



MWU-Chicago College of Osteopathic Medicine





2026 Mid-Cycle Report

Commission on Osteopathic College Accreditation

Standard 1: Mission and Governance

Element 1.4: Governance and Program Policies

The relevant policies are bookmarked. To open the Bookmarks panel, select the Bookmark icon  from the side navigation bar. To navigate this document, please keep the bookmark side panel open. To access the nested bookmarks that link to the policies and procedures, please click on the carrot  to expand the parent bookmarks. To return to the table of contents, click on the parent bookmark.

2. Provide a copy of the policies for:

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- b. Due process for all employees, students, faculty, and credentialed staff: pages 8-19
- c. Confidentiality of employment, student, and medical records: p. 20-46
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MIDWESTERN UNIVERSITY
STANDARD POLICY

Title: Conflict of Interest		
Issue Date: 9/7/2010		Pages: 2
Division: Midwestern University/Board of Trustees	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goeppinger, Ph.D., President and CEO		

PURPOSE

The Board of Trustees of Midwestern University has approved various Questionnaires and Disclosure Statements reflecting the policies and procedures approved by the Board of Trustees regarding the disclosure of possible conflicts of interest, business relationships, related party transactions and other situations involving the University. This includes the members of its Board of Trustees/Directors, Officers of the University, and other directors, faculty, and staff members. This Policy Statement does not apply to any transactions or arrangements involving members of the University’s Board of Trustees which have been or are approved by the Board of Trustees pursuant to the Conflict of Interest provisions of the Bylaws of the University.

The purpose of this Board of Trustee Policy Statement is to supplement but not replace the Conflict of Interest Questionnaires, and specifically to set forth the procedures for review and resolution of potential conflicts of interest as reported on or pursuant to the Questionnaires.

The Conflict of Interest Questionnaires are to be distributed annually by the President or her designee to the identified recipients. A committee of senior management annually identifies members of the faculty and staff that handled confidential information, budget items, or other potential conflicts that Questionnaires should be updated annually as necessary or appropriate to include any additional information required for the disclosure on the University’s Form 990, or to reflect then current policies approved by the Board of Trustees.

Recipients of the Questionnaires have a duty to complete them in full and provide all responsive information, to return them as indicated, and to periodically update the information as required between submissions of the annual Conflict of Interest Questionnaires.

The Executive Compensation Committee of the Board of Trustees, including the University President and independent (for Form 990 reporting purposes) Board members serve as the entity of the Board designated to review and resolve any identified conflicts. The Executive Compensation Committee shall delegate powers as set forth herein to the President of the University.

POLICY

The President shall review and report any resolution of potential conflicts of interest as reported on or pursuant to the Conflict of Interest Questionnaires:

- (i) The Executive Compensation Committee if the matter involves a member of the Board of Trustees or Board of Director, an Office of the University, or any other Key Employee as may be specifically designated by the Executive Compensation Committee.
- (ii) The President, as designee of the Executive Compensation Committee, if the matter involves any Director, Faculty or undesignated Key Employee who received the applicable Questionnaire.

Conflict of Interest - Board of Trustees

After disclosure of the matter and all material facts to the reviewing authority (i.e., the Executive Compensation Committee or the President/designee, as appropriate), and after any discussions with the interested person requested by the reviewer's authority or the interested person, the reviewing authority will determine appropriate action or resolution of possible conflicts. The following general principles apply in determining appropriate action or resolution of possible conflicts.

- (i) After exercising due diligence, the reviewing authority will determine whether the University can obtain with reasonable efforts a materially more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- (ii) If a materially more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the reviewing authority will determine (by a majority vote, if the Executive Compensation Committee is involved) whether under circumstances involved a transaction or arrangement is in the University's best interest, for its own benefit, and is fair and reasonable.

The reviewing authority will maintain minutes or other written documentation of its reviews and decisions, containing at least the following: the names and University positions of the persons involved; the nature of the financial interest or arrangement and actual or potential conflict; any action taken to determine whether a conflict was present; the conclusions reached under (i) and (ii) above, including the bases therefore, any documentation obtained, reviewed, or considered in connection therewith, and a summary of the content of material discussion; action taken or recommended, with a record of any votes taken in connection with the proceedings.

The Executive Compensation Committee will report on its activities and reviews annually to the Board of Trustees of the Universities, said report to include the activities and reviews conducted by the President as designee of the Committee as aforesaid.

Failure to comply with this policy and procedures and the policies and procedures set forth in the Conflict of Interest Questionnaires may result in disciplinary or correction action involving the person involved.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Conflict of Interest		
Issue Date: 5/15/2025	Supersedes: 10/4/2024; 8/5/2022; 8/15/2021; 9/15/2020, 2/16/2018	Pages: 2
Division: University	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goepfinger, Ph.D., President and CEO		

PURPOSE

It is the Midwestern University (“University”) policy that all faculty and staff should be free of any conflict of interest that could adversely impact their judgment, objectivity, or loyalty to the University in any activity or assignment. The University recognizes that employees can take part in business, charitable, and other academic activities outside of the University, but any potential conflict of interest must be disclosed promptly to management.

POLICY

1. Annually in January, a Conflicts of Interest and Related Party Transaction Questionnaire and Disclosure Statement with an explanatory cover letter are sent to all faculty or staff members from the Office of the President. The questionnaire must be completed and returned by the faculty or staff member, and then it is reviewed by the University President.
2. The Conflict-of-Interest Policy identifies and requires faculty and staff to declare:
 - Outside activities, financial interest, or relationships that could be a conflict of interest for the University.
 - Relationship with vendors or other organizations, or perceived potential conflicts that could give an unfair advantage or preferred treatment to a vendor due to the relationship of the faculty or staff member.
 - Actions or relationships that could appear to be a conflict of the job responsibilities.
3. Employees are advised to avoid the following:
 - Working with a vendor that could be in competition with or is seeking favors from Midwestern University.
 - Accepting a gift that exceeds the limits of the University Gifts and Gratuity Policy (i.e., no gift over \$100.00 can be accepted).
 - Having a direct or indirect financial interest or financial relationship with a vendor, any student, or family member.
4. Employees must comply with all other University policies to avoid potential conflicts of interest, including:
 - Clinical Practice Conflicts of Interest
 - Pharmaceutical and Medical Device Samples
 - Pharmaceutical and Medical Device Purchasing
 - Sponsorship of Attendance at Medical Device and Supply Companies and Pharmaceutical Industry Sponsored Educational Events
 - Employment of Relatives
5. All members of the University who have a conflict, once disclosed, can be called into the Office of the President to have it rectified, approved, duly noted and they could, if refusing to make change, receive a warning interview.

Conflict of Interest - University

6. When faculty or staff fail to respond to the initial request to complete and return the questionnaire, a follow-up email is sent.
7. Faculty and staff are encouraged to use the “open-door” policy if they have any questions or perceive any issues when it comes to a conflict of interest.
8. Successful completion of the process is reported annually to the Midwestern University Board of Trustees.

Section Six:

Amendment of the Code of Rights and Responsibilities

Amendment of this code may be made either by the University Board of Trustees or by the University Administrative Team with the approval of the President of the University. The Board of Trustees by virtue of its charter-granting power may amend this code by any appropriate legal method. To be adopted, such an amendment must be approved by the Deans of Students and the President of the University.

Appendix 2: Bylaws and Regulations of the Code of Responsibilities and Rights of the Students of Midwestern University

The following bylaws and regulations are promulgated to augment and support the Code of Responsibilities and Rights of the Students of Midwestern University.

Section One:

Student Complaints/Grievances

Any student or group of students may initiate a complaint procedure on any student concern, including complaints against faculty, staff, or other students.

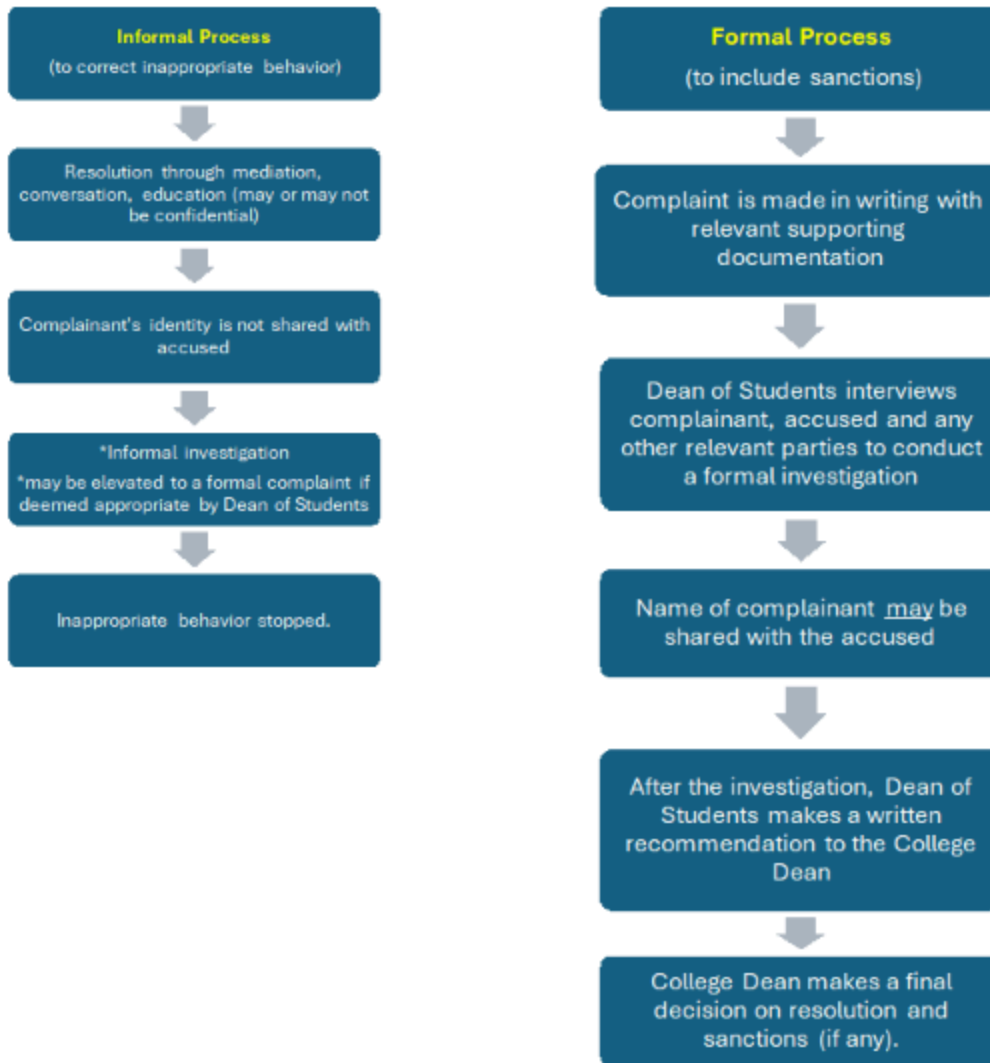
Student complaints should follow one of the two following processes: informal process or formal process. If the student filing a complaint is not certain which process is appropriate, the Dean of Students or their designee should be consulted for advice regarding the appropriate process. Protection Against Retaliation: MWU shall not in any way retaliate against any individual who informally or formally files a complaint. Retaliation is a serious violation of the complaint policy. Any person found to have retaliated against another individual for reporting a complaint will be subject to disciplinary action up to and including dismissal.

1. **Informal Complaint Process:** Any student may seek advice or information from the Dean of Students or their designee on a concern. The complaining party ("the complainant") will be encouraged to discuss their concern directly with the person(s) against whom the informal complaint is lodged, or, if necessary, with individuals at increasing levels of authority.
 - a. Informal complaints should be resolved by mediation, compromise, or education. An informal complaint resolution should not result in disciplinary action on the part of the University.
 - b. The Dean of Students or their designee may be approached at any time during an informal complaint to serve as mediator, counselor, or advisor.
 - c. An informal investigation and resolution process does not require the complainant student's identity to be shared with the accused student(s).
 - d. If investigation of the complaint reveals that the issue is more serious than originally believed, the Dean of Students will advise that the informal complaint issue should be handled according to the formal complaint process.
 - e. If a fair and acceptable accord is not reached by the involved parties at the time of response, if more than an agreed time for response passes, or if there is no evidence of an attempt to respond, the complainant may proceed to the next higher available authority. In so doing, the student(s) must inform the person to whom the original complaint was addressed that the complaint has been moved to a higher authority level.
2. **Formal Complaint Process:** The complaint must be submitted in writing. The complaint must clearly describe the problem and be accompanied by any relevant data. The statement must be

specific and must be signed by the person submitting the complaint. In the case of a group complaint, one person may be designated as a representative for the group. The representative may sign for the group provided that all names of the group are attached. For formal complaints, the Dean of Students will investigate, and the following procedures are typically followed:

- a. The Dean of Students will communicate the formal complaint to those being accused.
- b. The Dean of Students will interview the complainant, the accused, and any relevant parties in relation to the complaint in order to conduct a fair and thorough investigation.
- c. The name of the student(s) who generated the complaint may be shared with the accused.
- d. After completing the investigation, the Dean of Students will make a recommendation for resolution to the respective college dean.
- e. After receiving the recommendation of the Dean of Students, the respective college dean will notify the accused student(s) in writing of their decision including, if applicable, recommended disciplinary action. Any disciplinary action must conform to Appendix 1. Section Five of the Code of Responsibilities and Rights of Students of Midwestern University. Any such disciplinary outcomes are kept confidential and are not shared with the complainant in accordance with FERPA.

MWU Complaint Process



The type of complaint determines the process used to investigate the complaint to ensure due process for both parties:

1. Complaints relating to harassment/unlawful discrimination - these will be processed following the procedure outlined in the 'Harassment/Unlawful Discrimination Policy' section of the Student Handbook.
2. Complaints relating to sexual misconduct - these will be processed following the procedure outlined in the 'Sexual Misconduct Policy' section of the Student Handbook.

3. Complaints relating to accusations of academic or professional misconduct of a student as defined in the Student Code of Rights and Responsibilities must be filed directly with the Dean of Students. These will be processed following the procedure outlined in the "Student Judicial System" section of the Student Handbook, Appendix 2, Section 2.
4. Complaints that involve one or more student(s) must be filed directly with the Dean of Students.
5. Complaints related to test questions, grade appeals, or other academic issues related to Academic Review Committee or Promotion and Graduation Committee outcomes should be forwarded to the appropriate faculty member, course director, committee chair, program director, and/or college administrator in accordance with the guidelines/procedures set forth in the College/University Catalog.
6. Complaints against a final college decision of academic deceleration or dismissal must be submitted to the University President within five working days of notification of the final college decision.
7. During the complaint process, the student must continue to attend classes when classes are in session.

Complaints against an MWU faculty or staff member, administrator, or preceptor are undertaken jointly by the Dean of Students and the Director of Human Resources.

8. For complaints against faculty, staff, administrators and preceptors:
 - a. The written complaint must clearly describe the problem and be accompanied by any relevant documentation or data. The written complaint and the accompanying documents/data must be submitted to the Dean of Students.
 - b. The Dean of Students will immediately communicate the complaint to the Director of Human Resources and initiate a formal investigation of the allegations.
 - c. The Dean of Students and Director of Human Resources will set a time to meet with the student to discuss the complaint.
 - d. The Dean of Students and the Director of Human Resources will initiate a joint, formal investigation of the allegations, with the right to interview other parties in relation to the complaint in order to conduct a fair and thorough investigation.
 - e. While the Dean of Students' investigation focuses on student input, the Director of Human Resources' investigation focuses on employee input
 - f. After conducting the investigation, the Dean of Students and Director of Human Resources will compile a joint report on their findings.
 - g. The Director of Human Resources will then make a recommendation for a complaint resolution to the supervisor of the employee(s), who will carry out any disciplinary actions against the employee(s).
9. Final decisions or appeals of any complaint involving students and/or employees will rest with the President. All documentation related to student generated complaints and resolutions are kept on file in the Office of the President in accordance with The Higher Learning Commission requirements.

If the complaint cannot be resolved after exhausting the institution's complaint procedure, the student may file a complaint with either the Illinois Board of Higher Education or the Arizona State Board for Private Postsecondary Education. The student must contact the State Board for further details.

1. The Illinois Board of Higher Education, Academic Affairs Division, may be contacted at: 1 North Old State Capitol Plaza, Suite 333, Springfield, IL 60721-1377; (217) 782-2551. Alternatively, a complaint form may be completed at <http://complaints.ibhe.org/>.
2. If the complaint cannot be resolved after exhausting the institution's grievance procedure, the student may file a complaint with the Arizona State Board for Private Postsecondary Education. The student must contact the State Board for further details. The State Board address is 1740 W. Adams, Ste. 3008, Phoenix, AZ 85007, phone # 602-542-5709, website address: <https://ppse.az.gov>

3. Midwestern University is accredited with The Higher Learning Commission. For specific accreditation complaints against Midwestern University, they may be contacted at 230 South LaSalle Street, Suite 7-500, Chicago, IL 60604-1413 (info@hlcommission.org or through their web site at <https://www.hlcommission.org/>).

Accreditation complaints can also be directed to the individual accrediting agencies for each of Midwestern University's colleges and programs:

1. In the case of pharmacy students, the Accreditation Council on Pharmacy Education (ACPE) is also available to students who feel their complaint has been unresolved by the University. A requirement of the ACPE states that such a complaint against a college or school of pharmacy must be related to the standards or policies and procedures of ACPE and must be submitted in writing to the Executive Director of the ACPE. Under existing practices, when a complaint is received, it is submitted to the college or school affected for response. If, thereafter, based upon the complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the school or college, and the matter is treated as resolved. Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the school or college involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director. Where a complainant has threatened or filed legal action against the institution involved, ACPE will hold complaints in abeyance pending resolution of the legal issues and the complainant is so advised. Complaints to ACPE should be filed via e-mail to either of the two following addresses: csinfo@acpe-accredit.org (regarding a professional degree program); ceinfo@acpe-accredit.org (regarding a continuing education provider). The address of the Council is: Accreditation Council for Pharmacy Education, 190 South LaSalle Street, Suite 2850, Chicago, IL 60603.
2. In the case of osteopathic medical students, the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) is also available to students who feel their complaint has been unresolved by the University and is related to student grievances regarding AOA accreditation standards. AZCOM/CCOM is committed to meeting and exceeding the standards for accreditation of colleges of osteopathic medicine as described by the AOA Commission on Osteopathic College Accreditation. A copy of the standards is available upon request from the Office of the Dean of AZCOM/CCOM. Students who believe that the College may not be in compliance with a standard of accreditation have the right to file a complaint, with the complainant's confidentiality maintained throughout the process. One of two procedures may be followed, the first of which must involve the College of Osteopathic Medicine: 1) A written, dated and signed complaint must be filed with the Office of Student Services. 2) The Dean of Students will consult with the Dean of AZCOM/CCOM and form an ad-hoc committee to investigate the complaint. 3) The results of the investigation shall include findings of fact, a determination of standard compliance or non-compliance, and recommended corrective actions. The results will be communicated in writing to the Dean of AZCOM/CCOM. 4) If corrective action is indicated, the Dean of AZCOM/CCOM will respond with a description/plan for such action within 30 working days of receipt of the ad hoc committee results. 5) Records of all proceedings regarding complaints will be maintained by the Office of the President. 6) In the event that the student complainant is not satisfied with the ad hoc committee determination and/or corrective action, the student may then communicate his/her complaint to: Chairperson, Commission on Osteopathic College Accreditation, American Osteopathic Association, 142 East Ontario Street, Chicago, Illinois, 60611-2864. Protection Against Retaliation: MWU shall not in any way retaliate against any individual who informally or formally files a complaint. Retaliation is a serious violation of the complaint policy. Any person found to have retaliated against another individual for reporting a complaint will be subject to disciplinary action up to and including dismissal.
3. Students enrolled in the Occupational Therapy Program may contact the Accreditation Council for Occupational Therapy Education at: Accreditation Council for Occupational Therapy Education, American Occupational Therapy Association, 4720 Montgomery Lane, Suite 200, Bethesda, MD, 20814-3449; (301) 652-2682.

4. Students enrolled in the Physical Therapy Program may contact the Commission on Accreditation in Physical Therapy Education at: Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA, 22314; (703) 706-3245; <http://www.captetonline.org/Complaints/>.
5. Students enrolled in the Podiatric Medicine Program may contact the Council on Podiatric Medical Education at the following location: Council on Podiatric Medical Education, 9312 Old Georgetown Road, Bethesda, MD 20814; (301) 581-9200; www.apma.org. Students enrolled in the Speech-Language Pathology Program may contact the Council on Academic Accreditation in Audiology and Speech-Language Pathology at: Council on Academic Accreditation in Audiology and Speech-Language Pathology; 2200 Research Boulevard; Mail Stop 310; Rockville, MD 20850; accreditation@asha.org; or <http://caa.asha.org/programs/complaints/>.
6. Students enrolled in the College of Dental Medicine may contact the Commission on Dental Accreditation (CODA) at the following location: Commission on Dental Accreditation, 211 E. Chicago Ave., Chicago, IL, 60611; 1-800-621-8099 (x4653); <http://www.ada.org/en/coda/policies-and-guidelines/file-a-complaint/>. The Commission on Dental Accreditation will review complaints that relate to the College's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. It should be noted that the College of Dental Medicine-Arizona requests the opportunity to address a student's complaint internally before seeking an investigation by the Commission on Dental Accreditation. If the College can be of service in that regard, or if students have questions about their right to file a complaint either internally or externally, they can contact the administration of the College at (623-572-3800).
7. Students enrolled in the College of Optometry may contact the Accreditation Council on Optometric Education at the following location: American Optometric Association, 243 N. Lindbergh Boulevard, St. Louis, Missouri, 63141 or via phone at: (314) 991-4100 or via email at: ACOE@aoa.org.
8. Students enrolled in the Nurse Anesthesia Program may contact the Council on Accreditation of Nurse Anesthesia Educational Programs at: Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 South Prospect Avenue, Suite 304, Park Ridge, IL 60068-4001; (847) 692-7050; <https://www.coacrna.org/programs-fellowships/crna-school-search/>.
9. Students enrolled in the Cardiovascular Sciences Program may contact the Accreditation Committee-Perfusion Education (AC-PE) at the following location: 6654 South Sycamore Street, Littleton, CO. 80120; or via phone at (303) 738-0770; via fax at (303) 738-3223; and via email at ac-pe@msn.com. For more information please link to their web site at www.ac-pe.org.
10. Students enrolled in the College of Veterinary Medicine may contact the American Veterinary Medical Association (AVMA) by mail at 1931 N. Meacham Rd., Suite 100, Schaumburg, IL 60173-4360 or via phone at 847-925-8070 or 800-248-2862 and via fax at Fax: 847-925-1329 or via their website at www.avma.org
11. Students enrolled in the Clinical Psychology Program may contact the American Psychological Association, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington DC 20002-4242, via phone at (202) 336-5979, via TDD/TYY at (202) 336-6123 or via fax at (202) 336-5978.
12. Students enrolled in the Physician Assistant Program may contact the Accreditation Review Commission on Education for the Physician Assistant, Inc., via mail at 12000 Findley Road, Suite 150, Johns Creek, GA 30097, phone at 770-476-1224, or fax at 770-476-1738. Contact Accreditation Services by email at: accreditationservices@arc-pa.org.
13. Students enrolled in the Speech-Language Pathology Program on either campus may contact the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language Hearing Association (ASHA), 2200 Research Boulevard, #310 Rockville, MD 20850, 800/498-2071 or 301/296-5700.
14. Students enrolled in the Master of Public Health Program may contact Council on Education for Public Health (CEPH), 1010 Wayne Ave. Suite 220, Silver Spring, MD 20910, 202/789-1050.
15. Students enrolled in the Graduate Nursing Programs (GNPs) may contact the Arizona State Board of Nursing (AZBN) 1740 W Adams Street, Phoenix, AZ 85007. Phone: (602) 771-7800, and the Commission on Collegiate Nursing Education (CCNE) 655 K Street, NW, Suite 750 Washington, DC 20001. Phone: (202) 887-6791.

