hearing Officer's Decision.
  - c. Hearing Advisor. Each Party is given the opportunity to choose their own advisor, who may but is not required to be an attorney, to attend the Hearing ("Hearing Advisor") to ask relevant questions of the other Party at the Hearing. If a Party does not select their own Hearing Advisor, the University will assign such Party their own Hearing Advisor selected by the University at no cost to the Party. The Hearing Advisor may be, but is not required to be, the Advisor who supported the Party during the investigation phase. The Parties are prohibited from being accompanied at the Hearing by anyone other than their Hearing Advisor except as follows: (i) a parent or guardian of a Party who is an unemancipated minor may attend; and (ii) additional parties required as part of a reasonable accommodation for a disability (e.g., a sign language interpreter) may attend.
  - d. Availability of Evidence; Presentation of Evidence. The University will make all such evidence that has been shared with the Parties subject to the other Party's inspection and review available at the live hearing to give each Party equal opportunity to refer to such evidence during the hearing, including, but not limited to for purposes of cross-examination. The Title IX Coordinator (or

designee), Investigator (or designee) or other University representative may, but is not required to, present evidence to the Hearing Officer at the Hearing. If the University presents evidence to the Hearing Officer, that shall not make the University a party to the proceeding. A designee or other University representative may be another University employee or an external third-party, such as an attorney or other qualified representative. The Complainant and Respondent will each have the opportunity to present the information they submitted (unless excluded by the Hearing Officer).

- e. Rules of Procedure and Decorum. The Hearing Officer shall decide on any procedural issues as they may come up during the Hearing. The Hearing Officer will also make any determinations necessary to ensure an orderly, productive, and procedurally proper hearing. The Hearing Officer may pause or continue the proceeding as needed in order to make appropriate decisions on procedural issues, including issues of relevance of evidence. Complaint(s), respondent(s), witnesses, and Hearing Advisors are prohibited from interrupting or disturbing the hearing process. Additionally, Hearing Advisors are prohibited from questioning witnesses or the other Party in an abusive, intimidating, harassing, unduly time consuming, repetitive, or disrespectful manner. If a Party's Hearing Advisor refuses to comply with the rules of decorum they may be removed from the Hearing and, if so, the University shall provide that Party a different Hearing Advisor to conduct the cross examination on behalf of that Party.

- f. Questions During Hearing.

1. Questions by Parties' Hearing Advisors. All questioning on behalf of a Party shall be done by the Parties' Hearing Advisors. The Hearing Advisor may only ask relevant cross-examination and other questions of a party or witness. After each question is asked by the Hearing Advisor, and before the Party or witness answers the question, the Hearing Officer will determine whether the question is relevant and, if it is not relevant, explain the decision to exclude the question. If a Party or witness is present at the Hearing, but disagrees with a relevance determination, they may either: (1) abide by the hearing-officer determination and answering the question; or (2) refuse to answer the question. A Party or witness may not answer a question that the Hearing Officer has determined to be irrelevant. Unless the Hearing Officer reconsiders the relevance determination, the Hearing Officer cannot rely on any statement made by a Party or witness which that Party or witness has declined to answer regarding cross-examination questions.

2. Questions by the Hearing Officer. Additionally, the Hearing Officer has the right and responsibility to ask questions and elicit information from Parties and witnesses on the Hearing officer's own initiative to aid the Hearing Officer in obtaining relevant evidence, both inculpatory and exculpatory.

3. Failure to Appear for Cross-Examination. If a Party or witness does not submit to cross-examination at the live hearing, the Hearing Officer may still rely on any relevant statement of that Party or witness previously made in reaching a determination regarding responsibility, including, for example, those statements made by the parties and witnesses during the investigation, emails or text exchanges between the parties, statements about the alleged misconduct, statements in police reports, sexual assault examination reports, medical reports, and other documents even if those documents contain statements of a party or witness who is not cross-examined. However, that the Hearing Officer cannot draw an inference about the determination regarding responsibility based solely on a Party's or witness's absence from the live hearing or refusal to answer cross-examination or other questions. Statements that a Party or witness made to a third party when that witness or Party are unavailable themselves to be cross-examined at the live hearing (e.g., statements

that a party made to a family member or friend), including statements made against a Party's own interests, may still be relied on when the Party having made those statements fails to submit to cross-examination.<sup>1</sup>

4. Irrelevant Questions. Questions regarding the below information are deemed not relevant and will be excluded at the Hearing unless the question(s) falls into an exception described below.