Section Two: **Student Judicial System**

Midwestern University, in an effort to conform with the rulings of the Supreme Court of the United States concerning the differentiation between student discipline and evaluation of student academic and professional competency, has developed the following student judicial structure to deal with disciplinary infractions of the student code as enumerated.

This student judicial system is designed so that a student may have the opportunity to be fairly and justly treated when their personal academic or professional conduct allegedly violates the Bylaws and Regulations of the Code of Responsibilities and Rights of the Students of Midwestern University that are stated below in this section. This section does not apply with respect to minor infractions related to student academic and professional performance that are dealt with by the appropriate faculty in regards to the filing of non-disciplinary Student Academic and Professionalism Incident Report Forms or in terms of dealing with unsatisfactory academic performance issues that are stipulated in either the Academic Section of the respective College Catalogue or the student's respective course syllabi that are dealt with through Academic Review Committees or Graduation and Promotion Committee. Although faculty and college administrators have the option to deal with such issues within their respective colleges, they must still provide students the opportunity to be fairly and justly treated and to be given the fundamental right to address any issues related to unsatisfactory academic progress or allegations of misconduct. Professional and/or academic misconduct incidents that potentially warrant disciplinary sanctions that remove a student from good standing or that result in an escalating alteration of disciplinary status must be submitted as a formal written complaint to the Deans of Students and the college dean, as well as to the student, in accordance with the policies and procedures described in this section below.

A. *Grounds for action.* The following acts are considered to be a violation of acceptable student conduct:

1. **Academic misconduct (see also Appendix 4: Student Academic Responsibilities)**
 - a. Cheating: Unauthorized use of a text, notes, artificial intelligence, augmentative intelligence, generative artificial intelligence technology tools, or other aids during an exam or when preparing an assignment in a course, copying the work of another student, or obtaining and using a copy of an examination in advance of its administration, gazing at another student's work, talking during an exam, signaling during an exam, neglecting to protect their answer sheet or scrap paper from the view of others, or any other violation as stated in the Testing Center Policy.
 - b. Computer misuse: Disruptive or illegal use of computer resources including the inappropriate transmission of class/examination material via e-mail, texting, or any other form of electronic communication.
 - c. Fabrication: Intentionally falsifying or inventing any information or citation in any academic exercise.
 - d. Facilitating academic dishonesty: Intentionally or knowingly helping or attempting to help another commit an act of academic dishonesty.
 - e. Forgery, alteration, or misuse of any type of University related document.
 - f. Knowingly furnishing false information to the University.
 - g. Intentional obstruction or disruption of teaching, research, or administrative operational procedures.
 - h. Plagiarism: Presenting as one's own the work of another, including AI (artificial intelligence) generated work, without proper acknowledgment; deceitful practice, utilizing a substitute or acting as a substitute in any academic evaluation, or knowingly permitting one's work to be submitted by another person without the instructor's authorization.
 - i. Unauthorized collaboration: Working together on an exam or any other form of assessment when expressly prohibited from doing so by an instructor.
2. **Professional misconduct**
 - a. Behavior inconsistent with the qualities described for professionals within the chosen fields, including unprofessional communications that are delivered verbally, in writing, via email, or any form of electronic means, including through social networking sites. The use of social

networking sites to bully, harass, intimidate, or threaten fellow classmates, employees or rotation site personnel is inappropriate and unacceptable. The content of personal and private conversations between individuals may not be posted on social media without the permission of all parties involved. All forms of communication to and from the University, including anonymous evaluations related to courses and constructive feedback, need to use appropriate language and be worded in a professional and non-offensive or non-argumentative manner.

- b. Misuse of any electronic device, including cell phones, for the purpose of unauthorized recordings/tapings/photographs/videos/electronic communications of lectures, lecture materials, laboratories, laboratory materials, clinical settings, patients and patient encounters, or meetings with instructors, faculty, or administrative personnel, as well as MWU events such as the White Coat Ceremony and graduations.
- c. Computer misuse: using University or affiliate computers to access or transmit pornographic or illegal subject matter.
- d. Drug abuse: Being under the influence of substances of abuse, including alcohol, during class, laboratory, externship, clerkship, or any other situation under the jurisdiction of the University in which professional conduct is expected or required.
- e. Failing a drug test due to the unauthorized use of alcohol, marijuana or other controlled substances.
- f. Engaging in the synthesis, manufacture, theft, sale, or use of a controlled substance or drug for unlawful purposes or assisting any individual or group in accomplishing this end.
- g. Failure to comply with or obstruction of performance of campus security.
- h. Harassment of any kind directed at a particular person or group of people.
 - i. Inducing or forcing another individual to drink an alcoholic beverage (including "spiking" nonalcoholic beverages) against their expressed desire.
 - j. Possession, use, distribution or sale within the college community of date rape drugs including GHB, Rohypnol, and Ketamine or any similar illegal drugs that can be given to a student without their knowledge.
- k. Misuse of pharmaceutical privileges.
 - l. Neglect of clinical and/or hospital duties.
- m. Neglect of patient's rights.
- n. Neglect of responsibilities related to holding office as a student senate, Student Council/ Student Government Association, class, or other organizational elected or appointed officer.
- o. Obstruction of the judicial system or failure to comply with judicial sanctions.
- p. Physical abuse of any person or University property or conduct that threatens or endangers the health or safety of any person.
- q. Possession or use of firearms, ammunition, or explosive devices or materials on campus.
- r. Theft of, or the intentional damage to, property of a member of the University on campus, or theft of, or the intentional damage to, property of Northwestern University.
- s. Unauthorized possession or duplication of keys/ID badges to any University facility and unauthorized entry to or use of University facilities.
- t. Violation of any campus rules or regulations.
- u. Violation of the confidentiality of any medical, personal, financial, or business information obtained through the student's educational activities in any academic or professional practice setting.
- v. Violation of any federal, state, or local laws while on campus or attending approved off-campus events, including rotations or while enrolled as a student.
- w. Late arrival to examinations three or more times during a single quarter.

B. Procedures for conduct examination. To institute proceedings to examine any student act allegedly violating acceptable student conduct, the following procedures shall be followed:

- 1. Nature of the act and related circumstances are to be reported in written detail and submitted to:
 - a. The involved student,
 - b. The respective college dean, and
 - c. The Dean of Students.

2. The written statement must include the name of the involved student, the name and status of the reporting person, and the nature of the alleged act. In cases of harassment/unlawful discrimination and sexual misconduct, issues should be handled according to the procedures outlined under the Harassment/Unlawful Discrimination and Sexual Misconduct policies in the Policy Section of the Student Handbook. The written statement may be sent to the involved student via the University email/mail system or delivered in person. Should a student so involved refuse or fail to accept delivery of the statement after a bona fide attempt is made to deliver, the requirement of notification will be considered to have been met. All correspondence related to the proceedings is considered to be confidential material.
3. Temporary suspension: Should a student action be of such a nature that it is felt that they must be relieved of their right to attend Midwestern University, the student may be temporarily suspended from the college on recommendation of the Dean of Students. Any temporary suspension may continue until such time as the issue in dispute is resolved under the process outlined below.

C. Resolution of conduct matters. Any issue concerning student conduct will be resolved by utilizing the Office of the Dean of Students. The Dean of Students is authorized to receive complaints, conduct investigations and determine the validity of the charges. The Dean of Students also makes recommendations regarding appropriate disciplinary action to the applicable college dean. The Dean of Students has been assigned this role to ensure consistent and fair resolution of student conduct issues. At the onset of any conduct issue, the involved student or students should, if feasible, meet with the Dean of Students no later than one week after notification of an allegation of unacceptable student conduct.

1. *Method of resolution.*
 - a. Upon receipt of the written complaint lodged against the student, the Dean of Students will set a time to meet with the student regarding the issue. The interview will preferably be conducted in person, although a phone interview or virtual meeting is acceptable if the student is at a distant location. Only the student may attend the interview. The Dean of Students has the right to interview other parties in relation to the incident to determine the validity of the complaint.
 - b. After interviewing the student and other involved persons, the Dean of Students will render a decision regarding the validity of the complaint. If the complaint is valid, the Dean of Students will recommend disciplinary action. The appropriate college dean will be notified of the recommendation within 5 school days of the aforementioned interview (unless prevented by extenuating circumstances). A copy of the Dean of Students investigation into the complaint, including all supporting evidence, will be submitted to the Office of the President.
 - c. Typically, within 5 school days after receiving the recommendation of the Dean of Students, the college dean will notify the student in writing of their decision including, if applicable, any disciplinary action. Any disciplinary action must conform to Appendix 1, Section Five of the Code of Responsibilities and Rights of Students of Midwestern University. A copy of the college dean's decision must be sent to the Dean of Students and the Office of the President in Glendale and the Office of Accreditation in Downers Grove for inclusion in the student's disciplinary file.
 - d. If the student does not accept the college dean's decision, the student may appeal to the President (who may consult with the Chief Academic Officer of the respective college) within 5 school days of notification of the college dean's decision, by submitting a written statement containing the basis and reasons for the appeal including all relevant facts. The President will request a copy of the college dean's findings and decision, as well as all relevant information from the Dean of Student's investigation. The President or designated Chief Academic Officer will act upon the appeal by (a) confirming the original decision, (b) altering any penalties imposed, or (c) requesting the student, the Dean of Students, and/or the applicable college dean to submit additional information prior to rendering a decision.
 - e. The final decision rests with the President. A copy of the President's decision must be sent to the college dean, Dean of Students and the Office of the President in Glendale or the Office of Accreditation in Downers Grove for inclusion in the student's disciplinary file.
2. *Record keeping in conduct matters.* Records of the above proceedings shall be kept in accordance with the following guidelines:

- a. All records related to disciplinary investigations/actions are secured in the Office of the Dean of Students.
- b. All records related to disciplinary appeals are secured in the office of the President.
- c. All records related to disciplinary investigations/actions/appeals are maintained in perpetuity.
- d. A student may see any and all records related to their disciplinary investigation/action/appeal in accordance with the college regulations concerning inspection of records as spelled out in Guidelines for Access to and Disclosure of Educational Records Maintained by Midwestern University.
- e. All documentation related to disciplinary investigations/actions/appeals are kept on file in the Dean of Student's Office and the Office of the President in accordance with The Higher Learning Commission.

Appendix 3: Guidelines for Access to and Disclosure of Education Records Maintained by Midwestern University

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), the following represent guidelines for access to and disclosure of educational records maintained for students who are or have been in attendance at Midwestern University.

A. Definitions

As used herein:

1. "University" means Midwestern University.
2. "Directory information" as defined by FERPA, refers to "information contained in an education record that would not generally be considered harmful or an invasion of privacy if disclosed."
3. "Education records" means those records that are directly related to a student and are maintained by the University, or by a party acting for the University, as a part of its official records of a student's University work. The term does not include:
 - a. Records of instructional, supervisory, and administrative personnel and educational personnel ancillary thereto, which are in the sole possession of the maker thereof and are not accessible or revealed to any other individual except a substitute (for the purpose of this definition, a "substitute" means an individual who performs on a temporary basis the duties of the individual who makes the record, and does not refer to an individual who permanently succeeds the maker of the record in their position);
 - b. Records of a law enforcement unit of the University, which are maintained apart from education records solely for law enforcement purposes and are not disclosed to individuals other than law enforcement officials of the same jurisdiction;
 - c. Records relating to an individual who is employed by the University, which are made and maintained in the normal course of business, relate exclusively to the individual in that individual's capacity as an employee, and are not available for use for any other purpose (this subparagraph does not apply to records relating to any individual in attendance at the University who is employed as a result of their status as a student);
 - d. Personal health records of a student, which are created or maintained by a professional acting in their professional capacity, used only in connection with the provision of treatment to a student, and not disclosed to anyone other than individuals providing the treatment (provided that the records can be personally reviewed by a physician or other appropriate professional of the student's choice); and
 - e. Alumni records compiled after graduation.
4. "Personally identifiable information" means that the data or information includes
 - a. The name of a student, the student's parent, or other family member;
 - b. The address of the student;
 - c. A personal identifier, such as the student's social security number or student ID number;
 - d. A list of personal characteristics that would make the student's identity easily traceable; or

MIDWESTERN UNIVERSITY

STANDARD POLICY

DIVISION: Human Resources

CAMPUS: Downers Grove/Glendale

SUBJECT: Employee Grievance		POLICY NO.	
Approved by: Joshua Baker, O.D., M.S. President and Chief Executive Officer	Issue Date 12/1/2025	Supersedes 11/19/2003, 7/1/2022	Pages 1 of 2

PURPOSE

In any organization there can be differences of opinion about working conditions, work rules, policies and other work-related issues. To resolve these differences, effective communication is essential. It is the purpose of this policy to provide a prompt, orderly means of receiving and responding to employee concerns.

POLICY

1. Although not every problem can be resolved to everyone's complete satisfaction, it is only through understanding and discussion of mutual problems that employees and management can develop confidence in each other. This confidence is important to the operation of an efficient and harmonious work environment and helps to ensure everyone's job satisfaction.
2. An employee may initiate a formal process to address their grievance under the following circumstances:
 - 2.1. Policy Violation – Violations of Midwestern University policy, or an inconsistent application of Midwestern University policies; OR
 - 2.2. Employment Action – Employment action is the corrective action, unsatisfactory performance review, demotion, suspension without pay, termination of an employee, or work assignments or conditions of work which violate a Midwestern University policy.

PROCEDURE

3. It is the belief of management that the majority of problems can be resolved before needing to go beyond the parties involved. Therefore, the first step in the process of grievance resolution is for the employee to discuss the concern with their supervisor.
 - 3.1. Supervisory Level
 - 3.1.1. The employee should present their concern to his or her supervisor within five working days of the action taken against them.
 - 3.1.2. The supervisor will respond to the employee within five working days of when the employee brought the concern to him or her.
 - 3.1.3. If the supervisor disagrees with the employee and cannot resolve the situation, or is unwilling to change an earlier decision, the employee has the option of

Employee Grievance

contacting the Department Head/Dean/CAO or Vice President to discuss the issue.

- 3.1.4. Additionally, in a situation where the employee feels the matter is too delicate to go through the supervisor, the employee has the option of contacting the Department Head/Dean/CAO or Vice President to discuss the issue.

3.2. Human Resources Level

- 3.2.1. If the employee feels that the concern is still unresolved, within five working days the employee should present the concern in writing to Human Resources. The written notice should include the nature of the grievance, the specific policies or procedures which are believed to have been violated, the steps that have been taken, the decision being contested, and the desired remedy.
- 3.2.2. Within five working days, Human Resources will meet with the employee to review the employee's concern.
- 3.2.3. Human Resources will interview any parties involved and review the situation being grieved.
- 3.2.4. After reviewing the situation with the employee's manager, and reviewing all gathered and submitted information, Human Resources will inform the employee of the resolution in writing.
- 3.2.5. A copy of both the written grievance notice and the written response will be placed in the employee's personnel file.

3.3. Final Appeal Level

- 3.3.1. If the employee feels that the concern is still unresolved, within five working days of receipt of Human Resource's decision, the employee may submit a final appeal in writing to the President of Midwestern University.
- 3.3.2. All previous filed paperwork will also be forwarded to the President for review.
- 3.3.3. Within 10 working days, the President will inform the employee of the decision. The President's decision is final and not subject to further review.

4. No employee will be subject to adverse treatment for voicing a complaint in a reasonable, business-like manner, or for filing a grievance. Nor will the fact that an employee has raised a complaint result in any discrimination toward the employee in conditions of work, advancement, etc. Should the University find that retaliation of an employee has occurred, corrective action will be taken.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Sensitive Information Protection		
Issue Date: 3/24/2025	Supersedes: 12/12/2023, 11/20/2022, 11/15/2021, 10/20/2020, 03/31/2018, 5/1/2012	Pages: 2
Division: University	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goepfing, Ph.D., President, and CEO		

PURPOSE

To establish the methods by which sensitive information is managed securely. The Sensitive Information Protection Policy identifies guidelines and acceptable practices for managing sensitive paper and electronic data by all University employees. Sensitive information is defined as information intended for limited or very limited use within the University that, if disclosed, could be expected to have a serious or severe adverse effect on the operation of the University. This policy applies to University employees that create, use, process, and store sensitive data.

POLICY

The following guidelines must be followed to protect sensitive information in a non-electronic (paper) form:

1. Faculty sensitive information (contracts, evaluations, etc.) are to be stored in the Program Director/Chair/Dean's office in a locked unit. The Program Director/Chair/Dean has a key to this cabinet, and the key is stored in a locked desk or on a personal key chain during nights/weekends.
2. Student (currently enrolled) sensitive information (grades, exams, etc.) are to be stored in the Program Director/Chair/Dean's office in a locked cabinet or in a room that can be locked. The Program Director/Chair/Dean has a key to this unit or room, and the key is stored in a locked desk or on a personal key chain during nights/weekends.
3. Program/Department sensitive information (certain meeting minutes) are to be stored in a locked unit in the program office/file room. The Program Director/Chair/Dean and designated administrative staff have a key to these units, and the keys are stored in a locked desk or in a room that can be locked, or are on a personal keychain during nights/weekends.
4. Faculty must store sensitive personal information in a locked unit in the faculty office. Keys will be stored in a locked desk or on a personal key chain during nights/weekends.
5. Sensitive information that is to be shredded must be either shredded immediately or put in a locked receptacle for shredding, as provided by the University
6. Sensitive information sent through inter-office mail must be sent in a security envelope with a sealed flap inside a second envelope. Confidential is handwritten or stamped across the inner and outer envelope seal.
7. Sensitive information printed, photocopied, or faxed should be accessible to authorized personnel using security codes if using University equipment which has been so programmed.

The following guidelines must be followed to protect sensitive electronic information:

1. Sensitive electronic information must be stored in password-protected restricted files.
2. Sensitive electronic information stored or copied to mobile, external storage devices (CD, DVD, laptops, USB memory sticks, cell phones) must be encrypted.
3. Sensitive electronic information stored on local workstations or network drives must be password-protected.
4. Shared network drives used to share or exchange data internally or externally must be restricted to authorized individuals. All external shared space must be configured and managed by the Midwestern University Information Technology Service Department.

Sensitive Information Protection

5. Sensitive electronic information sent via e-mail must not be transmitted in the body of an unsecured e-mail message. Instead, one of the following methods must be used:
 - a. Sensitive electronic information should be sent as an e-mail attachment and as a password-protected document. The password should be shared as a separate communication using trusted contact information of the recipient.
 - b. Use the “Secure” mail system process as currently provided by Information Technology Services.
6. Sensitive information must not be transmitted in an instant message or text message.

The following guidelines must be followed to protect the office environment:

1. The Dean has a master key to Program/Department Offices. The key will be kept on a personal key chain or secured in a locked desk.
2. The Program Director/Department Chair may have a master key to offices. In this case, the key will be kept on a personal key chain or secured in a locked desk.
3. The Faculty member has a key to his/her faculty office only. Faculty offices will be locked in the absence of that faculty member, including nights and weekends.
4. The desk of the administrative assistant is locked during nights and weekends.
5. All Program/Department suites are locked during nights and weekends.
6. When away from their desks for long periods of time, faculty and staff must put their computers in Restart mode (which will allow automated computer updates) or Shut down mode.
7. All passwords are confidential.
8. Staff computers located in an open suite area may be equipped with privacy screen protectors as needed.
9. A Midwestern University employee is responsible for reporting any concerns in a timely manner to their direct supervisor and to the Information Technology Service if sensitive data may have been compromised.

Documented abuses or violations of these security measures will be referred to the appropriate authority. The University reserves the right to discipline a University employee for violation of this policy.



**MIDWESTERN UNIVERSITY
STANDARD POLICY**

Title: Student Social Security Numbers: Use, Storage, Disclosure or Transmission, Destruction, Reporting Requirement for Inappropriate Disclosure		
Issue Date: 07/09/2025	Supersedes: 08/13/2024; 08/21/2023;09/06/2022; 07/23/2021; 07/9/2020; 02/08/2017; 10/13/2006	Pages: 2
Division: University	Campus: Downers Grove and Glendale	
Approved by: Joshua Baker, O.D., M.S., Interim President, and CEO		

PURPOSE

To establish the minimum requirements expected in connection with the maintenance, use, storage, disclosure/transmission, and/or destruction of a student’s social security number (“SSN” or “SSNs”) by all departments of the University for purposes such as, but not limited to, transcripts, registration reports, financial aid files, check requests, licensing board registrations, and criminal background checks conducted by the University and clerkship sites.

POLICY

MAINTAINING SECURITY OF SOCIAL SECURITY NUMBER:

A student’s social security number is confidential and sensitive information and may be afforded additional privacy protection by state and federal laws, including the Family Educational Rights and Privacy Act.

All University personnel, therefore, must take steps to use a student’s social security number (“SSN”) only when absolutely necessary, such as conducting University business, complying with or pursuant to the law, or other legitimate purposes (“Purpose”). If the SSN is not required for fulfilling the Purpose, but is otherwise provided or displayed, University personnel must redact the SSN in its entirety. If the SSN is needed for a Purpose, University personnel shall first consider whether the objective may be achieved by using only the last four or five digits of the SSN. Only as a last resort needed to complete a Purpose should the complete SSN be used, and rarely will this option be appropriate when the Purpose involves disclosure in a public forum.

Transmission of an SSN between University employees or between the University and a legitimate third-party must be done through secure and encrypted means.

The following additional guidelines must be followed by University personnel when handling SSN:

USE:

1. University employees may not disclose SSNs that they have obtained from University records, except when legally permitted and essential for fulfilling the Purpose.
2. When a SSN is found or retrieved from a student’s records, the SSN is personally identifiable information protected by FERPA and shall be treated confidentially in accordance with that law and implementing regulations.

STORAGE:

3. Electronic data with SSNs may only be stored on University-owned devices or services with encryption enabled. Electronic data with SSNs **must not** be stored on any personal device(s) belonging to the MWU employee (e.g., cellular phone, laptop, desktop, electronic tablet, or portable media).