- a. Consent Required for Privileged Information. The Hearing Officer cannot access, consider, disclose, or otherwise use a Party's records which are protected by a legally recognized privilege, including, but not limited to, the following: the attorney-client privilege, questions and evidence made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the Party has provided voluntary, written consent to do so.
- b. Sexual History. The Hearing Officer may not consider a Title IX Complainant's prior sexual history with the following two exceptions: if such information is offered to prove that someone other than the respondent committed the conduct alleged by the Title IX Complainant, or if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove consent.
- c. Duplicative or Repetitive Questions. Once a question has been asked, duplicative or repetitive questions are irrelevant.
- d. Questions of Witnesses Without Relevant Information. Questions of witnesses who do not have any relevant information regarding the allegations of Title IX Sexual Harassment.

5. Hearing Officer Decision. The Hearing Officer shall issue a written decision ("Hearing Officer Decision") to the Title IX Coordinator within five (5) business days following the end of the Hearing. Additionally, where not enough information exists for the Hearing Officer to issue a decision, the Hearing Officer may remand the case for further investigation or consideration by the Investigator. The Title IX Coordinator shall simultaneously deliver the Hearing Officer Decision to the Parties within two (2) business days following receipt of it from the Hearing Officer. The Title IX Coordinator is responsible for the effective implementation of Preventative and Corrective Measures determined by the Hearing Officer. The Hearing Officer Decision becomes final when: (a) the appeal deadline has passed; or (b) the appeal process has concluded and the Parties receive notification of the appeal decision. Specifically, the Hearing Officer Decision shall include the following information:

- a. Identification of the allegations of Title IX Sexual Harassment;
- b. A description of the procedural steps taken from the receipt of the Formal Title IX Sexual Harassment Complaint through the determination, including, but not limited

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<sup>1</sup> This Section XI(B)(6)(f)(3) was revised by CHSU on September 3, 2021 in order to comply with Victim Rights Law Center et al. v. Cardona, United States District Court, District of Massachusetts orders filed July 28, 2021 and August 10, 2021, and the United States Department of Education Letter to Students, Educators and other Stakeholders dated August 24, 2021 regarding Victim Rights Law Center et al. v. Cardona. This revision shall be effective for all Grievance Process 2 hearings held on or after September 3, 2021 regardless of whether the facts giving rise to the alleged misconduct occurred before that date.

to any notices to the Parties, interviews with Parties and witnesses, site visits, methods used to gather other evidence, and Hearing;

- c. Findings of fact supporting the determination of whether the Title IX Respondent is responsible for Title IX Sexual Harassment;
- d. Conclusions regarding the application of this Policy;
- e. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Preventative and Corrective Measures to be imposed on the Title IX Respondent and/or provided to the Title IX Complainant in order to restore or preserve equal access to the University's education program or activity;
- f. A summary of matters not addressed under the grievance process that may be separately addressed pursuant to another University policy including, but not necessarily limited to, codes of conduct applicable to employees and the student code of conduct;
- g. A statement that the Title IX Coordinator is responsible for effective implementation of the Preventative and Corrective Measures;
- h. The University's procedures and grounds for appeal, and the name and contact information for the appeal adjudicator; and
- i. A copy of the recording of the Hearing.

6. Preventative and Corrective Measures – Guidelines for the Hearing Officer. Preventative and Corrective Measures should serve the purpose of stopping Title IX Sexual Harassment, and preventing its recurrence, and restoring or preserving equal access to the University's education program or activity. Such measures need not avoid burdening a Title IX Respondent who has been found responsible for Title IX Sexual Harassment. Importantly, Preventative and Corrective Measures should appropriately reflect the University's commitment to education, personal growth, accountability, and ethical behavior. The Hearing Officer shall ensure they are consistent and proportionate responses to conduct that violates this Policy, taking into consideration the context and seriousness of the violation, and based on a fact-specific, case-by- case inquiry.

### C. Appeal of Hearing Officers Decision Regarding Title IX Sexual Harassment

An appeal by either Party may be made in writing to the appeal adjudicator within five (5) calendar days after such Party has received the Hearing Officer Decision. An appeal must state the ground on which the appeal is made. Grounds for appeal are limited to:

1. Procedural irregularity that affected the outcome of the matter; or
2. New evidence that was not reasonably available at the time the determination regarding responsibility was made, that could affect the outcome of the matter; or
3. The Title IX Coordinator, investigator, hearing officer, or Decision-Maker had a conflict of interest or bias for or against complainants or respondents generally or the individual complaint or respondent that affected the outcome of the matter.

Upon receipt of an appeal, the appeal adjudicator shall forward the appeal to the other Party. The non- appealing Party will have five (5) calendar days to submit a written statement in support of or against the appeal to the Appeal Adjudicator.

Supportive measures will continue to remain in place during the appeal process. However, no Corrective or Preventative Measures will be implemented prior to the appeal process ending.

The appeal adjudicator will issue a written decision regarding the appeal and the rationale for appeal decision within ten (10) business days from the end of the five (5) calendar day period for the non-appealing Party's statement deadline. This decision will be provided to both Parties simultaneously and will be a final determination regarding the Title IX Respondent's responsibility and cannot be further appealed.

## **XII. OUTSIDE AGENCIES**

CHSU encourages all students and employees who believe they have been subjected to unlawful discrimination or harassment to bring their concerns to the University so that appropriate action can be taken. 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. CHSU cannot remedy claimed discrimination, harassment, or retaliation unless such complaints are brought to its attention. Failure to report these claims prevents CHSU from taking steps to address the problem. If an CHSU community member observes a violation of this policy or believes someone has violated this policy, the member is strongly encouraged to report the incident, irrespective of whether the alleged victim files a complaint themselves. Responsible Employees who learn of such a complaint are required to bring it to the University's attention as described above.

The U.S. Equal Employment Opportunity Commission ("EEOC") and the California Department of Fair Employment and Housing ("DFEH") investigate reports of unlawful harassment, and sexual violence in employment. The U.S. Department of Education Office for Civil Rights ("OCR") investigates reports of unlawful harassment and sexual violence by students in educational programs or activities. These agencies may serve as fact finders and attempt to facilitate the voluntary resolution of disputes. For more information students/employee may contact these agencies as described below:

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>). Students may file complaints regarding protected-class discrimination or harassment, including but not limited to Sex-Based Misconduct to the Office for Civil Rights (OCR) with the

U.S. Department of Education at 800-421-3481 or as otherwise provided at [ocr@ed.gov](mailto:ocr@ed.gov).

# COM Satisfactory Academic Progress Policy

## I. STANDARD OF ACADEMIC PERFORMANCE

The academic year is divided into two academic terms with the first (fall) term consisting of courses offered between July and December and the second (spring) term consisting of courses offered between January and May. The student's cumulative GPA will be calculated at the end of each academic term. For the first and second years, an academic term is equal to a semester. For the third and fourth years, an academic term is equal to a year.

### A. Academic Monitoring

The academic monitoring and alert process is a referral system through which faculty identify students who are having or are at risk of having academic difficulty. It is the responsibility of the Office of Academic Affairs and Assessment or Dean's Designee to continuously monitor the performance of students in order to identify students who are struggling with their coursework. Those students who are well below the class average on any cumulative individual component in a course will be referred for discussion at the StARC (Students at Risk Committee, to be discussed in a following section).

### B. Academic Support

When a student is identified as being at risk and subsequently referred to StARC, the StARC will notify the student's faculty advisor, who will meet with the student to address any issues or concerns the student is having. Depending on the specific situation, the at-risk student and the faculty advisor will develop academic support plans that may include review sessions, tutoring services, or any of the available services at CHSU, which may include a learning specialist, psychologist, as needed. The faculty advisor will report to StARC a summary of the academic support plan developed.