Student Social Security Numbers

4. Any hard copies of records containing SSNs must be stored in a locked drawer or a filing cabinet, or a locked storage room when not in use. This data should not be left unattended while in use.
5. Hard copies of records containing SSNs may not be removed from the University offices where they are used unless University business requires that they be transferred to another secure office. In such circumstances, the member of University personnel responsible for transporting such information shall ensure transportation is secure and take reasonable steps to maintain the security of such information.
6. Reproducing records, in any format, containing SSNs must be maintained consistent with the requirements of this policy. As an example, making photographic images using a personal cell phone or camera is prohibited. In no circumstance shall any reproductions be made or stored using personal or unsecured devices.

DISCLOSURE OR TRANSMISSION:

7. Employees must not leave voice mail messages containing a SSN.
8. Documents that contain SSN information may not be accessed, transferred, or manipulated while using a non-MWU owned device.
9. Employees may fax documents containing SSNs only to secure fax machines.
10. Records or documents containing SSNs may be transmitted using a University desktop computer or University laptop while using the University's secure e-mail system or other secure transfer method requiring a login to a secured site that is managed and maintained by the sending or receiving party (e.g., MWU's secure file sharing solution or the complimentary company's secure file sharing solution).
11. Any regular electronic transfer of records containing SSNs must be done through a secure protocol such as SFTP. Information Technology Services must be contacted to determine the best method to make the continuing transfer including the possibility of a secure transmission from the University database server to the third-party server.
12. If a student has been advised by a college to submit documentation that includes a social security number to a third party, the student should be advised to use a University desktop computer or a University laptop and the University's secure e-mail system, or to upload the document to a secure electronic portal.

DESTRUCTION:

13. When the data is no longer needed, the electronic data file containing a SSN should be permanently deleted from the MWU employee's computer system.
14. Hard copies containing SSNs must be shredded using a level 4 (or higher level) shredder, or disposed of in the secure disposal containers as contracted by Midwestern University so that personal information, including SSNs, cannot be read, or reconstructed.

REPORTING REQUIREMENT FOR INAPPROPRIATE DISCLOSURE:

15. University employees shall promptly report to their supervisors any suspected or actual inappropriate disclosure of SSNs. The supervisor is responsible for reporting the disclosure to the University Privacy Officer and Security Office.

These guidelines may not apply in full or part if the individual to whom the SSN belongs authorizes in writing the disclosure of the individual's SSN with understanding and knowledge of potential redisclosure and loss of confidentiality.

MIDWESTERN UNIVERSITY

EMPLOYEE RECORDS POLICY

PURPOSE: To set forth guidelines for employee record keeping and access to same.

POLICY: Midwestern University will collect and use only that information which is necessary or relevant to operating needs and for necessary government reporting purposes.

Internal access to employee records will be limited to those who have legitimate business reasons for access. External release of individual personal information, other than verification of employment (to consist of job title and dates of employment) will not be made without the prior written authorization of the employee, unless required by law.

An employee wishing to review his/her file may do so in the Human Resources Department. Prior employment references will be removed before such a review.

Appendix 3: Guidelines for Access to and Disclosure of Education Records Maintained by Midwestern University

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), the following represent guidelines for access to and disclosure of educational records maintained for students who are or have been in attendance at Midwestern University.

A. Definitions

As used herein:

1. "University" means Midwestern University.
2. "Directory information" as defined by FERPA, refers to "information contained in an education record that would not generally be considered harmful or an invasion of privacy if disclosed."
3. "Education records" means those records that are directly related to a student and are maintained by the University, or by a party acting for the University, as a part of its official records of a student's University work. The term does not include:
 - a. Records of instructional, supervisory, and administrative personnel and educational personnel ancillary thereto, which are in the sole possession of the maker thereof and are not accessible or revealed to any other individual except a substitute (for the purpose of this definition, a "substitute" means an individual who performs on a temporary basis the duties of the individual who makes the record, and does not refer to an individual who permanently succeeds the maker of the record in their position);
 - b. Records of a law enforcement unit of the University, which are maintained apart from education records solely for law enforcement purposes and are not disclosed to individuals other than law enforcement officials of the same jurisdiction;
 - c. Records relating to an individual who is employed by the University, which are made and maintained in the normal course of business, relate exclusively to the individual in that individual's capacity as an employee, and are not available for use for any other purpose (this subparagraph does not apply to records relating to any individual in attendance at the University who is employed as a result of their status as a student);
 - d. Personal health records of a student, which are created or maintained by a professional acting in their professional capacity, used only in connection with the provision of treatment to a student, and not disclosed to anyone other than individuals providing the treatment (provided that the records can be personally reviewed by a physician or other appropriate professional of the student's choice); and
 - e. Alumni records compiled after graduation.
4. "Personally identifiable information" means that the data or information includes
 - a. The name of a student, the student's parent, or other family member;
 - b. The address of the student;
 - c. A personal identifier, such as the student's social security number or student ID number;
 - d. A list of personal characteristics that would make the student's identity easily traceable; or

- e. Other information that would make the student's identity easily traceable.
- 5. "Record" means any information or data recorded in any medium, including, but not limited to, handwriting, print, tapes, film, microfilm, and microfiche, emails, texts and other electronic means.
- 6. "Student" means any person who has matriculated at the University and commenced classes, for whom the University maintains education records. The term does not include an individual who has applied for admission to but has not been in attendance at the University, nor does it include alumni status. "Student Status" terminates at the time a student ceases to attend classes and leaves the institution by graduating, withdrawing, or being dismissed. A "Student Status" is maintained during leaves of absence or suspensions.

B. Inspection and Review of Education Records

1. Education Records maintained: The University shall maintain the following types of student records:
 - a. Personally identifiable information that identifies each student enrolled in the University, such as full legal name, address, race, sex, date and place of birth, marriage status, name of spouse, name of parent or guardian.
 - b. Descriptions of student academic status including grade level completed, grades, standardized test scores, and clinical evaluations of work competency and achievement.
 - c. Scores on standardized intelligence and aptitude tests.
 - d. Scores on standardized professional examination boards.
 - e. Records of extracurricular activities.
 - f. Health and immunization data.
 - g. Criminal background checks
 - h. Systematically gathered academic, clinical, and counseling ratings and observations that become part of the education record.
 - i. Records relating to disciplinary actions/investigations.
2. Retention and security of records:
 - a. The University Registrar shall maintain relevant education records and any and all records maintained by University administration, with the exception of disciplinary, criminal records, and medical records, which shall be kept separately by the Dean of Students of the University.
 - b. Security of all records shall be the responsibility of the Registrar, excepting those above-mentioned files kept by the Dean of Students for which they shall be responsible.
 - c. With the exception of disciplinary records, which are permanently retained by the Dean of Students, all other education records are maintained in accordance with the University's academic records retention policy.
 - d. The Registrar and/or the Dean of Students may at any time deemed appropriate, review any and all records for which the individual official shall have responsibility. Such review shall be done to eliminate or amend those records that no longer have meaning in determining the educational accomplishments of the student or that may have been found to be inaccurate.
3. Right to inspect and review education records:
 - a. The University shall permit a student who is or has been in attendance at the institution to inspect and review their own education records. This right to inspect and review includes the right to a response from the University to reasonable requests for explanations and interpretations of the records.
 - b. Students shall not be permitted to inspect and review the following records:
 - i. Financial records and statements of their parents or any information contained therein.
 - ii. Confidential letters and confidential statements of recommendation that were placed in the education records of a student prior to January 1, 1975, provided that: (i) the letters and statements were solicited with a written assurance of confidentiality, or sent and retained with a documented understanding of confidentiality, and (ii) the letters and statements are used only for the purposes for which they were specifically intended.
 - iii. Confidential letters and confidential statements of recommendation placed in the education records of a student after January 1, 1975, respecting admission to the University, an application for employment, or the receipt of an honor or honorary recognition, provided that the student has waived in writing their right to inspect and review those letters and statements of recommendation. In the event of such a waiver: (i)

the applicant or student shall be notified upon request of the names of all individuals providing the letters or statements; (ii) the letter or statements shall be used only for the purpose for which they were originally intended; and (iii) such waiver shall not be required by the University as a condition of admission to or receipt of any other service or benefit therefrom. Such a waiver may be revoked at any time with respect to any actions occurring after the revocation.

- c. The procedure for inspection and review of records shall be as follows:
 - i. A student desiring to inspect and review their records shall submit a written request directly to the person in charge of the desired records.
 - ii. Such request must specify the records requested.
 - iii. A request to inspect the desired records will be granted within a reasonable period of time, not exceeding 45 days after the request has been made.
 - iv. The student will be notified in writing as to when and where they may inspect the requested records.
 - v. Inspection of records will be made in front of the responsible administrator or designee.
 - vi. A notation will be placed in the file each time it is inspected, stating the date of inspection, person inspecting, and reason for the inspection. In the case of transcript transmittal, a student must submit such request in writing and a notation shall be made on the file as to date and place sent.
 - vii. Please note that criminal information regarding a crime of violence, or a non-forcible sex offense, along with the results of any disciplinary hearing conducted by the University against the student who is the alleged perpetrator of the crime or offense will be included in that student's record and that notification of the outcome of such disciplinary hearings will be provided to the alleged victim upon written request. If the alleged victim is deceased as a result of the crime or offense, the University will provide the results of the disciplinary hearing to the victim's next of kin, if so requested.
- d. A student may request copies of their transcripts from the Registrar in accordance with the following:
 - i. A transcript of the student's academic record will be made for free to students and at a charge per copy to alumni.
 - ii. Requests for reproduction of a transcript must be made online via the Transcript Request link on the MWU student portal or alumni portal.
 - iii. The University in general does not typically provide copies of academic records other than academic transcripts, copies of a certified diploma or criminal background check report. If such requests are approved for copying, the requests must be made in writing to the Dean of Students.
 - iv. All reproduction requests must be accompanied by the payment of record reproduction charges, which is currently \$0.50 per page.
 - v. Reproduction shall be done as soon as feasible, but not to exceed 45 days after receipt of the request.

C. Amendment of education records

1. Request to amend education records:
 - a. A student who believes that information contained in their education records is inaccurate or misleading, or violates privacy or other rights, may request that the records be amended.
 - b. Such a request shall be made in writing and submitted to the custodian of the disputed record, who shall decide whether to amend the record in accordance with the request within a reasonable period of time (not exceeding 45 days) of receipt of the request.
 - c. If the custodian of the disputed record, after consultation with the dean of the individual college, refuses to amend the record in accordance with the student's request, the student has the right to appeal under subsection 2 below.
2. Right of appeal
 - a. If the request by a student to amend education records is denied, they may write to the custodian of the record within 45 days after the denial, requesting an appeal in order to challenge the content of the records to ensure that information therein is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student.

- b. The appeal shall be conducted by the Dean of Students (for non-disciplinary records). For appeals related to disciplinary records, the President will hear the appeal.
 - c. The appeal shall be held within a reasonable period of time (not exceeding 45 days) after receipt of the request by the custodian of the record.
 - d. The student shall have a full and fair opportunity to present all evidence relevant to the issues.
 - e. The decision of the appeal shall be based solely upon evidence presented and shall include a written summary of the evidence and the reasons for the decision. The written summary and reasons for the decision shall be made within a reasonable period of time after receipt of the evidence.
3. Results of the appeal
- a. If, as a result of the appeal, the University decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it shall amend the education records of the student accordingly and so inform the student in writing.
 - b. If, as a result of the appeal, the University decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it shall inform the student of the right to place in their education records a statement commenting upon the information in the education records and/or setting forth any reasons for disagreeing with the decision of the University. Any explanation placed in the education records of the student hereunder shall be maintained by the University as part of the education records of the student so long as the record or contested portion thereof is maintained and shall be disclosed to any party subsequently receiving the education records of the student or contested portion thereof.

D. Disclosure of education records, including personally identifiable information

- 1. Prior consent for disclosure required.
 - a. Unless an exception applies, the University shall obtain the written consent of a student before disclosing a student's education records or personally identifiable information.
 - b. The written consent required shall be signed and dated by the student and shall include: a specification of the records to be disclosed; the purpose(s) of the disclosure; and the party or class of parties to whom the disclosure may be made.
- 2. Exceptions: The University may, but need not, disclose the education records of a student, including personally identifiable information without the written consent of a student if the disclosure is:
 - a. To the student themselves.
 - b. To University officials, including the heads of administrative departments as well as faculty members having classroom or advisory responsibility to the student, provided that such officials have legitimate educational interests in the information. For purposes hereof, "legitimate educational interest" shall mean any interest of those officials directly related to the performance of their duties but shall not include any interest having as its principal source the personal prejudice of any such official.
 - c. To officials of other colleges or universities in which the student seeks or intends to enroll, provided that the student shall be notified of the transfer of records (except when the transfer is initiated by the student) and receive a copy of the records if desired.
 - d. To authorized representatives of: The Comptroller General of the United States; the Secretary of Health, Education and Welfare; the U.S. Commissioner of Education; the Director of the National Institute of Education, or the Assistant Secretary for Education; State educational authorities. It is provided that any such disclosures shall be only for use in connection with the audit and evaluation of federally supported education programs, or in connection with the enforcement of or compliance with the Federal legal requirements relating to such programs. It is provided, further, that except when the consent of a student has been obtained or when the collection of personally identifiable information is specifically authorized by Federal law, any data collected by officials hereunder shall be protected in a manner that will not permit the personal identification of the student by other than those officials, and personally identifiable information shall be destroyed when no longer needed for such audit, evaluation, or enforcement of or compliance with Federal legal requirements.

- e. In connection with financial aid for which a student has applied or received, provided that personally identifiable information from the education records of a student will be disclosed only as may be necessary to determine eligibility for financial aid; determine the amount of financial aid; determine the conditions that will be imposed regarding the financial aid; or to enforce the terms or conditions of the financial aid.
 - f. To state and local officials or authorities to whom information is specifically required to be reported or disclosed pursuant to state statute adopted prior to November 19, 1974.
 - g. To organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of developing, validating, or administering predictive tests, administering student aid programs, and improving instruction. It is provided that the studies are conducted in a manner which will not permit the personal identification of students by individuals other than representatives of the organization and the information will be destroyed when no longer needed for the purposes for which the study was conducted.
 - h. To parents of a dependent student, as defined in section 152 of the Internal Revenue Code of 1954, as long as the student has provided a written release to the University.
 - i. To comply with a judicial order or a lawfully issued subpoena, in which event the student will be notified in advance of compliance, if feasible, of the order or subpoena, the compliance date, and of the University's intention to comply.
 - j. To appropriate parties in a health or safety emergency, when the information is necessary to protect the health or safety of the student or other individuals, based upon the following factors: the seriousness of the threat to the health or safety of the student or other individuals; the need for the information to meet the emergency; whether the parties to whom the information is disclosed are in a position to deal with the emergency; and the extent to which time is of the essence in dealing with the emergency.
 - k. To appropriate organizations for the strict purpose of confirming that a student has a student status in a particular program/college of Midwestern University.
 - l. To the alleged victim of a crime of violence, or a non-forcible sex offense, the results of any disciplinary hearing conducted by the University against the student who is the alleged perpetrator of the crime or offense upon written request. If the alleged victim is deceased as a result of the crime or offense, the University will provide the results of the disciplinary hearing to the victim's next of kin, if so requested.
 - m. As otherwise provided by law, including but not limited to, the Solomon Act.
3. Exceptions: Directory Information. FERPA generally requires Midwestern University to obtain a student's written consent prior to the disclosure of personally identifiable information from the student's education records, however, Midwestern University may disclose appropriately designated "directory information" without written consent, unless the student has advised Midwestern University to the contrary in accordance with its procedures. For example, certain directory information may be disclosed to residency programs, employment recruiters, and industry representatives. While directory information may be disclosed without student consent, under FERPA, Midwestern University is not required to release directory information. The primary purpose of directory information is to allow Midwestern University to include information from the student's education records in certain school publications. Examples include but are not limited to:
- Directories and internal reports;
 - Yearbooks and class photos;
 - Recognition lists;
 - Promotional materials;
 - Graduation programs; and
 - Alumni directories.
 - Midwestern University has designated the following information as directory information and may release this information:
 - Student's name
 - Address
 - Telephone number
 - University email address
 - Photographs, including identification photos, composite photos, yearbook photos, graduation photos
 - Undergraduate institution(s) and the most recent previous educational institution attended

- Degrees, honors, and awards received
- Class level
- Enrollment status
- Dates of attendance
- Activities
- Photographs, videos, or other recordings (“Recordings”) depicting students in public or educational events and activities but only if the Recordings omit personally identifiable information contained in the student’s education record that is not otherwise directory information
- A student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user’s identity, such as a PIN, password, or other factor known or possessed only by the authorized user
- A student ID number or other unique personal identifier that is displayed on a student ID badge, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user’s identity, such as a PIN, password, or other factor known or possessed only by the authorized user.

If a student does not want all or some of their directory information released to any person other than officials with legitimate need, the student must notify the Registrar in writing. A restriction requested by a student will block the requested information from use as directory information indefinitely. To remove the restriction, the student must notify the Registrar in writing: Arizona Campus: AZregistrar@midwestern.edu; Illinois Campus: ILregistrar@midwestern.edu. The student submitting such request will be asked to complete the FERPA Non-Disclosure Request Form. A non-disclosure request may result in a complete bar to sharing any personally identifiable information from a student’s education records, which can have an adverse impact to the student’s academic and professional progress. Students with questions may contact the Registrar at: Arizona Campus: (623) 572-3325; Illinois Campus: (630) 515-7600.

4. Record of disclosures

- a. The University shall maintain a record, kept with the education records of its students, of each request for and disclosure of personally identifiable information, including directory information from the education records of its students. Such record shall indicate the parties who have requested or obtained the information and the legitimate interests these parties had in requesting or obtaining the information.
- b. Recording of disclosures shall not apply to the student themselves, disclosures pursuant to a written consent of the student when the consent is specific with respect to the party or parties to whom the disclosure is to be made or disclosures that are allowed under any exceptions discussed above.
- c. The record of disclosures may be inspected by: the student; the University official responsible for custody of the records; and the parties authorized in, and under conditions set forth in subsection D.2. above.

E. Annual notification of rights

1. Notice requirement. The University shall give students in attendance at the institution annual notice of the following:
 - a. Their rights under the Federal Education Rights and Privacy Act of 1974 (FERPA), regulations promulgated thereunder, and the policies of the University adopted herein;
 - b. The location where copies of these Guidelines may be obtained; and
 - c. The right to file complaints concerning alleged failures by the University to comply with the requirements of FERPA and regulations promulgated thereunder, with U.S. Department of Education, Student Privacy Policy Office, 400 Maryland Avenue, S.W., Washington, D.C., 20202-8520.

2. Form of notice. The notice required under subparagraph E.1. above shall be given annually via email that the FERPA rights of students is published annually in Appendix 3 of the student handbook.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Academic Records Retention		
Issue Date: 6/02/2025	Supersedes: 6/10/2024, 3/27/2023, 4/26/2022, 4/20/2021, 9/15/2017; 1/20/2009	Pages: 2
Division: University	Campus: Downers Grove and Glendale	
Approved by: Joshua Baker, O.D., M.S., Interim President and CEO		

PURPOSE

The Academic Records Retention Schedule is intended to help employees determine how certain academic records and documents should be retained, in what form (hardcopy or electronic format), and for how long. The Academic Records Retention Schedule is also intended to assist Midwestern University in complying with federal and state laws and regulations, including those laws and regulations that require Midwestern University to safeguard records and documents that contain an individual’s personal identifying information.

POLICY

Background: Midwestern University has an obligation to retain documents and records according to various Federal and State laws and regulations, as well as for business needs.

Midwestern University retains records and documents for academic, operational, fiscal, legal, historical, and other purposes. An “academic record” is defined as any recorded information, regardless of format (hardcopy, electronic, or other), created by or for Midwestern University or received by Midwestern University in connection with Midwestern University’s educational mission. These records and documents may contain public information and/or confidential/sensitive information.

All confidential records and documents are to be maintained appropriately in a manner that preserves their integrity. Confidential records and documents include educational records covered under the Family Rights and Privacy Act (“FERPA”); records that contain sensitive information containing an individual’s personal identifying information, such as social security numbers, credit card numbers, financial information, and personal health information. Confidential records may or may not be explicitly marked confidential. Regardless of any marks, records containing confidential and/or sensitive information are to be treated as such, including limited distribution to certain authorized individuals.

The Academic Records Retention Schedule reflects the period of time during which academic records and documents must be maintained. Confidential/sensitive records and documents will be protected to maintain security and confidentiality up through destruction. Records and documents will be appropriately destroyed upon termination of the retention period, as discussed below.

Exception: There may be circumstances where the end of a retention period for records or documents is reached, but documents and records should not be destroyed. For example, in the event of (1) a pending records request; (2) an internal, external, or state/federal agency action, audit, or complaint; or (3) litigation, during which the normal retention, and destruction schedule may be suspended. In the event of a suspension of the Academic Records Retention Schedule for the records and documents in question, those records and documents—irrespective of native format—will be retained for the duration of the event. A return to the regular retention schedule would not occur without written authorization. If there is any question as to whether certain records or documents fall within those excepted from destruction, contact the Office of the General Counsel.

Preservation Notice: In the event, Midwestern University receives notice of a pending records request, internal, external, or state/federal agency complaint, or litigation, a preservation notice will be sent to

Academic Records Retention

individuals who may hold both electronic and hardcopy documents relevant to the event. The purpose of the preservation notice will be to advise the appropriate individuals of the need to maintain and preserve potentially relevant records and documents. Failure to maintain and preserve records and documents covered by the preservation notice could result in a substantial risk of liability to Midwestern University and even the individual employee.

Document Destruction: Midwestern University will appropriately shred and destroy all confidential/sensitive records and documents in accordance with the Academic Records Retention Schedule. Appropriate destruction methods may include confidential recycling or, as in the case of personal health information, shredding through approved methods.

The destruction of electronic information must be performed according to the Office of Information Technology Services security standards for data deletion. Disposition of electronic information must be performed in a manner that protects confidential/sensitive information. The sale, donation, scrapping, or internal University transfer of computers or other electronic devices requires the secure destruction of information contained on the computer or electronic device. Any and all flash drives; floppy disks; tapes; film; and audio, digital, photo, and video recordings must be physically destroyed, or the information otherwise securely deleted according to the provisions of the Office of Information Technology's standards, not simply thrown in the trash, superficially deleted, or ignored.

Enforcement: All employees are responsible for ensuring that they comply with the policy for all academic records and documents they originate or receive. In addition, all employees are responsible for safeguarding any confidential/sensitive records or documents for which they are responsible. Should an employee suspect that an unauthorized individual has accessed confidential/sensitive records or documents, regardless of form, they should notify their supervisor immediately. Any employee found to have violated this policy and the Academic Records Retention Schedule, including compliance with any preservation notice, may be subject to disciplinary action, up to and including termination of employment.

**Notice of Midwestern University Benefit Plan
Health Information Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The effective date of this Notice of **Midwestern University Benefit Plan** Health Information Privacy Practices (the "Notice") is April 14, 2004.

Midwestern University Benefit Plan (the "Plan") provides health benefits to eligible employees of **Midwestern University** (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits.

For ease of reference, in the remainder of this Notice, the words "you," "your," and "yours" refers to any individual with respect to whom the Plan receives, creates or maintains Protected Health Information, including employees, and COBRA qualified beneficiaries, if any, and their respective dependents.

The Plan is required by law to take reasonable steps to protect your Protected Health Information from inappropriate use or disclosure.

Your "Protected Health Information" (PHI) is information about your physical or mental health condition, the provision of health care to you, or payment for health care provided to you, but only if the information identifies you or there is a reasonable basis to believe that the information could be used to identify you.

The Plan is required by law to provide notice to you of the Plan's duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plan uses and discloses PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plan may make of PHI, so this Notice describes all of the categories of uses and disclosures of PHI that the Plan may make and, for most of those categories, gives examples of those uses and disclosures.

The Plan is required to abide by the terms of this Notice until it is replaced. The Plan may change its privacy practices at any time and, if any such change requires a change to the terms of this Notice, the Plan will revise and re-distribute this Notice. Accordingly, the Plan can change the terms of this Notice at any time. The Plan has the right to make any such change effective for all of your PHI that the Plan creates, receives or maintains, even if the Plan received or created that PHI before the effective date of the change.

The Plan is distributing this Notice, and will distribute any revisions, only to participating employees and COBRA qualified beneficiaries, if any. If you have coverage under the Plan as a dependent of an employee or COBRA qualified beneficiary, you can get a copy of the Notice by requesting it from the contact named at the end of this Notice.

Please note that this Notice applies only to your PHI that the Plan maintains. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain.

Receipt of Your PHI by the Company and Business Associates

The Plan may disclose your PHI to, and allow use and disclosure of your PHI by, the Company and Business Associates without obtaining your authorization.

Plan Sponsor: The Company is the Plan Sponsor and Plan Administrator. The Plan may disclose to the Company, in summary form, claims history and other information so that the Company may solicit premium bids for health benefits, or to modify, amend or terminate the Plan. This summary information omits your name and Social Security Number and certain other identifying information. The Plan may also disclose information about your participation and enrollment status in the Plan to the Company and receive similar information from the Company. If the Company agrees in writing that it will protect the information against inappropriate use or disclosure, the Plan also may disclose to the Company a limited data set that includes your PHI, but omits certain direct identifiers, as described later in this Notice.

The Plan may disclose your PHI to the Company for plan administration functions performed by the Company on behalf of the Plan, if the Company certifies to the Plan that it will protect your PHI against inappropriate use and disclosure.

Example: The Company reviews and decides appeals of claim denials under the Plan. The Claims Administrator provides PHI regarding an appealed claim to the Company for that review, and the Company uses PHI to make the decision on appeal.

Business Associates: The Plan and the Company hire third parties, such as a third party administrator (the "Claims Administrator"), to help the Plan provide health benefits. These third parties are known as the Plan's "Business Associates." The Plan may disclose your PHI to Business Associates, like the Claims Administrator, who are hired by the Plan or the Company to assist or carry out the terms of the Plan. In addition, these Business Associates may receive PHI from third parties or create PHI about you in the course of carrying out the terms of the Plan. The Plan and the Company must require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too.

For purposes of this Notice, all actions of the Company and the Business Associates that are taken on behalf of the Plan are considered actions of the Plan. For example, health information maintained in the files of the Claims Administrator is considered maintained by the Plan. So, when this Notice refers to the Plan taking various actions with respect to health information, those actions may be taken by the Company or a Business Associate on behalf of the Plan.

How the Plan May Use or Disclose Your PHI

The Plan may use and disclose your PHI for the following purposes without obtaining your authorization.

Your Health Care Treatment: The Plan may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

Example: If your doctor requested information from the Plan about previous claims under the Plan to assist in treating you, the Plan could disclose your PHI for that purpose.

Example: The Plan might disclose information about your prior prescriptions to a pharmacist for the pharmacist's reference in determining whether a new prescription may be harmful to you.

Making or Obtaining Payment for Health Care or Coverage: The Plan may use or disclose your PHI for payment (as defined in applicable federal rules) activities, including making payment to or collecting payment from third parties, such as health care providers and other health plans.

Example: The Plan will receive bills from physicians for medical care provided to you that will contain your PHI. The Plan will use this PHI, and create PHI about you, in the course of determining whether to pay, and paying, benefits with respect to such a bill.

Example: The Plan may consider and discuss your medical history with a health care provider to determine whether a particular treatment for which Plan benefits are or will be claimed is medically necessary as defined in the Plan.

The Plan's use or disclosure of your PHI for payment purposes may include uses and disclosures for the following purposes, among others.

- Obtaining payments required for coverage under the Plan
- Determining or fulfilling its responsibility to provide coverage and/or benefits under the Plan, including eligibility determinations and claims adjudication
- Obtaining or providing reimbursement for the provision of health care (including coordination of benefits, subrogation, and determination of cost sharing amounts)
- Claims management, collection activities, obtaining payment under a stop-loss insurance policy, and related health care data processing
- Reviewing health care services to determine medical necessity, coverage under the Plan, appropriateness of care, or justification of charges
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services

The Plan also may disclose your PHI for purposes of assisting other health plans (including other health plans sponsored by the Company), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plan.

Health Care Operations: The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

Example: If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.

Example: If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.

The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Disease management, case management and care coordination
- Activities designed to improve health or reduce health care costs
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance programs

The Plan also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

- The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others.
- Underwriting, premium rating and performing related functions to create, renew or replace insurance related to the Plan
- Planning and development, such as cost-management analyses
- Conducting or arranging for medical review, legal services, and auditing functions

Health Information Privacy Practices

- Business management and general administrative activities, including implementation of, and compliance with, applicable laws, and creating de-identified health information or a limited data set

The Plan also may use or disclose your PHI for purposes of assisting other health plans for which the Company is the plan sponsor, and any insurers and/or HMOs with respect to those plans, with their health care operations activities similar to both categories listed above.

Limited Data Set: The Plan may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

Legally Required: The Plan will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records.

Health or Safety: When consistent with applicable law and standards of ethical conduct, the Plan may disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others.

Law Enforcement: The Plan may disclose your PHI to a law enforcement official if the Plan believes in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Plan. The Plan also may disclose your PHI for limited law enforcement purposes.

Lawsuits and Disputes: In addition to disclosures required by law in response to court orders, the Plan may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

Workers' Compensation: The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

Emergency Situation: The Plan may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plan to do this.

Personal Representatives: The Plan will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example) to the same extent that the Plan would disclose that information to you.

Public Health: To the extent that other applicable law does not prohibit such disclosures, the Plan may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

Health Oversight Activities: The Plan may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

Coroner, Medical Examiner, or Funeral Director: The Plan may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plan may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

Organ Donation. The Plan may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

Specified Government Functions: In specified circumstances, federal regulations may require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

Authorization to Use or Disclose Your PHI

Except as stated above, the Plan will not use or disclose your PHI unless it first receives written authorization from you. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the Plan has taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

The Plan May Contact You

The Plan may contact you for various reasons, usually in connection with claims and payments and usually by mail.

You should note that the Plan may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Your Rights With Respect to Your PHI

Confidential Communication by Alternative Means: If you feel that disclosure of your PHI could endanger you, the Plan will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request the Plan to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the

specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify how or where you wish to be contacted. The Plan will notify you if it agrees to your request for confidential communication. You should not assume that the Plan has accepted your request until the Plan confirms its agreement to that request in writing.

Request Restriction On Certain Uses and Disclosures: You may request the Plan to restrict the uses and disclosures it makes of your PHI. The Plan is not required to agree to a requested restriction, but if it does agree to your requested restriction, the Plan is bound by that agreement, unless the information is needed in an emergency situation. There are some restrictions, however, that are not permitted even with the Plan's agreement. To request a restriction, please submit your written request to the contact person identified at the end of this Notice. In the request please specify: (1) what information you want to restrict; (2) whether you want to limit the Plan's use of that information, its disclosure of that information, or both; and (3) to whom you want the limits to apply (a particular physician, for example). The Plan will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plan has accepted a requested restriction until the Plan confirms its agreement to that restriction in writing.

Paper Copy of This Notice: You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

Right to Access Your PHI: You have a right to access your PHI in the Plan's enrollment, payment, claims adjudication and case management records, or in other records used by the Plan to make decisions about you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. The Plan may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to the Plan or the Secretary of Health and Human Services. If you request a copy of your PHI, the Plan may charge a reasonable fee for copying and, if applicable, postage associated with your request.

Right to Amend: You have the right to request amendments to your PHI in the Plan's records if you believe that it is incomplete or inaccurate. A request for amendment of PHI in the Plan's records should be made in writing to the contact person named at the end of this Notice. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if, for example, your PHI in the Plan's records was not created by the Plan, if the PHI you are requesting to amend is not part of the Plan's records, or if the Plan determines the records containing your health information are accurate and complete. If the Plan denies your request for an amendment to your PHI, it will notify you of its decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in the Plan's records, and a description of how you may complain to Plan or the Secretary of Health and Human Services.

Accounting: You have the right to receive an accounting of certain disclosures made of your health information. Most of the disclosures that the Plan makes of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize, or that occurred prior to April 14, 2004, are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Personal Representatives: You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

Complaints

If you believe that your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the contact person named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Information

The Plan has designated the **Midwestern University Senior Human Resources Specialist** as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. You can reach this contact person at:

MWU Illinois Campus

555 31st Street, Downers Grove, IL 60515

(630) 515-7359

MWU Arizona Campus

19555 N. 59th Avenue, Glendale, AZ 85308

(623) 572-3430



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: De-identification of Protected Health Information		
Issue Date: 02/22/2024	Supersedes: 12/10/2014; 12/10/2008	Pages: 2
Division: University Clinics	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goepfing, Ph.D., President, and CEO		

PURPOSE

To provide guidelines for the de-identification of protected health information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”) privacy regulations, as amended from time to time.

POLICY

1. The privacy regulations protect only health information that is individually identifiable. If health information is completely or sufficiently de-identified so that the individual who is the subject of the information cannot be identified, disclosure or release of the de-identified health information will not violate the regulations.
2. Prior to disclosing an individual’s PHI, Midwestern University must ask:
 - 2.1. Whether the information that is shared can be sufficiently de-identified to meet the legal standard of “de-identified” prior to its use or disclosure.
 - 2.1.1. PHI may be considered “de-identified” when it does not identify an individual and when there is no reasonable basis to believe the information can be used to identify an individual.
 - 2.2. Whether disclosure of a limited data set in lieu of completely de-identified data will provide the recipient with sufficient information to meet the recipient’s needs.
3. When using patient data for secondary purposes like comparative effectiveness studies, policy assessment, life sciences research, teaching, and other activities, patient identifiers must be removed from the PHI.
4. To achieve “de-identification” of a patient’s PHI, the following steps must be taken.
 - 4.1. The following list of identifiers must be removed if it relates to the patient, or the patient’s relatives, employers, or household members:
 - 4.1.1. Names;
 - 4.1.2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
 - 4.1.2.1. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
 - 4.1.2.2. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
 - 4.1.3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
 - 4.1.4. Telephone numbers;
 - 4.1.5. Fax numbers;
 - 4.1.6. Electronic mail addresses;
 - 4.1.7. Social security numbers;
 - 4.1.8. Medical record numbers;
 - 4.1.9. Health plan beneficiary numbers;
 - 4.1.10. Account numbers;

De-identification of Protected Health Information

- 4.1.11. Certificate/license numbers;
 - 4.1.12. Vehicle identifiers and serial numbers, including license plate numbers;
 - 4.1.13. Device identifiers and serial numbers;
 - 4.1.14. Web Universal Resource Locators (“URLs”);
 - 4.1.15. Internet Protocol (“IP”) address numbers;
 - 4.1.16. Biometric identifiers, including finger and voice prints;
 - 4.1.17. Full face photographic images and any comparable images; and
 - 4.1.18. Any other unique identifying number, characteristic, or code.
- 4.2. In addition to the above list, Midwestern University must not have actual knowledge that any information concerning the patient could be used alone or in combination with other information to identify an individual who is a subject of the information.
5. Midwestern University may assign a code or other means of record identification to allow information de-identified to be re-identified, provided that:
- 5.1. Derivation: The code or other means of record identification is not derived from, or related to, information about the patient and is not otherwise capable of being translated so as to identify the patient.
 - 5.2. Security: Midwestern University does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.
6. Midwestern University may use or disclose a limited data set, however, only for purposes of research, public health, or health care operations. An agreement between Midwestern University and the recipient is required by law.
- 6.1. A “limited data” set is PHI that excludes certain “direct identifiers” of the individual or of relatives, employers, or household members of the individual such that the PHI is not completely de-identified but is still considered to be *not* individually identifiable.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Documents and Records Storage, Retention and Destruction		
Issue Date: 03/25/2025	Supersedes: 05/15/2023; 02/26/202108/23/2018, 06/17/2016	Pages: 2
Division: University Human Health Clinics	Campus: Arizona and Illinois	
Approved by: Kathleen H. Goepfing, Ph.D., President and CEO		

PURPOSE

To establish guidelines to help employees determine how medical records should be stored, retained, and eventually destroyed in order to comply with federal and state regulations, accrediting organizations, and the needs of Midwestern University Human Health Clinics.

POLICY

Electronic medical records for patients will be managed using an Electronic Health Records (EHR) application or system. The EHR shall be set up to meet the backup and security standards set forth by the University and required by applicable law.

1. EHR data will reside on a secure central server with regular data backups, at least once per business day.
2. Secure transfer of EHR data to a second secure site should occur on a periodic basis, at least once per week.
3. Records may be securely destroyed or purged based upon time frames set forth by applicable law that includes after six years for an adult patient that has not received medical or health care services from the provider during the previous six years.
4. If the patient is a child, records may be securely destroyed or purged either three years after the child's eighteenth birthday or six years after the last date the child received medical or health care services from that provider, whichever date occurs later.
5. The destruction of EHR is performed according to the Midwestern University Department of Information Technology Services' security standards for data deletion. Disposition of EHR must be performed in a manner that protects confidential and sensitive medical and personal health information.
6. There may be circumstances where the end of a retention period is reached, but records should not be destroyed. For example, in the event of a (1) pending records request; (2) an internal, external, or state/federal agency action, audit, or complaint; or (3) a lawsuit, the normal retention, and destruction schedule may be suspended. In the event of a suspension of the retention schedule for the records in question, those records, irrespective of native format, will be retained for the duration of the event. A return to the regular retention schedule would not occur without written authorization. If there is any question as to whether certain records fall within those excepted from destruction, contact the Office of the General Counsel.
7. In the event, Midwestern University receives notice of a pending records request, internal, external, or state/federal agency complaint or lawsuit, a preservation notice will be sent to individuals who may hold both electronic and hardcopy records relevant to the event. The purpose of the preservation notice will be to advise the appropriate individuals of the need to maintain and preserve potentially relevant records. Failure to maintain and preserve records covered by the preservation notice could result in a

Documents and Records Storage, Retention and Destruction

substantial risk of liability to Midwestern University and even the individual employee. The preservation notice will detail when and if records may be destroyed.

8. Protected Health Information (PHI) – In the event that the clinic receives a paper copy of a medical record containing PHI, that paper record shall be tracked and scanned into the patient's EHR. Once scanned into a patient's EHR, the paper copy shall be securely destroyed pursuant to University policy. In the event the Clinic prints a paper copy of a patient's EHR for the purpose of providing a copy to the patient or for consultation with a patient during an appointment, if the paper copy is not provided to the patient, it shall be securely destroyed pursuant to University policy. Collection consoles (containers) for the secure destruction or shredding of PHI are present in the clinic and are emptied on a scheduled basis to meet the needs of the clinic. Each collection console is locked to ensure the confidentiality and security of the PHI deposited in the console. Any external company engaged to destroy or shred PHI must be approved by the Vice President of Clinic Operations. Any external company engaged to destroy or shred PHI must provide the clinic with a destruction certificate each time PHI is destroyed or shredded. The clinic shall maintain a file of all destruction certificates, if applicable.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: HIPAA Training for Clinic Providers and Staff		
Issue Date: 2/22/2024	Supersedes: 8/21/2018, 12/10/2014	Pages: 1
Division: University Clinics	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goepfing, Ph.D., President, and CEO		

PURPOSE

Midwestern University shall provide sufficient training to Clinic employees with respect to the Health Insurance Portability and Accountability Act (“HIPAA”) policies and procedures as is necessary for each employee to carry out their job functions within the Clinic.

POLICY

1. The Privacy Officer and/or the Office of the General Counsel shall train Clinic employees with regard to HIPAA-related policies and procedures. Alternatively, a standardized course may be approved for training. If group training is conducted, any employee who is on vacation, ill, or otherwise unable to participate in training, shall be trained within a reasonable period of time thereafter.
2. For new employees, training may be conducted as part of the new orientation program. If not available during an orientation program, training may be conducted within a reasonable time, but no later than one hundred and twenty (120) days after the individual commences employment.
3. Each time the policies and the procedures materially change with respect to the use or disclosure of personal health information (“PHI”), training shall be conducted for those employees whose jobs are affected by the change to the policies and procedures.
4. The Privacy Officer and/or the Office of the General Counsel, or designee of the Privacy Officer, may provide the training required in this policy on an informal basis.
5. Documentation of training provided, whether such training is provided on a formal or informal basis, will be maintained by the Clinic Manager or their designee at the Midwestern Clinics and/or Human Resources or a Human Resources designate.
6. This training is required. Any employee who is required to receive this training and who refuses to complete the training will be subject to disciplinary action up to and including termination.



MIDWESTERN UNIVERSITY

MEMORANDUM

August 11, 2025

TO: Leadership Team, Program Directors, Department Chairs and Directors
FROM: Greg O'Coynne, Vice President Finance
RE: **Budget Package for Fiscal Year 2027**

Enclosed is the budget information guide and timeline to be used in the preparation of the fiscal 2027 budget. Your budget will be prepared using the University web-based budget system.

Preparation of the 2027 budget will be divided into three phases.

1. First phase – capital budget preparation.
2. Second phase – projection of the non-salary operating expenses.
3. Third phase – position control review and preparation.

Each phase will be unlocked at the appropriate time as designated by the included timetable. Each phase will give the managers approximately 2 weeks to complete. After this time frame, the respective Dean or Vice President will then have approximately 2 weeks to review and approve. This process will allow the managers' time to analyze one component of the budget at a time and focus on comprehensive review and preparation.

This year's budget will be reviewed and discussed with the University President, CEO in January 2026. Once reviewed and approved, it will be presented to the Finance Committee of the Board of Trustees. Upon recommendation of the Finance Committee, it will go before the Midwestern University Board of Trustees in February 2026 for full approval.

Please review the attached instruction package and complete your areas of responsibility at the attached link <https://online.midwestern.edu> . Click on the Business Services tab and choose "Budget Process" to start.

cc: Matt Sweeney

2027 Web Based Budget Instruction Packet

You will use your Windows ID to login to the website. The first screen will highlight the department budgets for which you are responsible. There are three categories for data entry.

Capital Items

Request of assets which have a cost of **\$5,000** or greater and a useful life of more than one year. All information technology (IT), including IT requests funded by grant funds, requests greater than **\$1,000** must be submitted via capital request, and be budgeted as capital.

Position Control

Options for changes will include realignment to approved positions, vacant positions, grant funded positions and budgeting for overtime. Budgeted overtime will require detailed justification and approval of the requestor's CAO or VP. New positions will only be added to the budget when included on an approved pro-forma.

Non-Salary Items

Budgeting for non-payroll expenses including tutors, contract labor, stipends.

The supervisor that will review your budget(s) is indicated on the screen. This review process will occur prior to your budget being submitted to the Business Office. The status column informs you at what level the budget is pending approval.

Use the "view/edit" option to complete your budget. Once you have completed your budget, you will select the "approved" option. An email will automatically be sent to the next level of authority for their review and approval. The system will then lockout the first level from making any further changes. Managers will be able to view the budgets as the supervisors are preparing. In addition, the Deans and Vice Presidents will be able to review the budgets that are being prepared by their direct reports but will not be able to adjust until the budget has been submitted to them. Each approval level will be able to deny the budget, thus allowing changes to be made by the budget requestor and reroute the budget for approval.

1. Capital Requests:

Capital requests are individual items or aggregate purchases that have a cost of \$5,000 or greater for non-IT items and \$1,000 or greater for IT items, and a useful life of more than one year. Annual Software subscriptions are not considered capital, even if the request is for a multi-year subscription, because the University does not own subscription software. Multiyear software subscriptions should be budgeted as annual operating expense per the terms of the subscription agreement. . Aggregate purchases are a group of items that can or will be acquired together and the collective purchase total exceeds the capital thresholds above and have a useful life of more than one year. Even though the individual acquisition costs are less than the threshold for capitalization, the assets should be capitalized if the aggregate acquisition cost exceeds \$5,000 for non-IT items and \$1,000 for IT items. Expenditures more than \$5,000 for routine maintenance and repairs of equipment should **not** be treated as a capital item but should be included in your departmental budget. Any requests for capital equipment not budgeted must be replaced by a budgeted capital item within your department. Remodeling and renovations of physical facilities need to be coordinated with Campus Facilities and included in their budget. Individual departments should not budget for any remodeling and renovations of physical facilities.

Justification for all capital requests will be required.

There are three categories of capital requests:

1. Computer related capital requests

Computer related requests, including those funded by grant funds, will be included in your budget, and then ultimately transferred to IT's capital budget.

Note: To help ensure a uniform approval process for the use of technology in

Budget Package for Fiscal Year 2027

research, MWU is requiring that all such IT needs be budgeted in the capital equipment budget when the cost exceeds \$1,000. For example, if you wish to budget for computers, printers, or any other IT-related items for use in research, these items should not be requested through the Office of Research & Sponsored Program's intramural funds, but rather, included in the appropriate capital equipment budget within your college. Please recognize that this requires all Chairs and Program Directors to be familiar with their faculty's IT-related needs at budget time.

2. Non-computer related capital requests

This will be utilized for non-computer equipment requests.

The following information must be provided on the web-based capital request worksheet:

1. Quantity
2. Description of capital item requested
3. Identification of computer or non-computer
4. Total cost, including any installation, freight, and/or related construction costs

3. Research related capital request

For the University to capture its commitment to research, there is a box that needs to be checked for research related capital requests. Please provide substantial documentation for these items. Documentation should include but not be limited to:

- Research and scholarly activity purpose
- Faculty involved
- Complete description of equipment (quote or fact sheet preferred)
- Facility buildouts (Please include funding source for required buildout/renovation)
- Additional utilities if needed
- If the equipment will be used in a grant for external funding, please provide details.

Strong consideration will be given to research equipment greater than \$100,000 must have which has been included in at least two external grant requests, and not funded, prior to being included in the annual capital budget.