### C. Year 1 and Year 2 Course Remediation

Remediation is a phase which is a result of a course failure and potential approval for re-evaluation. Remediation may include any test or performance to re-assess some or all of the learning outcomes and materials presented during a course as determined by the Course Director or Dean's Designee, in conjunction with the Office of Academic Affairs and Assessment. Required student Remediation Plans may consist of, but is not limited to, self-study, tutoring, and meetings with the learning specialists and/or course instructor(s) as determined by the Year-Specific SPC Sub-Committee Chair or Dean's Designee. Course remediations will only take place during the specified times allocated during the academic calendar. The duration, content, and scoring of the Remediation Exam are determined by the respective Course Directors working with the Year-specific SPC Sub-Committee Chair or Dean's Designee for maintaining consistency of the process across the board. Remediation Exams are not subject to appeal. Satisfactory completion of the Remediation Exam will be determined by a score of at least 70 percent. The satisfactory remediation will be reported to the registrar as a grade of C (RC) and is used in the calculation of the student's cumulative GPA. If the student does not satisfactorily complete the remediation, they are referred to the Student Progress Committee (SPC). The full SPC process is described in the SPC policy.

### D. Academic Probation



A student with a GPA less than 2.250 will be placed on Academic Probation by the Associate Dean for Academic Affairs and referred to the Students at Risk Committee (StARC). To be removed from Academic Probation the student must improve to a cumulative grade point average of at least 2.250. Students with a GPA less than a 2.250 for multiple semesters may be placed on Academic Suspension. Students cannot appeal placement on Academic Probation or Suspension.

Students placed on academic probation will have their status monitored by a University faculty or staff member. In addition, students on academic probation must attend all classes. Academic probation may also include the suspension of the student's normal rights to participate in extracurricular, co-curricular, and other nonacademic activities, including but not limited to the student not being allowed to hold a leadership position in a student organization. Typically, students who are placed on academic probation cannot fail any other course, section, clerkship, shelf exam and/or national examination. The typical length of the academic probation is one year, unless otherwise specified, from the time the student is formally notified of being placed on this status.

Academic probation status is not tied to a student's SAP, as defined by Title IV. It is wholly separate and unrelated to SAP.

#### **E. Academic Suspension**

University Suspension is a forced, temporary leave from the university. Academic suspension is the result of poor academic performance or violation of academic regulations and is imposed by the Associate Dean for Academic Affairs or the Dean.

#### **Suspended students may not perform the following or related functions:**

- Register for courses
- Attend classes
- Use campus facilities, including library, gym, study rooms, and computer labs (without permission).
- Participate in student activities
- Be members of student organizations
- Participate in student employment

#### **F. Class Auditing Regulations**

Auditing of courses at CHSU is not allowed. Auditing courses while not being enrolled is not to be used as a means to remediate a course. The SPC will review the record of each student at the end of each year to evaluate and subsequently recommend those students to be promoted to the next year of study.

## **II. STUDENTS AT RISK COMMITTEE (StARC)**

- The StARC's purpose is to provide input on study strategies and programs for the COM students

identified as being at academic risk. The StARC evaluates individual cases of students' declining academic performance or risks to the individual's expected academic performance. StARC shall recommend additional or alternate resources or student-specific curricular modification strategies.

- The StARC shall be comprised of up to five (5) members of the Voting Faculty and one (1) COM Student Affairs administrator. Additionally, a COM Learning Specialist 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.

# COM Grading System and Quality Points Policy

## SEMESTER CREDIT HOURS

One (1) unit of credit is assigned for a minimum of 750 minutes of formalized classroom instruction that requires students to work an average of twice the amount of time for out-of-class assignments (1,500 minutes). For courses that include additional workshop and/or laboratory sessions, one (1) credit hour equals 25 clock hours of formalized instruction plus 12.5 clock hours for student out-of-class assignments. For clinical clerkships, one (1) credit hour is assigned for each 37.5 clock hour.

CHSU College of Osteopathic Medicine defines a semester length as a minimum of 16 weeks and no longer than 20 weeks.