2. Position Control/Payroll Web Worksheet:

Current employees in the payroll system (as of August 2025) are included in the data downloaded to the budget system. To assist in preparing the budget, the Business Office included the current 2026 approved department budget as a starting point. However, it is ultimately the V.P., Dean, Program Director, or Department Manager's responsibility to verify and validate the positions to ensure that all current and vacant positions are included in the budget.

Example

	<u>FTE's</u>
2026 budget - total department positions	<u>10.00</u>
Filled positions downloaded from payroll system	7.40
Vacant positions*	<u>2.60</u>
Total	<u>10.00</u>

New positions will only be added to the budget when included from an approved pro-forma.

Budget Package for Fiscal Year 2027

*The Business Office has estimated the total number of vacant positions and budgeted dollars in each department. **It is your responsibility to verify and validate these FTEs to the correct general ledger category i.e. 5105, 5106 etc.**

Adjust the data for employees who will have a change in FTE status between now and June 30, 2026. All positions must be budgeted. Therefore, any hard money position, which is potentially grant supported must be budgeted at the correct hard money FTE status and wage rate. This can be done by selecting “grant funded position” option under add/replace salary positions.

Overtime can be added for nonexempt employees via the “Add New/Vacant/Replace Position” option on the salary screen. **Complete the worksheet with detailed information including the justification, amount of overtime requested, and approval.**

Soft money (grant funded) positions must also be budgeted with the soft money FTE status. Positions will be designated as soft money by selecting the “Grant Funded Position” option under Add/Replace Salary Positions.

Positions shared between departments should be budgeted with the corresponding department sharing the position indicated.

All contract labor requests must be re-justified. No budget dollars will be allocated without written justification.

You are responsible for verifying that the Position Control data is correct.

Do not adjust salaries for merit or pay increases for budget year 2027.

3. **Budget Parameters (salary):**

The University Board of Trustees has developed a budgetary principle that the growth of compensation (salary and benefits) will not exceed the growth of university revenues. Therefore, salary increases, and approvals of new position requests will be determined after the revenue budget for the University is completed.

4. **Operating Expense:**

Access to comparative data, including actual expenditures for FY 2024 and FY 2025, has been provided to support your preparation of the non-salary expense budget. You can analyze the detail on the actual expenses by clicking on the dollar amounts of any expense line in the “Actual” columns included.

Target budgets have been determined for each department. These targets are based on a combination of prior years actuals and budget utilization.

Please enter your department’s budget requests in the “**2627 Request**” column. Justification is required for all non-salary expenditure requests. The justification box will automatically appear.

If your total budget request exceeds the department’s overall target number, please schedule a meeting with Maureen, Candida, and Greg prior to submission to the Business Office.

5. **Budget Parameters (non-salary):**

To carefully manage costs in the coming year, an automatic budgetary increase for non-salary expenses is not included. Each request for budgetary increases should be accompanied by a clear explanation supporting the request. All increases will be carefully reviewed.

Budget Package for Fiscal Year 2027

Please ensure that your department's conference budget is developed using actual expenditures from prior years. Carefully review conference expenses and make appropriate adjustments based on upcoming known conferences and historical usage of this line item

Conference budgets should not be based on maximum potential usage—i.e., multiplying the number of faculty/staff by the maximum number of allowable trips. Instead, use a realistic estimate grounded in past conference trends.

The University has standardized allowable amounts for conference-related expenses. Please refer to the provided chart, along with actual prior-year expenses and historical conference utilization, to prepare a realistic and well-supported forecast.

Uniformity of Travel Budgets for Conferences for FY 2627		
	NOT TO EXCEED	
	No. of Trips	Total Budget Per Person
Deans*	4-6	\$12,000
Associate Deans*	3-5	\$6,500
Chairs/Program Directors/Assistant Deans (with Faculty appointment)	2	\$5,500
Director (non-faculty) or Assistants to the Dean	2	\$4,000
Faculty (greater than or equal to 0.80 FTE)	2	\$3,300
Senior Staff (pay grade 11 and above)	1	\$2,500

- A. Department/student functions – Do not budget any funds for student or departmental related food functions in your department. All functions will be budgeted in your respective Dean or Vice President's budget.
- B. If you are planning a staff retreat in 2027, a separate itemized budget must be prepared. That form is available on the intranet under Business Services - Forms and Policies.**

BUDGET TIMETABLE FISCAL 2027

	Capital Budget	Non-Salary Expenses	Position Control
Email to Preparer Program Chair/Depart Head	8/11/2025	9/2/2025	9/9/2025
Email to Review Approver #1	8/26/2025	9/12/2025	9/19/2025
Email to Review Approver #2 Dean	9/9/2025	9/22/2025	9/29/2025
Email to Review Approver #3 CAO/VP	9/23/2025	10/2/2025	10/9/2025
Business Office Review	10/7/2025	10/12/2025	10/19/2025

The Business Office would like to thank you for your assistance in preparing this year's budget. Any suggestions you may have to make the process better is greatly appreciated. If you have any questions, please call, Maureen Williams, Candida Martinez or Greg O'Coyne.



PURCHASING POLICIES & PROCEDURES

NON-CAPITAL

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I. Purpose

The purpose of Purchasing Policies & Procedures is to ensure the proper procurement of supplies, goods, materials, and non-capital equipment in order to minimize the cost through standardized products and to maximize internal control procedures. In addition, purchasing, in consultation with user departments, will be responsible for developing a list of acceptable, more frequently used vendors. This will facilitate in maintaining best pricing for most commonly used products.

II. Budgeted Items

The annual budget, as approved by the University's Board of Trustees, will provide the spending limits for each department. All requests for the procurement of supplies, goods, materials, and non-capital equipment should be compared with the department's approved budget to determine if adequate funds are available for the request.

III. Non-Budgeted Items

Non-budgeted items will require the approval of the department manager, respective Dean or Vice President and the Chief Academic Officer. These approvals must be obtained **prior** to the order being placed.

IV. General Categories of Purchasing

Capital Items

Capital Expenditures (fixed assets) include any piece of equipment that has a value of \$2,500 or more and a useful life greater than one year. This does not include repairs, services or maintenance agreements.

All information technology requests greater than \$500 must be submitted via Capital Expenditure Requisitions (CER).

The University requires departments to submit competitive pricing for all CER's. The department must submit 2-3 quotes (or specify that it is a sole source) which must be attached [to the online CER request](#)

Non-Capital Items

Non-capital expenses are products that are consumable in nature. Examples are: office supplies, lab supplies, service contracts, books, etc. In addition, IT fixed assets with a value under \$500 are considered non-capital items. Software, webpage development, licenses and maintenance agreements, are considered non-capital. The Information Technology Director must approve all IT related purchases. This is done by designating the checked box found on the header page of the [MWU online requisition screen portal](#).

V. Requisitioning Options

The university has implemented various ways to procure items, they are: Purchase Requisitions, Capital Expenditure Requisitions (), Blanket Purchase Orders, through the Requisitioning Portal.

1. Purchase Requisitions are used for any non-capital purchase. These can be submitted online through the Online Requisitioning Portal. Requisitions, as part of a capital project, with a value of under \$2,500 may also utilize a purchase requisition.
2. Capital Expenditure Requisitions (CER) are used to purchase equipment with a value of \$2,500 or more (\$500 for IT related equipment) and a useful life greater than one year.
3. Blanket Purchase Orders should be utilized whenever there will be multiple, non-capital purchases to the same vendor within a fiscal year. See XIII for more detailed information.
4. Online MWU Business Services Portal is the web based program to request non-capital or capital purchases through the university intranet. This process obtains all approvals levels needed.
5. Office supplies are ordered through the Office Supply Vendor website for all standard, everyday use items. If items are not available there, a purchase requisition will be used.

Employees are prohibited from ordering products online directly from a merchant. If an employee finds an item through the internet, the order is then prepared using the [Online Vendor Purchase Request Form](#) with all pertinent information attached, along with proper approval(s). The requisition is sent to the Purchasing Department to procure the order.

Contracted approved office supplies (approved office supply items from the [GOS \(AZ\)](#) or [Garvey's \(IL\)](#) websites are excluded from this requirement as long as the office supplies are budgeted and the department has available funds. The university has negotiated best pricing for approved office supplies. These are typically ordered by the department administrative assistants through purchasing.

VI. Purchasing Procedures

Online Requisitions – [MWU Business Services Portal](#)

- Login to MWU NET and hover over the 'Business Services' tab, Requisitioning and A/P, then Requisition for PO. Click on the "Add New Requisition"(See [link](#) for detailed ordering instructions)

- Complete all required fields (see sample) and click ‘submit’ when finished. The order automatically goes through the online system to the next approver. **NOTE:** Next to where you “Add New Requisition” there are “Instructions” to help you navigate through the process.
 - Computer Related Equipment: Anything that has to do with connecting to a computer. Software, flash drives, hard drives, monitors, mice, keyboards, online licenses. Just because you received a quote from IT, doesn’t mean you can skip this step.
 - Facilities: All furniture, remodeling, signage, and appliances need box checked so items are approved and standard for the campus met
 - Animal Purchase: All deliveries of small animals for research purposes.
- Once submitted, the originator can track the order status through the approval system, (within the requisition entry screen), based upon your pre-established college or program dollar amount. You will receive an e-mail each time action has been taken on the order.

Additional Procedures

1. Orders will be placed within five (5) business days of the date the requisition is received in Purchasing. Time sensitive and rush orders will be placed within 24 hours of receipt of the order by Purchasing. **NOTE:** All rush/emergency orders should indicate ‘Next Day’ or “2nd Day” delivery. Lack of planning does not indicate a “Rush” order.
2. Purchasing will notify department if alternate product or vendor is more advantageous. Purchasing will discuss with the requester any necessary modifications to the purchase requisition.
3. Purchasing places order with vendor and sends a copy of the completed purchase order to the requestor for their records. Office supply orders will be confirmed via e-mail.
4. User department must contact vendor if item(s) are not received by the anticipated date.

Research:

The Office of Management and Budget introducing new Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (the Uniform Guidance), for fiscal years beginning on or after December 26, 2017 (fiscal year 2019 for the University). Under the new federal regulations the threshold where a price or rate quotation analysis will be required, has been reduced, which will require additional effort by the University within its procurement process.

As a result of the above changes, please see Appendix A & B for additions incorporated in the University Purchasing Policies.

Mailroom Receiving Procedures:

The mailroom receives the package and delivers to the requesting person along with a packing slip, and requires a signature of receipt at the time of delivery. The requesting person reviews the order for completeness and determines if the item(s) is acceptable. The requestor must sign and date the packing slip and returned (via email, fax or interoffice mail) to Accounts Payable for payment

The requestor should notify vendor of any problems with the order (i.e., short shipment, quality/quantity discrepancies and damaged goods) and note this on the packing slip before returning to Accounts Payable.

1. **In Glendale** - Orders that are not accompanied by a packing slip must be confirmed the same day by the department to Accounts Payable via e-mail to azap@midwestern.edu.
2. **In Downers Grove** - The mailroom delivers orders and packing slips are sent to Accounts Payable (via scan/fax or intercampus mail) by the end user that opens the package(s).
3. Accounts Payable receives packing slip and awaits invoice (via email/fax), then forwards to the Purchasing Department to verify pricing etc. The Purchasing Department will return all paperwork to Accounts Payable to pay vendor according to terms of the purchase order.

VII. New Vendors

In the event a new vendor for purchasing product needs to be added to the requisition system, the following documents are required:

- Federal Tax Form W-9 for payment identification
- Phone / Fax / Contact / e-mail information
- A credit application from the company (if required)

These documents should be scanned to the Purchasing department prior to ordering.

VIII. Returns / Credits

It is the responsibility of the department to make claims on damaged, missing, incorrect product or returns with the vendor. In order for Purchasing to process, the following needs to occur:

User department contacts Purchasing with an explanation of what is being returned or changed with the order, to ensure that proper credit is received by the University.

Exceptions are Office supplies and Amazon (the Purchasing department will process.)

IX. Items Requiring a Purchase Order

- Books (eBooks are prohibited), CD's, DVD's, electronics (non-personal)
- Cadavers
- Equipment under capital financial threshold (IT equipment under \$500, non-IT related equipment under \$2,500)
- Equipment rental
- Flash Drives, hard drives, Software/Software downloads/subscriptions, annual registrations, renewal agreements (IT approved)
- Items from the university bookstore
- Maintenance Service Contracts
- Merchandise/product
- Outside printing/duplicating
- Promotional items*
- Publications
- Service Provider Contracts (i.e. shredding, uniform cleaning etc.)
- Service/repair calls
- Services for lab diagnostics
- Student club fundraising items*
- Supplies
- Supply Contracts
- Teaching materials
- Tools
- Uniforms*
- In the event of a rush purchase, the Purchasing Department will work with the requestor to expedite the order; however necessary approvals will need to be obtained within 24 hrs. No payment will be made until a purchase order is completed.

Matthews Bookstore: Any purchases required from Matthews Bookstore should go through the regular online purchase requisitioning system. A purchase order will be created and a copy will be sent to the end user to take or order from the bookstore for their items.

*If using university seal or for any printed material, the [Imprint Design Approval Form](#) is needed.

X. Items Not Requiring a Purchase Order - Use Check Requisition – (no product received)

- Advertising

- Catering (Chartwells)
- Conference / registration fees/ training seminars*
- Dues
- Departmental subscriptions*
- Deposits with contracts for ceremonies off campus Donations
- Food
- Job Postings (see Human Resources)
- Seminars*
- Submitting Publications*
- Travel

Although a Purchase Order is not required, a Check Requisition is required for these purchases. They are not to be purchased personally by an employee.

* For online registrations, license renewals, membership renewals, publications etc., most colleges have a department credit card that can be used for online payments.

XI. Items Not Reimbursed Through Midwestern University

- Coffee pots or related supplies for consumption by department
- Keurig pots/K-cups (other than clinics) are not approved
- Day-Timer's – only refills will be reimbursed
- Decorative Personal Supplies / Products – fund raising support materials, etc.
- Office Cakes / Decorations / Office Party supplies / Halloween candy
- Tableware, napkins, paper plates, etc (for department use)
- Personal Office Refrigerators
- Water Coolers / Refills

XII. Minimum Orders

Due to the high cost of processing each order, there is a minimum order amount of \$25* for all purchase requisitions. Please hold any orders under this amount for at least a week to see if you need to add to the vendor order. If by the end of seven days or need by date, you haven't increased the order, we will place it. Please note this in the justification. The average cost for processing a purchase order is approx. \$75 per order.

*Some vendors have their own minimum order amounts. Please make sure your order reaches this amount or you will be charged additionally on your invoice.

\$50 minimum – Office Supply Contracted Vendor, Amazon

\$100 minimum – McKesson, Moore Medical

XIII. Blanket Purchase Orders

1. Blanket purchase orders should be utilized only when a department anticipates repetitive orders to a single vendor which facilitates and expedites these orders. This is not limited to one product.
2. A dollar limit of new less than \$1,500 must be included for all blanket orders.
3. A single blanket purchase orders may **not** be utilized for multiple vendors.
4. Blanket purchase orders will not be issued for more than 12 months or cross fiscal years (fiscal year ends June 30th). A balance report from Purchasing can be requested to view remaining funds unencumbered and whether additional funds are needed. If funds are needed, you will request a new blanket PO to add the remaining funds. Please do not add additional funds if not needed.
5. Blanket purchase requisitions must be completed via normal purchasing procedures with a clear, general description of items being ordered.

-
6. When placing an order with the vendor using a Blanket Purchase Order, you must also give the vendor the Purchase Blanket number (PBxxxxxx) and your name/department/address.
 7. Signature authority is not required to place an order on a previously approved blanket purchase order.
 8. New Blanket orders can be opened using a 6 month budgeted amount if over \$50,000.
 - a. If your budgeted amount is less than \$50,000 for the year, then create the new blanket requisition for the full budgeted amount.

Blanket orders should be used for:

- supplies / repairs / service calls
- monthly utility bills
- monthly recurring service bills
- patient related supplies
- parts and non-capital equipment

All service agreements based on a fixed contractual amount should be prepared on a regular purchase order with a copy of the agreement attached. These are usually set amounts and can be identified clearly.

**** NOTE: Capital items cannot be charged to blanket purchase orders ****

OFFICE SUPPLY CONTRACTED VENDOR: Based on the approved budget for office supplies, purchasing allocates 90% of the budget and creates a blanket order for your department to use throughout the year.

As a result, this will be reflected in your budgets on July 1st of each year.

XIV. Business Cards

Business cards are only ordered through the Business Services Portal. This information is located in the Midwestern University intranet webpage under [Business Services](#). Print form; complete with the proper signatures and the **complete** general ledger number (fund-department-object code), and attach to your online purchase requisition. The requestor will receive a proof to approve or correct the item being sent for printing. After Purchasing receives the final approval of the item, the order will be placed.

NOTE: All business cards are uniform and have a template created that has been approved by management. No special website will be included (Facebook, Twitter, etc.) or special sayings/characters are allowed on the cards.

Business cards are considered “Printing and duplicating” and therefore the object code used will be 7113.

XV. Ordering from EBay, Amazon, or Priceline type sites

As a rule, the university does not support, nor reimburse the purchase of product via these sites. However, there are circumstances when these sites are the best or only places to purchase a specific item. If this is the case, please note this in the justification of your requisition along with the analysis of the transaction and comparison of the price.

EBay purchases should be made by Purchasing using the department credit card except in rare circumstances when an EBay account is necessary. All paperwork must be completed and approved prior to sending to Purchasing. If the item is \$1,500 or more, it is still considered a capital item and the Capital Expenditure Requisition will still be necessary. Please make sure the EBay seller is a reputable vendor to reduce your risks.

XVI. Radioactive Material Orders (RAM)

Orders must be signed by your respective Radiation Officer before submission to the Purchasing Department.

XVII. Ordering Animals

All live, animal ordering must be sent and approved by the Animal Resources Department prior to purchasing.

When preparing an online requisition, check the box that reads “Animal Purchase” and the system will automatically transmit the request to the Animal Resources Department for approval.

XVIII. Off Campus Purchases

In the event the department requires a purchase that is of an emergency nature or requires unique item(s), the employee will need to get **prior approval** from their supervisor and the Purchasing Department to make the purchase.

1. A properly completed [Off Campus Purchasing Approval Form](#) must be signed by the Purchasing Department **PRIOR** to making the off-campus purchase. In the event a need occurs outside of normal business hours, please follow this process immediately on the next normal business day of operations.
2. Absence of the above provision may result in non-reimbursement of the outside purchase.
3. Reimbursement of funds is always through the expense report system. The [Off Campus Purchasing Approval Form](#) must be attached to the report.

XIX. Rush Orders

Rush orders are defined as orders necessitated by unusual or unanticipated events beyond the control of the ordering department.

1. Rush orders require specific shipping instructions for delivery (i.e., next day air/overnight, 2nd day air, etc.) As a result, these charges will be assessed to the department.
2. Rush orders over \$1,000 require the approval of the respective Dean and Vice President.

XX. Purchasing Card

Those departments/individuals that have been issued a University Purchasing Card may only make purchases related for the original intent for the use of this card.

Reconciliation of the purchase card statement must be completed monthly via the web portal, by reviewing all transactions, coding the charges to the appropriate general ledger distribution number and filling in an explanation for all charges. This procedure must occur within 30 days of close of the prior month.

Once reviewed and approved by your supervisor the report and original receipts, is submitted to Business Services. Business Services will review receipts to charges, review general ledger distribution numbers and post to the general ledger.

XXI. Gift Cards

The Internal Revenue Service has determined that gift cards given to an individual, needs to be included as income to that individual, and is not considered a *de minimis* gift. The record keeping for tracking a gift card, is quite time consuming and therefore the University does not support the purchase of gift cards.

Research Gift Cards are used when the university compensates human research subjects for their participation in a research study. Gift cards must be purchased by the university Purchasing Department. [See Remuneration for Research Participants Policy](#)

XXII. Signature Authority

A purchase requisition must have proper approval **prior** to the order being placed. The following chart will illustrate the signature authority required associated with the amount of the purchase requisition.

Signature Authority

A purchase requisition must have proper approval **prior** to the order being placed. The following chart will illustrate the signature authority required associated with the amount of the purchase requisition.

SIGNATURE AUTHORITY LEVELS

REQUISITION AMOUNT	SIGNATURE AUTHORITY
Orders less than: \$1,000	Approval of Department Manager
Orders between: \$1,000 - \$2,500	Approval of Department Manager, and respective Dean or Vice President and
Orders between: \$2,501 - \$5,000	Approval of Department Manager, and respective Dean or Vice President, and <i>academic colleges must also secure the approval of their respective Chief Academic Officer</i>
Orders between: \$5,001-\$10,000	Approval of Department Manager, and respective Dean or Vice President, and Director of Accounting, and Controller <i>academic colleges must also secure the approval of their respective Chief Academic Officer</i>
Orders between: \$10,001 - \$50,000	Approval of Department Manager, and respective Dean or Vice President, and Director of Accounting, and Controller and Vice President of Finance <i>academic colleges must also secure the approval of their respective Chief Academic Officer</i>
Orders in excess of \$50,000	Approval of Department Manager, and respective Dean or Vice President, and Director of Accounting, and Controller and Vice President of Finance and Vice President/CFO <i>academic colleges must also secure the approval of their respect Chief Academic Officer</i>

In addition, all requests for conferences, dues, journals, subscriptions, memberships and travel that are personal in nature, must be approved by the requestor's immediate supervisor regardless of the amount.

*****Appendix A & B**

Appendix A

Acquisition, Management and Disposition of Tangible Property and Equipment Paid with Federal/Sponsored Funds

PURPOSE: The purpose of this policy is to establish uniform guidelines for the acquisition, management and disposition of capital assets using federal/sponsored project funds.

POLICY: All purchases using federal/sponsored funds are subject to Code of Federal Regulations (CFR), specifically 2 CFR 200 AND all applicable University purchasing policies and procedures, the award's terms and conditions, the funding agencies or sponsor's policies.

This appendix provides guidance for asset purchases with a useful life greater than one year including:

- Tangible property, plant, and equipment with a purchase price of \$2,500 or greater and
- Computer/information technology related items with a purchase price of \$500 or greater, (hereafter referred to as equipment).

PROCEDURE:

Acquisition - In addition to the procedures described in this policy, generally described as the documentation and approval process for CER, all acquisitions of equipment must also follow the procurement provisions of Uniform Guidance described in the Purchasing Policies and Procedures Non-Capital Appendix A. In addition, purchases of equipment requested within 90 days of the end of a sponsored project are not allowed, unless the Principal Investigator submits a written justification and receives prior approval from the sponsor.

Use -The University shall use the equipment in the project for which it was acquired as long as needed, whether the project continues to be supported by federal funds and shall not encumber the property without approval of the federal awarding agency. The University shall provide the equivalent insurance coverage for equipment acquired with federal/sponsored funds as provided for other University equipment. During the time that equipment is used on the project for which it was acquired, the University will make it available for use on other projects if such use does not interfere with the work on the project for which it was originally acquired.

- The first preference for such use shall be given to projects funded by the federal awarding agency that financed the equipment.
- The second preference shall be given to projects funded by other federal awarding agencies. Federally funded equipment cannot be used to provide services to for-profit organizations for a fee that is less than private companies charge for equivalent services unless authorized by federal statute.

The University has security procedures for the safeguarding of all equipment. Research laboratories and areas where federal/sponsored equipment are located are secured. Principal Investigators must notify federal awarding agency and the Office of Sponsored Projects of any loss, theft or damage of equipment purchased with federal funds.

Inventory - Each department is required to perform an annual inventory of its fixed assets. A two-year rolling inventory process is utilized with one half of the department's equipment being inventoried annually and each item required to be inventoried once every two years.

Disposition: Each department is charged with the disposition of surplus equipment in accordance with applicable University policies. When equipment purchased with

federal/sponsored funds is no longer needed for the original project, the University shall use the equipment in connection with its other federally-sponsored activities in the following order:

1. Activities sponsored by the federal awarding agency which funded the original project, then
2. Activities sponsored by other federal awarding agencies.

If the equipment is no longer needed and has a fair market value of \$5,000 or more, the department will notify the Office of Sponsored Projects who will request final disposition instructions from the federal awarding agency. Upon receipt of disposition approval, the equipment will be disposed of according to federal instructions and the University's guidelines.

The frequently asked questions on the NIH Grants Policy website may provide useful information, see [NIH FAQ](#).

Similar information is included in the in the National Science Foundation Proposal and Award Policies and Procedures Guide.

REFERENCES:

Code of Federal Regulations 2 Part 200

Non-Capital (operating) Purchases

Purchases using Federal funds, such as Research purchases are subject to the [Code of Federal Regulations](#) specifically, 2 CFR 200 also known as “Uniform Guidance”. Purchases subject to these regulations must follow the Uniform Guidance regulations in addition to all University policies. See Appendix A for the additional requirements. Note some research funds from external funding agencies such as the American Heart Association may specifically note the purchases are subject to Uniform Guidance. Please consult the Grant Manager for any questions regarding the applicability of the policy provisions of Appendix A.

Appendix B

PURPOSE: The purpose of this Appendix is to provide additional guidance to support the procurement of non-capital purchases and services with federal/sponsored funds (purchase/purchases). This Appendix supplements and provides additional requirements to comply with federal, state and other sponsored funding agency or organization requirements.

POLICY: All purchases and disbursements using federal/sponsored funds are subject to Code of Federal Regulations (CFR), specifically 2 CFR 200 AND all applicable University purchasing policies and procedures, the award’s terms and conditions, the funding agencies or sponsor’s policies.

PROCEDURE: Purchases and disbursement related to federal/sponsored (hereafter called sponsored) project funds require the highest degree of public trust to protect the interests of University.

Conflict of Interest: Except as may be specifically permitted by University, it shall be a breach of ethical standards and a conflict of interest for any employee of the University to participate directly or indirectly in the purchasing process when the employee knows that:

- A faculty or any member of his/her immediate family will benefit from a University purchasing transaction; or
- A business or organization in which he/she, or any member of his/her family, (spouse, children, parents, brothers and sisters) has a financial interest and will benefit from a University purchasing transaction; or
- Any other person, business or organization with whom he/she or any member of his/her immediate family, is negotiating or has an arrangement for employment and will ultimately benefit from a University purchasing transaction.

All employees having a financial interest in a private entity shall disclose this information with University in accordance with the Conflict of Interest Policy. All individuals taking part in the development or selection of criteria for evaluation, the evaluation process, and the contract award process in any purchase shall be independent of and have no conflict of interest in the entities evaluated and selected.

University's officers, employees, agents, or volunteers shall neither solicit nor accept gratuities, gifts, consulting fees, trips, favors or anything having a monetary value more than six hundred dollars (\$600) from a vendor, potential vendor, or from the family or employees of a vendor, potential vendor or bidder; or from any party to a sub-agreement or ancillary contract.

Project sponsored purchases shall support the needs of the sponsored project or program and shall not be personal in nature unless expressly referenced in the grant, or sponsored award. Examples of personal items include business cards, coffee pots, microwaves, and refrigerators for personal use, etc. The Principal Investigator (PI) or as delegated (this may be referred to as the requestor) is responsible for documenting need. Generally, need is established by the approved awarding agency budget.

Those with the authority to purchase, PI or as delegated, have the responsibility to assure the availability of funds (purchase within project budget), the purchase is within the scope and budget approved by the funding agency and is in compliance with any special terms of the federal award or contract.

Those with the authority to purchase, PI or as delegated, must maintain oversight to ensure that vendors/contractors perform in accordance with the terms, conditions and specifications of contracts.

All University agreements must include clear payment and deliverable terms, including milestones where applicable, and deliverables which shall be approved by the PI or as delegated prior to any payment(s) being made.

Leases: When appropriate, an analysis should be made of lease and purchase alternatives to determine which one would be the most economical and practical alternative. "The lease analysis must be reviewed by Purchasing and any recommendation to lease or purchase must be approved by the Senior Vice President and CFO.

Purchases on Federal sponsored projects (or where the awarding entity requires, such as "Uniform Guidance provisions apply to procurement) will meet the following procurement requirements:

Basis for Contractor/Vendor Selection: The PI or as delegated, such as the requestor has the authority to select the source considering the need or the sponsored project. The requestor may work in tandem with the Purchasing Department (Purchasing to develop specifications, selection and solicitation of sources, and prepare award of contracts for purchases, where warranted. However, the selection of the source and specifications must meet the following requirements:

- One of the following **five** methods of procurement. The applicable method required depends on the cost of the item(s) being purchased, and
- Some form of cost or price analysis must be made and documented by Purchasing for every procurement action. Price analysis involves a comparison of marketplace prices. Cost analysis involves an examination of all the elements used in calculating a contract's total estimated cost, and
- Must avoid the acquisition of unnecessary or duplicative items. Additionally, consideration is given to consolidating or breaking out procurements to obtain a more economical purchase, and

-
- Considerations are given as part of the process to determine the allowability of each purchase made with federal funds. Allowability considers the Cost Principles per 2 CFR 200 Subpart E.
 - **Allowability**: Costs must meet the following general criteria in order to be allowable under Federal awards:
 - (a) Be necessary and reasonable for the performance of the Federal award and be allocable under these principles.
 - A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
 - (b) Not be limited or excluded by the Cost Principles.
 - (c) Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the University.
 - (d) Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.
 - (e) Be determined in accordance with generally accepted accounting principles (GAAP), except, for state and local governments and Indian tribes only, as otherwise provided for in this part.
 - (f) Not be included as a cost or used to meet cost sharing or matching requirements).
 - (g) Be adequately documented.
 - All possible effort is made to ensure that small business, minority-owned firms, and women's business enterprises are utilized to the fullest extent possible (socio-economic policy compliance), and
 - Contractor/vendor selection should provide the best mix of quality, service and price for the specified need. Federal regulations require that the lowest price have priority, unless quality, service or delivery time takes priority as to need, and
 - To the extent practical and economically feasible provide preference to contractor/vendor supply products and services that conserve natural resources, are energy efficient and protect the environment. to the extent, for such products.

The following describes the five procurement methods permitted by federal regulations.

1. Micro-Purchases threshold per §200.67 (as of 7/1/2018 \$10,000)

Procurement by micro-purchase is the acquisition of supplies or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold. The University uses the micro-purchase method to expedite small purchase transactions.

To the extent practicable, the University must distribute micro-purchases equitably among qualified suppliers. Purchasing may utilize a list of pre-qualified suppliers, if Purchasing reviews potential suppliers and updates a list of pre-qualified suppliers on a frequent basis.

In developing the list of pre-qualified suppliers Purchasing shall consider factors such as price, delivery charges, reliability, warranty etc. The University is responsible for distributing the purchase equitably among qualified suppliers.

Micro-purchases may be awarded without soliciting competitive quotations if the University considers the price to be reasonable¹. The requestors selection of the vendor provides the documentation that she/he considered the factors as noted in the footnote. Any subsequent reviewer considers the same in their approval.

2. Small Purchase Procedures threshold for purchases less than the Simplified Acquisition Threshold (as of 7/1/2018 \$249,999)

Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, or other property that do not cost more than the Simplified Acquisition Threshold (purchases between \$10,000 and \$150,000 or as adjusted). If small purchase procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources.

Three written or oral price quotations are considered adequate documentation. Purchasing is responsible to document the price quotations. Written advertisements of available products will be deemed acceptable evidence of a price quotation. If the selected vendor is other than the lowest price, justification for the selection must be documented.

3. Purchases Over the Simplified Acquisition Threshold Sealed Bids §200.320(c)

(Formal Advertising) For purchases over the Simplified Acquisition Threshold, bids are publicly solicited, and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is the lowest in price. The sealed bid method is the preferred method for procuring construction, if the following conditions apply:

- A complete, adequate and realistic specification or purchase description is available;
- Two or more responsible bidders are willing and able to compete effectively for the business; and
- The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.

If sealed bids are used, the University must comply the provisions of §200.320 (c)(2).

4. Purchases Over the Simplified Acquisition Threshold Competitive Proposals

§200.320(d) The technique of competitive proposals is normally conducted with more than one source submitting an offer, and either a fixed price or cost-reimbursement type contract is awarded. It is generally used when conditions are not appropriate for the use of sealed bids. If this method is used, the following requirements apply:

-
- (1) Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Any response to publicized requests for proposals must be considered to the maximum extent practical;
 - (2) Proposals must be solicited from an adequate number of qualified sources;
 - (3) The University must have a written method for conducting technical evaluations of the proposals received and for selecting recipients; and
 - (4) Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered.

5. Noncompetitive Proposals §200.320(f) (Sole Sourcing) Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:

- The item is available only from a single source;
- A public emergency exists such the delay resulting from competitive solicitation will cause harm or not be in response to the emergent need;
- The federal awarding agency or pass-through entity expressly authorizes non-competitive proposals in response to a written request from University; or
- After solicitation of a number of sources, competition is determined inadequate.

The University makes a clear distinction between sole source and single source.

Sole Source: No other vendor capable of fully meeting the requirements exists.

Single Source: Alternative vendors exist in the competitive market, but University chooses to solicit a bid from only one particular vendor because of technical requirements (precision, reliability) or past performance by other vendors (poor service, availability of parts).

Purchasing will clearly document a sole source determination for an emergent need. Lack of planning is does not establish an emergent need.

Full and Open Competition

All procurement transactions must be conducted in a manner providing full and open competition consistent with §200.319.

Some of the situations considered to be restrictive of competition include but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business;
- Requiring unnecessary experience and excessive bonding
- Noncompetitive pricing practices between firms or between affiliated companies
- Noncompetitive contracts to consultants that are on retainer contracts
- Organizational conflicts of interest

- Specifying only a “brand name” product instead of allowing “an equal” product to be offered and describing the performance or other relevant requirements of the procurement; and
- Any arbitrary action in the procurement process.

Purchase Documentation

Purchasing is responsible for purchase documentation in compliance with this policy and all applicable federal regulations. Purchasing is responsible for documenting the applicable method (one of five permitted methods), describing the purchase and delivery information (if applicable) and/or where services are to be performed including dates of service or delivery.

Credit Card purchases

The supporting documentation for the use of University credit cards shall include the detail receipt from the associated vendor and each receipt shall comply with the procurement provisions of this policy in addition to the Business Expense Reimbursement Policy and Procedure. Note that policy is not limited to credit card purchase and applies to employee expense reports (as an example).

Negotiated best pricing

Where the University has negotiated best pricing for procurement the University must ensure that all persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition.

This policy applies to purchases described or where guidance is provided through other policies (see the list at the end of this policy). This policy applies to all purchases/use of credit card/contracts or any other method used to acquire supplies, other expendable property, travel, equipment, real property, and services). Omission by the lack of a specific reference to the type of purchase or the method of acquisition by reference to another policy does not change these requirements.

The following matrix provides guidance by noting the requirement and the responsible personnel or department. If a requirement is not noted or where clarification is required, please contact the Grant Manager.

Requirement	Office of Sponsored Projects, includes PI and all related staff	Purchasing	Others involved in review and approval
Conflict of Interest	Applies to all employees involved in purchase	Applies to all employees involved in purchase	Applies to all employees involved in purchase
Needs of project/program	Establish and document need		

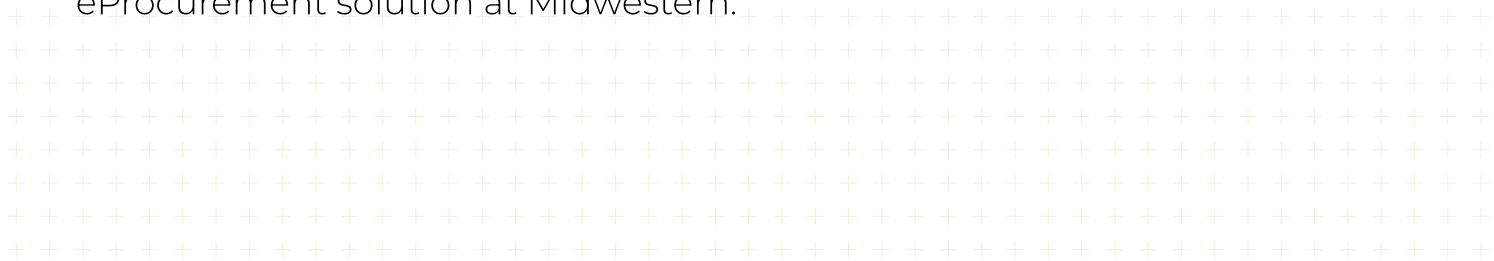
Availability of funds	Assure availability of funds by reference to budget or funding agreement	Review availability of need	
Purchase meets any terms and condition of award document	Have knowledge of terms and conditions of awarding agency and award document		
Oversight	Document vendors/contractors are performing in accordance with the terms, conditions and specifications		
Lease analysis	Responsible, when appropriate	Review and approve, when appropriate	Review and approve, when appropriate
Approval for payment	Document milestones and/or deliverables met.		
Basis for Contractor/ Vendor Selection	Federally funded purchases, one of five methods and other requirements noted under Basis for Contractor/Vendor selection.		
Sole/Single Source	If utilizing, meet all documentation requirements.		
Retention	Responsible		
Credit Card purchases	All provisions of this policy apply to credit card purchases.	All provisions of this policy apply to credit card purchases.	

REFERENCES:

Code of Federal Regulations 2 Part 200, electronic link [2 CFR Part 200](#)

Procurement and Accounts Payable

Embracing the future of Procurement with MWU Procure2Pay, our new eProcurement solution at Northwestern.



← Departments & Services	
Accreditation and Support Services	
Alumni Relations	+
Animal Resources	+
Business Services	+
CCOM Dean's Office	
CHS Dean's Office	+
COEE	+
Campus Facilities	+
Clinical Research Services (CRS)	+
Communications	+
Copy Center	
Excellence in Service	
Faculty Development	

MWU Procure2Pay

At Northwestern University, we remain steadfast in our mission to uphold the highest standards of academic excellence and meet the educational needs of the healthcare community. This commitment extends beyond academics to include the adoption of advanced administrative and financial systems. MWU Procure2Pay, our upcoming eProcurement solution, exemplifies this dedication. It represents a significant advancement in modernizing our procure-to-pay processes and positions MWU as a forward-thinking institution prepared for the future.

The MWU Procure2Pay Rollout


MWU Procure2Pay will launch in late spring, 2026.

Transition from CARS to MWU Procure2Pay

As part of this initiative, departments will transition from using CARS for procurement and invoice activities to MWU Procure2Pay. This includes the current Requisition for Check, Requisition for PO, and Capital Expenditure Request (CER) forms, as well as approvals, receiving, and invoice processing. This change is a critical step toward streamlining processes, improving efficiency, and enhancing transparency across the university.

Impact of MWU Procure2Pay on the Campus Community

1. **Campus experience:** MWU Procure2Pay will deliver an intuitive and consistent procurement experience, enabling informed decision-making and simplifying day-to-day processes.
2. **Compliance and transparency:** Structured workflows, insightful dashboards, and comprehensive transaction histories will strengthen compliance and provide greater visibility.
3. **Administrative efficiency:** By automating end-to-end procurement processes, MWU Procure2Pay will reduce manual tasks and improve our ability to serve our community and maintain positive relationships with our vendors.

 Midwestern University Faculty Senate +
<u>Food Services</u>
<u>Human Resources</u> +
<u>ITS</u> +
<u>Mailroom</u> +
<u>Media Resources</u> +
<u>OIREA</u> +
<u>ORSP</u> +
<u>OSH</u>
<u>One Health Center</u>
<u>Procurement & Accounts Payable</u>
<u>Remote Teaching & Learning</u>
<u>Risk Management</u> +
<u>Staff Development</u>
<u>Student Counseling & Academic Support Services</u>
<u>Student Handbook</u>
<u>Student Services Resources</u> +

Why Switch Systems?



MWU Procure2Pay aligns with MWU's mission to embrace technologies that enhance efficiency, transparency, and compliance. This transition is an essential component of modernizing procurement practices across the university.

Key Benefits of MWU Procure2Pay

- **Faster order processing:** Standardized requisition submission, shorter approval workflows, and automated order processing will shorten purchasing and payables cycles.
- **Improved visibility into purchases:** Real-time integration with financial systems will support expenditure monitoring and budget tracking.
- **Customized for MWU:** The system is designed for ease of use, featuring MWU-tailored catalogs and preferred vendors for simplified purchasing.
- **Eliminating paper & email processes:** A centralized platform will replace paper and email approvals, offering easy-to-use forms and catalogs for streamlined transactions.

Our Vision for the Future

MWU Procure2Pay reflects MWU's vision for a technologically advanced and efficient procurement system, marking a significant evolution in how procurement is managed.

Preparing for the Transition

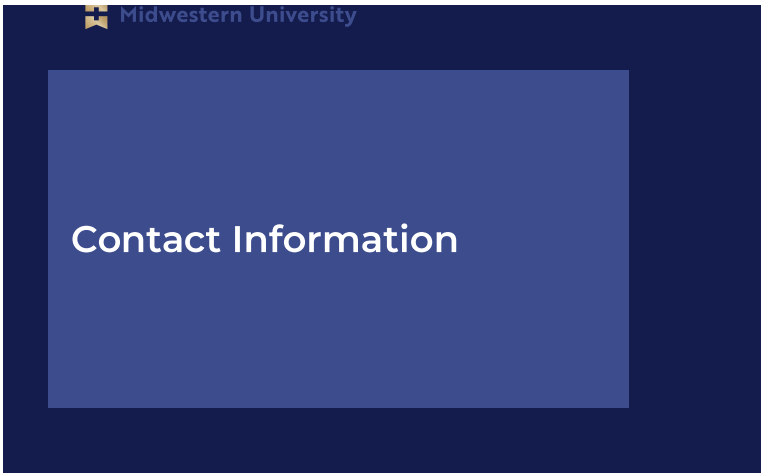
MWU is committed to ensuring a smooth transition to MWU Procure2Pay through comprehensive training sessions and detailed rollout plans. Those plans will be communicated over the coming months.

Stay Informed

Further updates and training information will be shared as we progress and housed here on this page. Your engagement is essential to achieving this important milestone for MWU.

Forthcoming Content

- Marketplace-enabled vendors
- Supplier contracts
- Supplier registration
- Training guides and job aids
- Policies and Procedures
- Project FAQ



Procure2Pay

✉ procure2pay@northwestern.edu



Departments & Services

Policies & Procedures

Directories

MWUNet

Bookstore


Midwestern Clinics

Careers at MWU

Resources

Bias, Discrimination, or Harassment Incident/Concern Reporting


Hours of Operation



Downers Grove Campus

📍 555 31st Street
Downers Grove, IL 60515

☎ [630-971-6080](tel:630-971-6080)



Glendale Campus

📍 19555 N 59th Ave.
Glendale, AZ 85308

☎ [623-572-3200](tel:623-572-3200)



BUSINESS EXPENSE REIMBURSEMENT POLICY AND PROCEDURE

UPDATED: 8.3.2023

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I. PURPOSE AND SUMMARY OF POLICY

This policy outlines the procedure for Midwestern University (MWU) faculty, staff and administration to be reimbursed for business expenses incurred while conducting official University business in accordance with the Internal Revenue Service (IRS) requirements. The University's goal is to make this process as user friendly as possible and still be in full compliance with all IRS guidelines.

This policy details the procedure for reimbursement of local travel, out-of-town overnight travel, and other miscellaneous expenses. This policy covers certain expenses relative to federal [see section X] and private grants, contracts and other activities for which MWU has a fiduciary responsibility.

This policy has been prepared to comply with IRS regulations and has been reviewed by outside consultants for reasonableness. Although this policy may seem rigid, it is designed to satisfy the "accountable plan" rules. The IRS has placed stringent requirements on businesses for expense reporting. Proper adherence to this policy will protect MWU employees from having the IRS reclassify business expense reimbursements as taxable income (W-2). Adherence to this policy will also protect MWU from possible fines in the event of an IRS audit.

All reimbursable expenses should be reported on the MWU Expense Report Form which is held in the Concur expense reporting system on-line. The following guidelines will assist with preparation of the Expense Report Form:

- 1) The determination of whether an expense can be a tax-free reimbursement is based on whether the expense constitutes a deductible business expense. Items defined by the Policy may be deductible under the Internal Revenue Code and regulations. An ordinary expense is one that is common and accepted in one's trade or business. A necessary expense is one that is helpful and appropriate; it does not have to be required to be considered "necessary". This Policy covers various types of business expenses, and details the requirements for establishing a valid business expense eligible for reimbursement by the University. Generally, individuals requesting business expense reimbursements under this Policy must provide documentation to the University, including detailed records that establish the time, place, amount, and business purpose of the expense.
- 2) The expense form on Concur needs to be completed in detail with receipts scanned and attached for any expenditure over \$25.00. Concur has been designed to capture the business nature and purpose of the expense (who, when, where, and why). To provide a detailed explanation may seem unduly burdensome, however, it is required by the IRS.
- 3) All expenses must be substantiated to the University within a reasonable period of time (as defined below). Also, amounts in excess of substantiated expenses (unused money from advances) must be returned to the University within a reasonable period of time (as defined below).

- 4) A reasonable period of time for submitting documentation is defined as sixty (60) days from the date that the expense was incurred or within thirty (30) days from date of return (when traveling). If appropriate documentation for allowable expenses is not submitted to clear an advance, submitted for reimbursement, or submitted through the procurement card process, and/or any excess advance monies not returned within these guidelines these amounts may be included in taxable income or deducted from the paycheck of the employee who received the advance or incurred the expense on a University procurement card for such expenses. Similarly, if the University pays for an expense which is later determined not to meet the accountable plan requirements, the amount will be added to the employee's taxable income on Form W-2.
- 5) Concur has been set up to capture the appropriate approvals levels after an expense report has been submitted.