## GRADING SYSTEM

Cumulative grade point averages are computed with a quality point system. The interpretation of the letter grades and their quality point values is as follows:

### A. Preclinical Grading System

Grade	Description	GPA Quality Points
A	90-100%	3.50 – 4.00
B	80-89%	3.00 – 3.45
C	70-79%	2.00 – 2.90
F	< 70%	0.00
RC	>70% - Remediation Successfully Completed	2.00
RF	< 70% - Remediation Failed	0.00
P	> 70% and above	-
NP	Non-Pass	-

Percentage Score	GPA Points	Percentage Score	GPA Points	Percentage Score	GPA Points
100%	4.00	89%	3.45	79%	2.90
99%	3.95	88%	3.40	78%	2.80
98%	3.90	87%	3.35	77%	2.70
97%	3.85	86%	3.30	76%	2.60
96%	3.80	85%	3.25	75%	2.50
95%	3.75	84%	3.20	74%	2.40
94%	3.70	83%	3.15	73%	2.30
93%	3.65	82%	3.10	72%	2.20
92%	3.60	81%	3.05	71%	2.10
91%	3.55	80%	3.00	70%	2.00
90%	3.50			< 70%	0.00

### \*Percentage Score Earned and Quality Points Awarded

\*Percentage scores earned are rounded to the nearest integer/whole number.

### *Rounding Percentage Scores Earned*

Exam scores are rounded to the nearest integer/whole number. If the first digit to the right of the decimal or in tenths place is less than or equal to 4, the percentage score earned is rounded to the nearest whole number (e.g. 79.4 is rounded to 79). All digits after the decimal point are dropped. If the tenths digit is greater than or equal to 5, the grade is rounded to the next whole number (e.g. 79.6 is rounded to 80). All digits after the decimal point are dropped.

### **B. Core Clinical Clerkship Grading System OMS-III - (Clerkships with COMATs)**

<b>Grade</b>	<b>Description</b>	<b>Quality Points</b>
H	Honors - COMAT Standard Score of 113 or higher; and Preceptor evaluation scores: Mean 3.5 or higher (out of 4.0)	–
P	Pass - COMAT Standard Score of 80 or higher; and Preceptor evaluations scores: Mean 1 or higher (out of 4)	–
NP	Non-Pass	--

### **C. Electives and OMS-IV Clerkship Grading System (Clerkships without COMATs)**

<b>Grade</b>	<b>Description</b>	<b>Quality Points</b>
P	Pass - Meets expectations on preceptor eval.	–
NP	Non-Pass -Does not meet expectations on preceptor eval.	–

### *Additional Grade Marks Excluded from Grade-Point Average (GPA) Calculations*

<b>Grade</b>	<b>Description</b>
IC	Incomplete
IP	In Progress
W	Withdrawal

The grade of IC (incomplete) may be assigned to a student who otherwise is passing the course but is unable to complete all of the required coursework and/or examinations due to extenuating circumstances (such as illness, death in the family, injury due to accident, etc.). The IC should be removed no later than ten (10) days after it was assigned, unless otherwise specified by prior agreement with the Associate Dean for Academic Affairs and Assessment to extend the deadline. If the IC is not removed within the stated period of time, it will automatically change to a grade of F. In cases of illness or extreme circumstance, the IC may be changed to a grade of W, with the approval of the Dean. A student with an IC on their transcript at the beginning of the fourth-year clerkships will not be allowed to begin their fourth-year rotations until the IC has been

removed from the transcript.

The grade of IP (in progress) may be assigned by the course directors to students whose work at the end of a term is still in progress because the course requires more than one term to complete. Completion of course requirements for IP grades must occur within one year. A grade of IP automatically changes to F or NP (depending on the selected grading method) after one year if no other grade is assigned. IP grades count as credits attempted and as credits earned upon completion of the course. Students with IP grades are not re-enrolled for the course and cannot use these credits for enrollment or financial aid in subsequent terms.

### **DEAN'S LIST**

An OMS-I, OMS-II student, whose grade point average is in the top ten percent of the class for that semester is given Dean's List standing at the end of that term.

### **GRADUATION WITH HONORS**

The Designation of "Honors" for graduation will be determined by the cumulative average earned at CHSU College of Osteopathic Medicine. Students with a cumulative average in the upper ten percent of their class will receive a diploma inscribed with "honors."

# COM Final Course Grade Appeal Policy

## I. SECTION I

A student may file an appeal to dispute a final course grade following the process outlined:

1. The student must initiate a formal grade appeal process using the Course Grade Appeal form (located on the CHSU web site) and submitting the completed form to the Course Director within ten (10) business days of the grade being posted.
2. The Course Director shall respond to the student in writing using the submitted Course Grade Appeal form within five (5) business days of having received the form.
3. If the appeal is not resolved to the student's satisfaction, the student may appeal to the Associate Dean of Academic Affairs within two (2) business days of being notified of the decision to reject the appeal. The Associate 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.
4. The Associate Dean shall notify the student, the Course Director of the final decision.
5. If the grade appeal is upheld, the Associate 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 Associate Dean, the appeal process is thereby terminated.