II. RESPONSIBILITIES

The following outlines the responsibilities of various parties under this Policy:

1. **Employee** - The individual submitting an expense reimbursement report will:
 - Verify that all expenses requested to be paid or reimbursed by the University are valid and conform to this Policy. Requests lacking required documentation and/or business purpose will be questioned and may not be reimbursed.
 - Attest that expenses submitted for reimbursement have not been previously paid through a prior submitted expense report, cash advance, University procurement card, by any outside agency, or other third party.
 - Submit all forms related to travel within 60 days of date incurred or 30 days from completion of trip, whichever is later.
 - Remain accountable for ensuring that all expenses are incurred, and all requests for payment or reimbursement of such expenses are submitted, in accordance with this Policy even though the employee may delegate responsibility for a form's preparation to another person.
2. **Authorizer/Approver** - Individuals authorized to approve the business expenditures of others will be responsible for administering this Policy. Approvers will:
 - Attest that the purpose of the expense is valid and directly related to University business.
 - Request further documentation or explanation of expenses that appear to be excessive or unusual. Explanation of such expenditures will be included in the expense reimbursement report.
 - Submit the approved expense report on a timely basis.
 - Understand that while Business Services will review the expense reimbursement report, the primary responsibility for the determination of the appropriateness of expenditures rests with the individual seeking reimbursement and the individual responsible for approval and authorization.

3. ***Business Services*** - Business Services is responsible for reviewing all submitted expense reports prior to processing to verify that expenses are reasonable and meet the following criteria:
- All reported expenses are supported by accompanying documentation, which is both complete and in accordance with this Policy.
 - Expenses conform to requirements imposed by the Internal Revenue Service or, as applicable, sponsoring agencies.
 - Expenses have been reviewed and approved by the appropriate Authorizer/Approver. This is done automatically for reports submitted through Concur.
 - Expenses have been reviewed for compliance with other applicable University policies.

III. UNIVERSITY CREDIT CARDS

University credit card holders include faculty members, staff, and administration personnel of MWU who, by the nature of their position, frequently incur University business expenses. Therefore, MWU has provided them with a University credit card. The cardholder cannot charge personal items on his/her credit card unless the personal expense item is not severable from the business expense item. When personal expenses are paid for with the University card, reimbursement to MWU should be included with the submission of the Expense Report. Submit all costs on the expense report even if paid for via the University credit card. There is an area on the expense report in Concur to indicate expenses paid by the University credit card (called University Paid in Concur).

There are two types of University cards issued: departmental cards and individual cards.

Departmental cards are to be used for certain expenses unique to each department. Unless specifically allowed to a department, the following expenses should not be paid for with a departmental card:

- Employee travel
- Meals
- Items that could be acquired through a purchase order

Individual cards are to be used for the cardholder's travel expenses. The following expenses should not be paid for with an individual card:

- Travel for other employees
- Dues and conferences for individual cardholder or any other employees
- Items that could be acquired through a purchase order

IV. CASH ADVANCES/ALTERNATIVE REIMBURSEMENT METHODS Travel

allowance for conferences sponsored by Midwestern University will be determined each budget cycle, click on the following link

[Uniformity of Travel Budgets for Conferences.](#)

Reimbursement for all travel will occur after the trip is complete. The University understands the personal hardship early travel reservations may cause in order to save money by planning to get low airfare and hotel accommodations. The University has two options available to alleviate these financial demands.

- 1) Airfare can be purchased through the approved travel agency utilizing a University credit card, click on the following link
[Travel Card Authorization Form.](#)
- 2) Conference fees and hotels can be paid via accounts payable. If this option is selected and for whatever reason the travel does not take place, any unrefunded conference fees and/or hotel charges will be charged against the employee's annual travel budget.

Faculty, staff and administration normally charge business travel expenses on their personal credit cards. You may request a "travel cash advance" when the expense would cause undue financial hardship. The minimum request for a travel cash advance is \$250. A request for a travel cash advance must be made in Concur. Please indicate the dates of travel in Concur and a business purpose for the travel. You should allow ten business days for processing of the request once received by Business Services; the check will be issued no more than ten business days before the travel date. Within ten business days of the completion of the trip, you are required to submit an expense report and deduct the advance. No reimbursable expenses will be paid while an outstanding cash advance is pending assignment. Any reimbursable expenses following the request and receipt of a cash advance must be charged against the outstanding cash advance. Any unused portion of the travel advance must be remitted to MWU.

V. TRANSPORTATION EXPENSES

A. Personal Automobile

At times it will be necessary for a MWU employee to use his/her personal car for business purposes. The employee should report automobile mileage on the Expense Report. Automobile mileage will be reimbursed in accordance with the IRS's Standard Mileage Allowance Rate, as calculated in the Concur system. For Downers Grove employees traveling between the main campus and the clinic campus, the mileage to be reimbursed is 3 miles for a one-way trip.

Driving safely is everyone's responsibility, however, in the event of an automobile accident, the University will reimburse the employee through payroll and added to the employee's W-2 for the insurance policy deductible provided the loss or damage was not caused by gross negligence/reckless behavior and the travel was on behalf of MWU (this deductible will not exceed \$500.00).

Travel between the office and home (normal commute) is not considered a business expense. Travel between the office and home for non-hourly employees on non-scheduled workdays (e.g., holiday and weekends) will be considered a reimbursable business expense.

Expenses for parking and tolls for business travel will be reimbursed at cost. The University cannot pay traffic or parking fines. Local public transportation (bus or train) used for business travel instead of a car will be reimbursed at cost. The employee is expected to choose the "most economical" method of transportation. Therefore, personal car travel may not be the best choice for trips in excess of 300 miles one way, and if personal car travel is selected instead of a flight for a trip greater than 300 miles, documentation should be included in the expense report as evidence that it was the most economical form of travel.

B. Commercial Aircraft

MWU faculty, staff and administration should use commercial aircraft for travel when it appears to be the most efficient and economical mode of transportation. Everyone is expected to utilize the most economical class of travel available.

- 1) The University is not responsible for any lost or damaged luggage.
- 2) Faculty, staff and administration wishing to utilize an airfare with a Saturday night stay over could result in savings to the University. Expenses incurred on the stay over (hotel/meals) will be reimbursed only if the cost to the University for the stay over is less than the airfare available had the employee elected not to stay over. The savings in cost by staying over must be documented by an attachment to the Expense Report. An example of these types of trips and documentation of the savings is illustrated below:

Regular airfare	\$500.00
Airfare with Saturday stay	<u>200.00</u>
Total airfare savings	\$300.00
Less: Lodging for Saturday	\$100.00
Meals for Saturday & Sunday	75.00
Airport parking for Saturday & Sunday	<u>16.00</u>
Total	\$191.00
Savings to MWU	\$109.00

- 3) The cost of airfare upgrades (first class, business class, preferred seating over \$50 one way, etc.) is the responsibility of the employee. If, when making a reservation, the only available seat is a first class seat, then an alternate flight should be utilized.
- 4) The University will not reimburse airline travel insurance.
- 5) Significant cost savings can be obtained by planning ahead. Therefore, flight reservations should be made as far ahead as possible in order to obtain the lowest cost fare available.
- 6) Ground vs. air travel. There are times when an employee may choose to drive vs. fly to a conference or meeting. In that case (and the travel is more than 300 miles one way) the following worksheet needs to be utilized to review the most economical option. A similar calculation should be included with your Concur receipts.

Air	\$400.00
Auto, rental/cab, parking, mileage to/from airport while traveling by air to meeting.	<u>200.00</u>
Total airfare cost	\$600.00
Less: Mileage	\$325.00
Parking at hotel if applicable	<u>175.00</u>
Total	\$500.00
*Savings to MWU (\$600 - \$500)	\$100.00

* Savings should only relate to transportation costs (i.e. not lodging savings, meal savings, etc.).

C. **International Travel**

Any employee, whether paid by the University or via grant funds, must first receive approval by their perspective Dean or Vice President before travel arrangements are made for international travel. If approved by the Dean or Vice President, then the CFO or President must also approve. International locations include Canada Mexico, Puerto Rico, Guam, other U.S. territories, and any other location outside the **contiguous** United States (Hawaii and Alaska considered international for purposes of this policy).

D. **Ground Transportation**

MWU employees requiring local ground transportation are encouraged to use the most convenient and/or economical means available. Usually, shuttle service from the airport to the hotel is offered free or at a rate lower than taxi service for the same route. This is the recommended mode of travel unless a rental car is necessary.

E. **Rental Cars**

Rental cars should be used only when the nature of the trip is such that the use of local transportation (e.g., taxis, limousines, hotel shuttle service, etc.) is not practical or would be more expensive. The employee should reserve a basic/standard size car, or another economical option. Some examples include Ford Fusion, Hyundai Sonata, and Honda Accord. Upgrades are the responsibility of the employee and will not be reimbursed (specialty cars, vans, etc., are considered upgrades). If there is a valid reason for an upgrade, please add it to the comment field in Concur. Exceptions will be made for instances when a large car will be used to transport several employees (for example when an entire department travels together for a retreat). The cost of renting an iPass and GPS is reimbursable.

When selecting a gas option, an employee should not select to pre-pay for gas as this is more expensive in most situations. Exceptions to this policy should be documented.

When using a rental car, do not choose any additional insurance coverage. In the event of an accident, MWU will assume the responsibility for any liability. In such case, the employee will obtain a copy of the accident report and provide the report to MWU's Risk Management department.

Faculty, staff and administration who rent automobiles for business purposes should be aware MWU purchases insurance coverage that protects both

MWU and the employee (faculty, staff and administration only – family members not covered). The policy covers bodily injury and property damage (comprehensive and collision). Consequently, employees who rent cars for use on MWU business should not purchase insurance offered by the rental company. MWU will not reimburse employees for additional coverage purchased.

VI. LODGING ACCOMMODATIONS

Faculty, staff and administration should use standard room accommodations when away on business. Reasonableness of cost should be considered when making reservations. Lodging charges submitted for reimbursement must be on an itemized (e.g., listing of charges at checkout) receipt in order to be processed. A charge card receipt for the total cost of the stay is not considered sufficient documentation for reimbursement.

The University will not reimburse for personal charges related to lodging, including in room movies, mini-bar usage etc. Tips are allowable for room service but are not allowable for maid service, bell hops etc. All tips are included in the daily meals and incidental amount. The University will reimburse for the cost of internet access from your hotel if a valid business purpose is provided.

Upgrades from the standard room will be at the employee's own expense, along with incidental charges for spouse or significant other.

VII. FOOD AND BEVERAGE (MEALS AND INCIDENTALS)

Midwestern University employees are to use discretion while traveling on University business. Food and beverage expense will be reimbursed based upon the following:

- 1) Per diem method
- 2) Itemized receipt method

Only one method may be used for the duration of a business trip. The University's preferred method is the per diem method.

If the per diem method is utilized, please refer to the Business Services link for rates [Meal and Incidental Rates](#). An employee has the choice to use the IRS per diem rate for the specific city traveled to or the employee can use the IRS "all other cities" option. The city to be used on travel days is the city that was the destination of the trip, never the employee's home city. For example, an employee travelling from Phoenix to Downers Grove would use the Downers Grove per diem rate for all days of the trip, including both travel days.

If the per diem method is used and a meal is provided by the University or by a conference or any other outside party, then the value of that meal should be reported as taxable income in the expense report. Refer to the Business Services link [Meal and Incidental Rates](#) for the values to be included as taxable reimbursement (actual value of meals can be used if documentation can support the value):

If all meals are provided by a conference/event then the per diem method should not be used as the employee would not be out of pocket for any meals. If other incidental meals (snacks, coffee, etc.) are purchased then the receipt method could be used for those expenses.

If the itemized receipt method is utilized, all meal and beverage receipts (itemized receipts) must be included in the expense report. See Business Services link [Meal and Incidental Rates](#) for maximum amount of reimbursement. If a meal is provided by MWU or an outside party and the value of the meal plus receipts from other meals during the day is greater than the daily receipt maximum, then the excess over the maximum is taxable to the employee.

Regardless of method utilized for reimbursement on days of travel, the maximum reimbursement is 75% of that method for each trip.

All business meal/beverage expenses must include the following: names, date, and purpose of business being transacted. For large meal events that are not open to the entire University, a sign-in sheet should be utilized. For large meal events open to the entire University no sign in sheet is needed.

Breakfast, lunch or dinner is not reimbursed while traveling on University business unless an out of town overnight stay is necessary.

For shared meals among MWU employees while traveling out of town, all settlements must occur prior to submission of expense reports i.e. faculty members Dr. Smith and Dr. Jones go to dinner and the bill is \$70.00. Dr. Smith pays for both. Dr. Jones must settle with Dr. Smith before submission of their expense reports. Dr. Smith would request \$35.00 from MWU for dinner and Dr. Jones would request \$35.00 from MWU for dinner. A copy of the receipt would be acceptable for reimbursement.

International travel will be reimbursed at the same rate as domestic travel.

VIII. MISCELLANEOUS REIMBURSABLE EXPENSES

A. Conferences and Seminars – Out of Town

Every attempt should be made to attend conferences in the Chicago or Phoenix metropolitan areas, if offered. Lodging expenses for conferences will be reimbursed as part of the employee's annual conference budget allocation, click on following link [Uniformity of Travel Budgets for Conferences](#). The University will cover the cost of the registration only, not the cost of entertainment unless it is reasonable and for the purpose of networking.

Many times such events are held in resort type locations and attendees will arrive early or stay over later and integrate a personal vacation utilizing vacation days with the business trip. Should this happen, the attendee should make a proper proportion of expenses between business and personal (e.g., food, lodging, car rental, parking etc.) usage. If an employee combines vacation with a business trip, documentation should be provided as evidence that the flight booked was not more expensive than had the employee traveled only for business, and documentation should be obtained as the time the ticket is purchased. In addition, many attendees will also have a non-employee companion with them on the trip. All incremental expenses incurred due to the additional person must be deducted from the expense submitted for reimbursement.

If a business trip is combined with a personal trip then it will need to be determined whether the trip is related primarily to business or if it is primarily personal in nature. One of the key indicators in determining the primary purpose of the trip is comparing the number of business days to the number of personal days on the trip. If personal days exceed business days then the trip would likely be considered primarily personal in nature, and therefore, per IRS regulations, the travel expenses not specifically related to the business portion of the trip would be taxable to the employee. For example, the airfare, taxi, etc. would likely be taxable to the employee, however the meals and lodging on the business days of the trip would not be taxable.

When submitting for reimbursement of a conference, an employee should include documentation (brochure, agenda, etc) showing the dates of the conference as evidence for the length of the business portion of the trip.

Conference fees and airfare may be paid for with the employee's personal credit card, however, reimbursement for these fees will not be paid to the employee until after the conference takes place.

Long-term parking is recommended for airline trips in excess of two days.

B. Conferences and Seminars – In Town

MWU will reimburse an employee up to \$25.00 per day with receipts for meal expenses while attending in town seminars/conferences. This reimbursement is considered taxable income, and therefore needs to be entered into Concur as a taxable amount.

Lodging at an in town conference is reimbursable if pre-approved by the employee's supervisor.

Note that all reimbursement for food and lodging for a conference in the employee's metropolitan area (Chicago or Phoenix) is taxable to the employee in most circumstances per the IRS guidelines.

IX. MISCELLANEOUS NON-BUSINESS EXPENSES

The policy of MWU is to reimburse the faculty, staff and administration for all reasonable and necessary business expenses. However, there are certain types of expenditures that are of a personal nature and not considered a reimbursable business expense. Examples of these types of expenditures are noted below:

- Service tips on food and beverage, taxi and limos in excess of 18%.
- Service tips for airport and hotel baggage handlers and maids (included in incidentals).
- Birthday cakes, pastries, and other miscellaneous food items for consumption by colleagues.
- Personal amusements while on a business trip (movie, golf, spa, etc.).
- Breakfast, lunch and/or dinners for staff not traveling are not reimbursable.
- Holiday parties and associated expenses are not reimbursable.
- Holiday, bereavement, birth, farewell, birthday cards, flowers, etc. are not reimbursable.
- Staff shirts or uniforms are not reimbursable unless preapproved.
- Delivery tips for catered food of greater than 10% or \$25.
- Travel funded by external sources will follow these guidelines unless the terms or conditions of the grant or contract are more restrictive.
- Service tips for individuals or corporations (DJ's, service staff i.e. waitresses, bartenders) providing a service to the University.
- Gift cards of any nature are not reimbursable.
- Apps for iPad/iPhone.

X. TRAVELLING ON FEDERAL FUNDS

Alcoholic Beverages: Unallowable as an entertainment expense, but allowable if within the scope of an approved research project.

Meals: When certain meals are an integral and necessary part of a conference (i.e., a working meal where business is transacted), grant funds may be used for such meals.

Travel: Funds may be used for travel of staff, speakers, participants, and attendees, if identified in the grant application and approved as part of the award. As per Federal regulations, travel expenses for employees of the grantee organization are governed by the grantee's travel policies, consistently applied regardless of the source of funds.

If a grant allows a higher per diem than the IRS unspecified city amount, the IRS per diem specific to the applicable city can be utilized.

Any foreign travel restrictions that are in effect at the time of the award will be followed. Employees may not be reimbursed for travel to countries that may have travel restrictions or limitations.

Expenses must be reasonable and limited to the days of attendance at the conference plus the actual travel time to reach the conference location by the most direct route. Where meals and/or lodgings are furnished without charge or at a nominal cost (e.g., as part of the registration fee), the allowance must take this into consideration.

Transportation costs for attendees and participants at the conference may not exceed coach class fares. U.S. flag carriers will be used where possible.

With the exception of local mileage, grant funds may not be used to reimburse an employee for food at local conferences.

XI. EXCEPTIONS

When applicable, flowers for bereavement, births etc. that are approved are sponsored by the President's Office.

Cake and refreshments for a long tenured employee's farewell party on campus that is open to the campus are reimbursable if approved by the Dean of the respective department.

Exceptions to this policy must be approved in writing by the employee's supervisor, the appropriate Vice President as well as the Chief Financial Officer.

The Business office will return an expense report that falls outside of these University policies to be corrected and resubmitted. This could cause a delay in the funds being received.

For any expenses not specifically covered in this policy, Business Services will defer to the IRS's definition of deductible business expenses in order to determine if the expense can be reimbursed.

MIDWESTERN UNIVERSITY
STANDARD POLICY

Subject: Processing Procedures for Contracts		Policy No: 252
Issue Date: 08/17/2021	Supercedes: 08/05/2021; 07/01/2020, 05/28/2020, 11/6/2012	Pages: 6
Division: All University		
Campus: All University		
Approved By: Kathleen H. Goepfinger, Ph.D. President and CEO		

PURPOSE

To establish the means by which contracts for the University are processed.

POLICY

In all cases, a copy of a contract must be reviewed, and sections that should be/must be revised are identified by appropriate University personnel. The redlined contract is sent to the vendor. Once the contract terms meet the approval of both parties, the vendor will sign the contract and return a signed copy to the University for final review and approval by authorized University representatives, as described in this policy. Once the executed contract is received by the University, it should be sent to the applicable offices or departments specified below for tracking, filing, and retention.

1. Non-standard affiliation agreements, non-standard faculty placement agreements, non-standard community services agreements, non-standard service-learning agreements, and non-standard, podiatry, pharmacy, and optometry residency agreements will be handled as follows:
 - The academic program or college is responsible for the initial review of the terms of the non-standard agreement. Any concerns related to the requirements of the student/residency program, academic program, or compensation should be identified for the Centralized Office of Experiential Education (COEE) paralegals.
 - The COEE paralegals are responsible for reviewing and, if necessary, negotiating revisions and requesting the signatures of the appropriate Dean, University Vice President & CAO, University Vice President & CFO, and the representative from the external agency. It is necessary to allow a minimum of six weeks for the review of such agreements.
 - The COEE paralegal is responsible for requesting the certificate of insurance from University Risk Management.
 - COEE is responsible for uploading a fully executed copy of the non-standard agreement(s) and certificate of insurance to the COEE agreement database for tracking and retention. The colleges/programs will be able to retrieve and review copies of the agreements via the COEE agreement database.

Note: for non-standard medical residency agreements, please see section #8.

2. Standard affiliation agreements and faculty placement agreements will be handled as follows:
 - Provided that no changes were made to the terms of the template agreement, the Dean and the authorized representative from the external agency can sign the agreement. No other Midwestern University representative needs to co-sign the agreement.
 - The college/program is responsible for uploading a fully executed copy of the agreement to the COEE agreement database and submitting the file to COEE for processing.
 - COEE is responsible for finalizing the fully executed copy of the standard agreement as a “final file,” requesting the certificate of insurance, and uploading the agreement and certificate of insurance to the COEE agreement database for tracking and retention. The college/program will then be able to retrieve and review copies of the agreement via the COEE agreement database.
3. Special event contracts will be handled as follows:
 - Special event contracts include contracts for hotels, banquet facilities, golf courses, entertainers, entertainment services, or caterers that contain terms and conditions.
 - All special event contracts must be submitted to the COEE paralegal with the Special Event Contract Review Form found on the COEE website. Such contracts must be submitted for review a minimum of four weeks in advance of the event or due date. After review and successful negotiation of contract changes, the COEE paralegal will prepare the final revised contract for administrative approval and signatures.
 - Special event contracts that meet the following criteria will be reviewed by the appropriate COEE paralegal for that campus and generally will not require further review by the University Vice President & CFO.

Criteria:

1. If an off-campus student event and alcohol is being served, there must be a cash bar, and the MWU Student Handbook Alcohol Policies and Procedures must be followed.
2. If an on-campus student event and alcohol is being served, the MWU Student Handbook Alcohol Policies and Procedures must be followed.
3. If it is an off-campus University-sponsored event, which includes students, a maximum of two drink tickets may be given to each student guest.
4. If a catering service is used for an on-campus event, a copy of the vendor’s certificate of insurance naming Midwestern University as an additional insured must be requested for the specific day of the event.
5. If a bounce house, other inflatables, rides, petting zoos, rental games, or other types of activities will be on campus for a special student event, non-student users and guardians of minors participating in any of these activities may need to sign the Midwestern University Consent and Release for Event Participation. If the requestor of such special event is unsure if using this consent form is required, the requestor should check with University Risk Management. If necessary, the COEE paralegal will verify the need for the consent form in consultation with University Risk Management.

A blank copy of the consent form can be obtained from the Office of Student Services or from the Centralized Office of Experiential Education website. It must accompany the Special Event Request Form when the special event contract is submitted to the COEE paralegal for review.

Processing Procedures for Contracts

After the special event, copies of the signed consents will be maintained by the Office of Student Services in accordance with the University's Record Retention schedule.