## II. ADDENDUM

In all matters of grade appeal, the decision of the Associate Dean is final. In the event that the Associate Dean had been personally involved in the determination of the student's grade, or any other circumstance that could reasonably be determined to constitute a conflict of interest that might undermine the Associate Dean's ability to render an impartial decision, the Associate Dean shall recuse and the final decision on the grade appeal shall be rendered by the Dean of the COM. Records of adjudicated grade appeals shall be retained by the Dean's office.

# COM Student Progress Committee Policy

## I. STUDENT PROGRESS COMMITTEE

The Student Progress Committee (SPC) is a college-specific committee made up of college faculty and, charged with being the primary team responsible for review of the totality of COM students' academic and professional performance. The SPC reviews any student's academic record who has failed any required element for graduation: a course/section/rotation/clerkship, a national board examination, a failure to comply with SPC remediation plan (described in following sections) and/or any student who has failed to show adequate academic progress in his/her path of study and/or demonstrated concerning lapses in professionalism. As a part of the comprehensive review, the SPC will make the decision as to whether or not the student should be granted remediation after a failure. The SPC has broad authority to review students' records, decide how best the University can assist the student on getting back on track academically and can recommend a broad number of professional options for consideration as part of any final decision.

## II. FUNCTION

The SPC's purpose is to provide input on remediation strategies and programs for the college's students. The SPC evaluates individual cases of student academia and/or professional deficiency in accordance with the college's academic progression and remediation policies, to formulate a decision as to whether the student should be allowed to progress or be dismissed from the program due to their inability to meet minimum academic or professional standards.

## III. MEMBERSHIP AND STRUCTURE

The SPC is composed of three year-specific subcommittees (Year 1, Year 2, and Years 3 and 4). These subcommittees are responsible for the oversight of the remediation plan of any student in that year who has experienced a failure of a required element/course/section for graduation or has otherwise failed to show adequate academic progress. The subcommittees shall consist of, at a minimum:

- The Year-specific Sub-Committee Chair or Dean's Designee;
- A learning enhancement / educational skills specialist;
- A clinical psychologist; (if needed);
- An ad hoc faculty representative(s) who may be serving as the student's faculty advisor;
- Ex officio committee advisors requested to be present for committee meetings.

The Dean's appointee serves as the chair of each subcommittee and as such, is a voting member of the SPC. All voting members of the SPC are CHSU faculty. SPC members are appointed by the Dean of the COM. The composition of the voting members of the SPC shall consist of, at a minimum:

- Subcommittee Chair, Year 1 of COM
- Subcommittee Chair, Year 2 of COM
- Subcommittee Chair, Years 3 and 4 of COM
- Two Biomedical science faculty members
- Two Clinical Science faculty members

- Chairperson of the SPC

A quorum of committee members is required in order for the SPC to finalize any decision. A quorum is defined as having 5 members present. The chairperson of the SPC only votes in the event of a tie vote of those members present. The year specific subcommittee chair overseeing the remediation of an individual student needs to recuse themselves from voting on a student they are working with.

All voting members shall have one vote. The SPC shall meet as often as necessary, at least monthly, to conduct its business, as determined by the SPC chair.

The SPC shall have the right to consult with others if necessary prior to SPC meeting with the student.

#### IV. SPC PROCESS

The SPC process for academic-related failures and reviews is generally as follows:

1. **First Course/Section/Rotation/Clerkship Failure** – *After a first course/section/ clerkship failure*
  - The student is notified of his/her first course/section/clerkship failure via email/digital letter and informed that they will be meeting with the year-specific subcommittee of the SPC.
  - At a minimum, the chair of the subcommittee, and if designated by the Dean, a learning specialist will meet with the student to discuss the student’s failure. The student’s faculty mentor/advisor will be notified of the meeting and may choose to attend.
  - The subcommittee members and the student will meet together to formulate a remediation plan for the failed coursework. The remediation plan may include but is not limited to, the following: a study plan, regular meetings with a learning specialist, and regular meetings with a psychologist from Counseling Services.
  - The remediation plan will include timelines and expected outcomes/behaviors that the student will be expected to adhere to in agreeing to said plan.
  - The remediation plan will be signed by the student.
  - Course/section remediations will take place in one of two structured remediation times within the academic calendar and will be set by the Associate Dean for Academic Affairs and Assessment.
  - Failure to comply with the remediation plan can result in an automatic required meeting with the full SPC and could result in discipline up to and including dismissal.
2. **Second Course/Section/Clerkship Failure or any National Board Exam Failure** – *After a second course/section/rotation/clerkship failure or any failure of a national board examination, failure to comply with the previously approved remediation plan, any professionalism concern for behaviors not fitting for a healthcare professional, the student will be notified via email/digital letter of a required meeting with the full SPC for review.*
  - Prior to any meeting with SPC, the student is instructed to meet with the Assistant/Associate Dean for Student Affairs to better understand the SPC hearing, how the student can best prepare for the hearing, and to answer any questions from the student.
  - The student is notified, via email, of the time and place of the SPC meeting.
  - The student is entitled to be present at the SPC meeting with a representative of choice for support.



- However, any representative who is an attorney may not serve as legal counsel for the student.
- Witnesses or other individuals are not permitted to attend the SPC meeting, however, may be consulted with prior to the meeting as needed, but not to impede or delay the process.
  - After the SPC meets with the student, the student will leave the meeting room.
  - The SPC then discusses the case and votes on a recommendation; the Chair only votes in the event of a tie.
  - Recommendations of the SPC may consist of, but are not limited to the following:
    - a) course/section/clerkship/national board remediation
    - b) repeating of an academic year of coursework in the COM,
    - c) dismissal from the COM. Decisions are determined by majority vote of the members of SPC attending the hearing.
  - Once the case has been formally adjudicated, the chair of the committee will communicate the recommendation to the Associate Dean for Academic Affairs and Assessment
  - The Associate Dean for Academic Affairs and Assessment will review the recommendation and make a final decision.
  - The Associate Dean for Academic Affairs and Assessment will communicate the decision to the student via email/digital letter.
  - Decision from the Associate Dean for Academic Affairs and Assessment will be placed in the student record and may be considered for the issuance of official letters of recommendation (including MSPE, dean’s letter, etc.)
  - The student is given time to consider the decision and can appeal the decision for any reason. The appeals process for any SPC decision is explained to the student in the decision letter.
  - If the student wishes to appeal the SPC decision, he/she will appeal in writing to the dean of their college within five (5) business days
  - The Dean shall make a final decision on the student’s appeal as soon as possible but in no event more than fifteen (15) business days from the date of the student’s written appeal is received. In the event the Dean has a conflict of interest, the appeal shall be to the Provost.

## V. ACADEMIC DISMISSAL

The SPC determines that a dismissal is warranted when there is:

1. Failure to meet the requirements described as requirements for academic progression
2. Failure to meet the terms of remediation
3. Forgoes an academic semester without obtaining an approved Leave of Absence

## VI. SPC MEETINGS

SPC meetings will take place as often as necessary to conduct its business, at least monthly. Students are expected to meet, in person, with the SPC, except for students on clinical rotations at locations determined to be a substantial distance from campus. Those students shall meet with the SPC via teleconference.

1. **Executive Session of SPC Meetings** – The first portion of each meeting is considered an *Executive Session* for review of any student remediation plans currently in progress. New remediation plans that

have occurred since the last SPC meeting will be presented by the subcommittee chair first, followed by updates on progress of already existing remediation plans.

The SPC will then vote to approve said new remediation plans. The Executive Session portion of the meeting may be attended by learning specialists, Counseling Services staff, as well as the representatives of Student Affairs and Clinical Education departments, as well as the Assistant Dean for Student Affairs and the Associate Dean for Academic Affairs and Assessment. Students are not allowed to attend any Executive Session of the Committee.

2. **Official Hearing Portion of SPC Meetings** – The Official Hearing portion of the meetings includes the voting members of the SPC and the student being reviewed. This portion of the meeting is closed to all but voting members of the committee and appropriate administrative support staff of the committee. Proceedings of the closed portion of the Official Hearing portion of the SPC meeting are strictly confidential.



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