- After review and successful negotiation of appropriate contract changes, the COEE paralegal will prepare the final revised contract or ask that the vendor finalize the revised contract for department approval and signatures. Such contracts only require approval by the applicable Dean or University Director and the vendor.
- However, if redlined changes are not successfully negotiated and the Dean or University Director still wants to proceed with the contract, the COEE paralegal will discuss the contract with the University Vice President & CFO, who must approve the contract before it can be executed.
- All other special event contracts that do not meet the above criteria must be reviewed and approved by (1) the Dean and University Vice President & CAO, or (2) the University Director. Finally, all such special event contracts must be approved by the University Vice President & CFO. The COEE paralegal will be responsible for coordinating this review by the Dean and appropriate University administrators.
- It is the responsibility of the colleges, programs, or departments to provide an executed copy of the contract to COEE for tracking and retention.
- Rush special event contract submissions (when the requested due date is less than four weeks prior to the submittal date) may not be reviewed by the COEE paralegal without prior written approval by the applicable Vice President. A copy of the written approval will be provided to the COEE paralegal when the Special Event Request Form is submitted as a rush special event.

4. Lease Agreements for Subsidized Housing will be handled as follows:

- The COEE paralegals are responsible for reviewing all new and renewal lease agreements upon receipt of a Subsidized Student Housing Lease Agreement Review Form, which is found on the COEE website. It is recommended by the University Vice President & CFO to begin that process a minimum of three months in advance.
- Rush lease agreement submissions (when the requested due date is less than four weeks in advance of the submittal date of the lease) may not be reviewed by the COEE paralegal without prior written approval by the applicable University Vice President & CAO. A copy of the written approval will be provided to the COEE paralegal when the Subsidized Student Housing Lease Agreement Form is submitted as a rush lease agreement.
- Two essential requirements for the colleges that have lease agreements for subsidized housing are: (a) for each rented apartment unit which may have one or more bedrooms, colleges must assign students of the same gender to the apartment unit; (b) the landlord must be notified that the lease is with the University/College and that various students will be assigned to that rented apartment unit during the term of the lease.
- The COEE paralegals will notify the appropriate Vice President & CAO of the Dean's request to enter into either a new or renewal lease agreement. This is for informational purposes only.
- The lease documents will be reviewed by the appropriate COEE paralegal without further review by the University Vice President & CFO.
- After review and successful negotiation of appropriate lease changes, the COEE paralegal will request the final revised lease for college/program approval and signatures. Such lease documents only require approval by the applicable Dean and the vendor. However, if redlined

changes are not successfully negotiated and the Dean still wants to proceed with the lease, the COEE paralegal will discuss the lease with the University Vice President & CFO, who must approve the lease before it can be executed.

- Lease agreements will be administered and retained in accordance with the University Criteria for University Subsidized Housing policy.
- It is the responsibility of the college/program to provide COEE with a fully executed copy of the lease agreement for tracking and retention. COEE is responsible for filing executed copies of the lease agreement on the departmental shared (U) drive. A listing of current rental properties for both campuses may be found on the COEE website.
- The requesting college or program is responsible for the administration of the apartment leases, including the adherence to the lease obligations, rules and restrictions, and full compliance with the University Subsidized Housing policy.

5. Marketing, advertising, or photography contracts (e.g., for newspaper ads, website development/revisions) will be handled as follows:

- If there are copyright issues in the contract, the Director of Communications should refer the contract to the Office of the General Counsel. After legal review and negotiation of all revisions, the Director of Information Technology Services Infrastructure or Director of Information Technology Services Technology Applications and Clinic Services, and Vice President of Human Resources and Administration can sign the contract on behalf of the University.
- If there are no copyright issues in the contract, the Vice President of Human Resources and Administration alone can sign the contract on behalf of the University.
- A copy of the final executed contract should be sent to the initiating department and, if applicable, the Office of the General Counsel for tracking and retention.

6. Information technology and other contracts will be handled as follows:

- If a contract for information technology has been initiated by a college/program or the Office of Student Services, it should first be approved by the appropriate Dean and then by the appropriate Vice President & CAO.
- Depending on the service area, one or both Directors of Information Technology (Infrastructure Services or Technology Applications and Clinic Services) should have all such contracts, as necessary, reviewed by the Office of the General Counsel.
- Once all revisions have been reviewed and approved by the appropriate Director of Information Technology Services, it must be presented to the University President & CEO for review and approval.
- A copy of the final executed contract should be sent to the Director of Information Technology, the college/program, and, if applicable, the Office of the General Counsel for tracking and retention.
- For contracts initiated by a college/program, the college/program is responsible for tracking the expiration date and deciding on the need for contract renewal. If a contract renewal is deemed useful and necessary, the contract renewal should be processed in a timely fashion following the steps in item #6 of this policy.

7. Media resource contracts will be handled as follows:

Processing Procedures for Contracts

- The Director of Media Resources should have such contracts reviewed by the Office of the General Counsel, as necessary.
- Once all revisions have been reviewed and approved by the Director of Media Resources, Director of Information Technology Services Infrastructure, and University President & CEO, the contract should be signed by the Director of Information Technology Services Infrastructure and University President & CEO.
- A copy of the contract should be sent to the initiating department and, as applicable, the Office of the General Counsel for tracking and retention.

8. Graduate Medical Education contracts for the Chicago College of Osteopathic Medicine/Arizona College of Osteopathic Medicine will be handled as follows:

- Graduate Medical Education contracts should be reviewed by the Dean of the appropriate medical college, Vice President & CAO, MWU Director of Postdoctoral Education, and, if necessary, the Office of the General Counsel and then sent to the University Vice President & CFO for review. Once all revisions have been negotiated, the Dean, Vice President & CAO, University Vice President & CFO, and University President & CEO should sign off on the contract.
- A copy of the fully executed contract should be uploaded to the COEE agreement database by the initiating college/program for tracking and retention.

9. Facilities, telecommunication, and construction contracts will be handled as follows:

- These types of contracts should be initiated and reviewed by University administration, the Director of Campus Facilities for the appropriate campus, and, if necessary, the Office of the General Counsel.
- After the Director of Campus Facilities reviews and approves the contract, it should be sent to the Assistant Vice President, Project Management, for review and approval.
- After the Assistant Vice President, Project Management approves the contract, all such contracts for facilities, construction, or services that are valued at \$50,000 or more, must be signed by the President & CEO. Contracts that are valued at less than \$50,000 may be signed by the University Director and University Vice President & CFO.
- After these contracts have been signed by the University administration and the vendor, a fully executed copy of the contract will be returned to the University and sent to the Director of Campus Facilities and, as applicable, the Office of the General Counsel for tracking and retention.

10. Clinic contracts with insurance carriers and other vendors will be handled as follows:

All clinic contracts should be reviewed by the Midwestern University Director of Patient Accounts, Medical Director/Associate Dean in charge of the appropriate clinic, and the Office of the General Counsel, Dean of the College. The Dean and University Vice President & CAO in charge of the appropriate clinic may also be consulted. Once all revisions have been negotiated, the Vice President of Clinic Operations or the Vice President & CAO of the appropriate clinic and the University Vice President & CFO should sign the contract. A copy of the fully executed contract(s) should be sent to the Office of the General Counsel for tracking and retention.

11. Research, clinic, and educational equipment maintenance (service) agreements

- All research, clinic, and educational equipment maintenance agreements should be reviewed by the academic program director and Dean if the agreement pertains to college-related equipment. If the equipment is for a University non-academic unit, the agreement should be reviewed by the department director. Any areas of concern should be identified.
- In consultation with the Intellectual Property & Contracts Administrator for Animal Resources Equipment or the Director of Campus Facilities, as needed, the Biomedical Equipment Technician will review all such maintenance agreements and any areas of the agreement that were notated. The Biomedical Equipment Technician will attempt to negotiate better pricing, resolve areas of concern, and may provide cost savings to the program or college if it is determined that the work can be performed by the Biomedical Equipment Technician or another Midwestern University employee.
- Allow the Biomedical Equipment Technician a minimum of 2-3 weeks to review and negotiate revisions to the equipment maintenance agreement.

Once the review is completed, the Biomedical Equipment Technician will send the finalized maintenance agreement with a summary of the revisions made to the academic program director or Dean, or department director. If the final agreement is acceptable, the program director and Dean or department director will sign the maintenance agreement.

It is the responsibility of the Dean or the department director to provide the signed agreement to the vendor and to complete a purchase requisition as per the procedures outlined by MWU Business Services.

Overview:

The Payroll Department is responsible for ensuring the accurate and timely payment of wages to all employees. Employees are responsible for reporting their time worked and time off within the appropriate timeliness as designated by the Payroll Department.

Payroll is processed on a bi-weekly schedule, every two weeks. The pay cycle begins on Sunday at 12:00am and ends 14 days later on Saturday at 11:59pm.

All timecards and time off requests need to be approved no later than 10:00am Monday of the pay week, unless notified in advance via email by the Payroll Department.

Timesheet Information:

1. Completed manual timesheets, Letters of Agreements for Adjuncts, and Federal Work Study students are to be submitted by fax, email, or hand delivered to the local payroll office no later than Friday 12:00 P.M. of the non-pay week. Any timecards received after the deadline are not guaranteed to be included on the following weeks' paycheck. All originals are to be interoffice, or hand delivered to your local payroll office no later than the Tuesday before payday and are to be signed by the supervisor and employee. Unsigned time cards will be returned to the department's manager for signature, and payment may be delayed.
2. Ultimate's Time Management system is utilized by Faculty, Staff, Adjuncts and Federal Work Study students for recording and authorizing payment for hours worked, paid and unpaid. All timesheet adjustments and approvals are to occur no later than Monday 10 A.M. of the pay week, unless notified in advance by your local payroll office
3. Other timesheet policies and procedures can be found on the Human Resources policies and procedures page:
<https://connect.midwestern.edu/departments/human-resources/working-at-mwu/policies-and-procedures>

MWU Payroll Department Policy and Procedures

- 4 When the University President allows faculty and staff to leave two hours early before a holiday, that day is considered a full day for payment purposes. If an employee is taking a ½ day or full day of vacation, flex, etc., the employee is not entitled to record the two hours as work time; it is a benefit for employees that are working the full day. Lunch time and breaks must still be taken; you cannot omit them to leave early in addition to the two hours given by the President.

Time Change:

Daylight Savings Time change to Central Standard Time (Fall Back) – Non-exempt (hourly) employees on duty during the time change will receive one hour of overtime pay for the extra hour worked during the fall transition, if there are more than 40 hours worked in that week. The employees are entitled to overtime on the basis of total hours for the work week.

Central Standard Time changes to Daylight Savings Time (Spring Forward) – Non-exempt (hourly) employees who work during this period will receive pay for the hours worked. As a result of the time change, due to daylight savings, an employee is short one hour for the eight-hour day. Employees are welcome to use vacation time or work an additional hour to make up for the one-hour time change.

Payment for travel out of town for Non-Exempt (hourly) Employees:

For the first day of travel, the non-exempt employee is to let their supervisor know what time they have left home/campus, their lunch period and the time they have completed their work/travel day. The supervisor will need to manually enter this time on their employee's timesheet. On the day of their return trip, the employee is to let their supervisor know the time leaving hotel/campus, a lunch period and the time they arrive at their home/campus. The supervisor will also need to enter this time manually on their employee's timesheet. If you do not go directly home/campus, you are allowed to indicate two additional hours from the time your flight has landed, to account for your final destination.

Paycheck Distribution Policy:

All paychecks will be postdated and mailed via the United States Postal Service by the current check date to the address listed in UltiPro. Due to payroll being

MWU Payroll Department Policy and Procedures

outsourced to UltiPro, direct deposit is highly encouraged and can easily be set up in UltiPro.

Stopping/Reissuing/Manual checks:

An Employee may receive payments outside the normal payroll cycle through a manual payment. Requests for payment can occur for many reasons, for example missed punches on a timecard for a past pay period, termination (final payments), paycheck replacement that has been lost. The local payroll office enters the information into UltiPro to generate the check. Additional required documentation is needed in order to stop and reissue a paycheck that has been lost/stolen or misplaced.

<https://www.midwestern.edu/Protected%20Pages/Business%20Services/Stop%20and%20Reissue%20Check.pdf>

Direct Deposit:

Direct deposit is the process that establishes and automatically deposits the Employee's wages into his/her bank account. Direct deposit is available to all Midwestern University Employees and Students. Although not mandated by Midwestern University, employees are highly encouraged to have their wages directly deposited into a selected bank account.

Before direct deposit can be set up in UltiPro, the Employee must complete all applicable fields on the direct deposit page in UltiPro. Employees will log into UltiPro and use the following steps to set up their account [Menu > Myself > Pay > Direct Deposit](#).

Employees can only set up direct deposit through their UltiPro portal. If an employee has any problems setting up direct deposit they can contact their local payroll office to set up an appointment for assistance. Each employee is responsible for maintaining accurate and up to date direct deposit information.

Currently, the first payroll payment to an employee is a paper check mailed to their permanent address listed in UltiPro via the US Postal Service; this will validate and pre note the employee's bank account to avoid problems with closed bank accounts, incorrect routing/account numbers.

MWU Payroll Department Policy and Procedures

Pre-note: Term used when a new bank account(s) are being setup by an employee for direct deposit. The pre-note process tests the bank routing number and bank account number with the recipient financial institution and will return an error if the routing number is inaccurate, or the account number cannot be found or the account is closed.

Once the pre note process has been completed, the account will be moved to an active status and direct deposit process will begin. If the account has been entered incorrectly, payroll will notify the employee by email to review what was entered.

If an Employees bank account has been compromised, you must contact your local payroll office as soon as possible.

Direct Deposit Returns and Reversals:

Direct deposit returns generally occur when the money being wired to an employee's account, through normal payroll processing, is sent back to the university due to an invalid bank account or routing number. The Payroll Department will contact the employee, via email, to make the corrections to their direct deposit information in UltiPro. A manual check will be issued to the employee for the returned wages.

In the event of an incorrect payment to the employee, direct deposit reversals are initiated by the Payroll Department. If necessary, a manual check will be issued to an employee for the correct wages.

Retroactive Payments

After the pay period in question has closed, a modification to an employee's timesheet, or pay rate may need to be adjusted. The change will be reviewed by payroll and applied to a pay period for which the employee has already received pay and will be included on the employee's next check. The employee will be notified in advance of the adjusted amount.

W-2 Requests

Prior year's W-2's can be found on your UltiPro portal <https://online.midwestern.edu/auth/login.cgi>. Please follow the link menu > myself > pay > W-2. For any duplicate W-2 requests prior to 2016 please contact your local payroll office. To request a duplicate paper copy W-2 from your local payroll office please complete and submit the duplicate W-2 request form. <https://www.midwestern.edu/Protected%20Pages/Business%20Services/Duplicate%20W-2%20Request.pdf>

W2's are made available by January 31st.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Payment Card Industry Data Security Standard (PCI DSS)		
Issue Date: 8/22/2023	Supersedes: N/A	Pages: 2
Division: University and Clinics	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goepfinger, Ph.D., President, and CEO		

PURPOSE

The purpose of this policy is to establish a security posture for the interaction with cardholder data and reduce the burden of the implementation and management of standards and applicable controls required by the most current version of the Payment Card Industry (PCI) Data Security Standard (DSS). Unless otherwise provisioned, documented, or communicated, this document establishes policy as it relates to the storage, processing, or transmission of cardholder data within Midwestern University.

This document applies to all employees, contractors, and third-party entities that store, process, transmit cardholder data, or otherwise interact with cardholder data which is processed against any transaction where Midwestern University owns or is responsible for the associated merchant ID (MID). Furthermore, this policy applies to all devices that are used for the physical capture of cardholder data used to process those transactions.

POLICY

Unless otherwise approved by Midwestern University leadership, the following policy must be implemented and managed.

Transaction Processing

1. All payment processing must be facilitated through a validated PCI Point-to-Point Encryption (P2PE) solution approved and listed by the PCI Security Standards Council (SSC). No other forms of transaction processing will be permitted or approved.
2. Midwestern University may not receive or transmit cardholder data electronically outside of a validated P2PE solution.

PCI P2PE Devices

1. All devices must be deployed in accordance with the vendor provided P2PE Implementation Guide.
2. Care, custody, and control must be applied to each device used to interact with cardholder data. These processes must include, but are not limited to, the following:
 - a. Inventory management
 - i. A formal inventory of all P2PE payment devices must be maintained.
 - ii. A formal process to maintain this list must be implemented. This will include asset management of devices in production, inventory, reallocation, and decommissioning.
 - iii. A formal inspection process must be implemented to ensure that there has not been any unauthorized substitution.
 - iv. A formal list of each device must be maintained. This list will include, but is not limited to:
 1. Make and model of device
 2. Location of device
 3. Unique identifier
 - b. Device security
 - i. Devices must be inspected on a regular basis by the respective department manager. This inspection must be sufficient to identify a tampered device.

Payment Card Industry Data Security Standard

Employee Training

1. Individuals must receive training sufficient to:
 - a. Identify any payment device which has been tampered with.
 - b. Be aware of suspicious behavior around payment devices.
 - c. Be aware of devices which have been tampered with or substituted.
 - d. Verify the identity of any individual claiming to provide repair or maintenance services.
 - e. Not install, replace, or return devices without formal verification and approval by the Director of Accounting.
 - f. Report any suspicious behavior to the Director of Accounting.
 - g. Follow formal processes for inspection of any payment device used for cardholder data.
 - h. Maintain the established frequency of inspection of payment devices.

Cardholder Data Storage

1. Storage of electronic/digital cardholder data outside of validated solutions is prohibited, unless required for documented legal reasons.
2. Storage of sensitive authentication data after authorization is prohibited.
3. Storage of physical print media is permitted, given the following requirements are met:
 - a. A formal data retention policy must exist that defines the data that is retained, and the purpose of the retention. This retention must be defined for specific legal and/or business reasons.
 - b. Physical print media containing cardholder data may not be stored for longer than its defined retention period.
 - c. There must be a formal process, executed quarterly, to identify any data which has exceeded the retention period.
 - d. In the event cardholder data has been identified as exceeding its retention period, a formal process must be implemented to securely dispose of it. Destroyed data should not be able to be recovered or reconstructed.
4. Storage of physical print media must be secured from any unauthorized access.

Policy Application

The application of this policy

1. Must have procedures and standards clearly defined and documented to support the policy requirements.
2. Must establish processes to ensure this policy is in place and functioning.
3. Must ensure that this policy and supporting information is known and understood by all individuals within its scope.
4. Must include an audit of the application of this policy at least every year.
5. Must include an organization report of the adherence of this policy, reported to Business Services on a yearly basis.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Fraud Reporting Hotline		
Issue Date: 3/22/2024	Supersedes: 10/31/2023; 12/15/2022	Pages: 2
Division: Midwestern University	Campus: Downers Grove and Glendale	
Approved by: Kathleen H. Goepfinger, Ph.D., President, and CEO		

PURPOSE

The Midwestern University (“University”) Fraud Reporting Hotline provides employees a process to anonymously report any concern or complaint regarding fraud, waste, abuse of University property or equipment, or ethical misconduct directly to the Office of the President. This resource is available 24 hours a day, 7 days a week.

BACKGROUND

New employees are provided a copy of the President’s memo on the Fraud Reporting Hotline.

All employees are encouraged to utilize the hotline to report any activity or conduct, which the employee suspects could be fraud, waste, abuse of University equipment or property, or ethical misconduct. Also, any violation of federal or state laws and regulations should be reported.

- Examples of fraud include falsification of financial records, theft, or misuse of university equipment, supplies or other materials, intentionally misrepresenting the cost of University supplies and goods, soliciting or accepting bribes or kickbacks, or falsifying employee payroll information.
- Examples of waste include unnecessary spending of University funds or failure to use or recycle any major resource that the University needs, whether it be in the labs or within building and maintenance.
- Examples of abuse of University assets include theft, removal or concealment of University property or equipment; or intentional destruction or damage to University property or equipment.
- Examples of ethical misconduct include misusing University equipment for personal gain, theft of University assets, alteration or falsification of documents, bribery, kickbacks, bid rigging, or any other inappropriate action that deals with a vendor or other contractors.

POLICY

The Fraud Reporting Hotline is a confidential phone line that does not record the incoming phone number. The hotline can be used by any employee to confidentially submit a concern to the Office of the President.

Any University employee can submit their concern or complaint regarding any matter to the Office of the President without any fear of dismissal or retaliation. No one will be discharged, demoted, suspended, threatened, or harassed in any manner once a complaint has been filed with the Office of the President.

The President is responsible for investigating and interviewing all persons related to the complaint. At the discretion of the President, an ad hoc Compliance Committee can be convened to review the complaint. A decision is made, and closure is brought to every complaint filed through the Office of the President.

If a matter is of serious nature, it is taken to the Board of Trustees during the Executive Session, where the Board is fully informed of any matter that came through the fraud hotline.

In addition, employees are encouraged, either verbally and/or in writing, to first utilize the “open-door” policy of their supervisor to report fraud, waste, or abuse. If that is not comfortable, possible, or appropriate, the employee should use the Fraud Reporting Hotline.

Fraud Reporting Hotline

PROCEDURE

The Employee Fraud Hotline number that any employee is welcome to use is 630-743-4949 in Downers Grove or 623-572-3939 in Glendale.

If the employee desires to report anonymously, the caller is encouraged to provide sufficient detail to allow for assessment and review of the allegations and to facilitate the President's investigation. No follow-up with the employee will be possible in this case.

If the employee desires follow-up on their complaint, they are encouraged to leave their name and contact information.

Phone message

Midwestern University is committed to maintain a culture of responsibility in which all the members of the community conduct themselves in accordance with the highest standards. Any University member may submit a concern or complaint on any matter to the Office of the President without any fear of dismissal or retaliation. No one will be discharged, demoted, suspended, threatened or harassed in any manner once a complaint has been filed with the Office of the President. Please provide a detailed description of the concern or complaint. If you wish to receive follow-up on your concern or complaint, you are welcome to leave your contact information. However, you are not required to do so, and you may remain anonymous.



**MIDWESTERN UNIVERSITY
STANDARD POLICY**

Title: Code of Conduct		
Issue Date: 03/27/2024	Supersedes: 02/16/2022; 04/21/2020, 08/16/2018	Pages: 1
Division: Multispecialty Clinic, Eye Institute, Dental Institute, Therapy Institute; Comprehensive Care Clinic		Campus: Arizona and Illinois
Approved by: Kathleen H. Goepfing, Ph.D., President and CEO		

PURPOSE

To establish and reinforce principles of conduct that demonstrate high standards of integrity, legal compliance, and ethical conduct.

POLICY

1. Midwestern University (“University”) employees, students, interns, residents, and volunteers (collectively “Clinic Faculty and Staff”) in the Clinic are expected to be honest, exercise good judgment, and avoid even the appearance of improper behavior.
2. Clinic Faculty and Staff are expected to abide by all University policy and procedures (including the employee behavior policy), applicable laws and regulations, and applicable professional and ethical standards.
3. Clinic Faculty and Staff are expected to act professionally and treat all persons with dignity and respect.
4. Clinic Faculty and Staff are expected to maintain accurate medical, financial, business, and other records, protect University assets, and avoid actual or apparent conflicts of interest.
5. Consistent with other University policies, Clinic Faculty and Staff are expected to treat patients respectfully and protect patient privacy.
6. Clinic Faculty and Staff are expected to abide by government contracting rules and submit true and correct claims for payment, especially in the submission of claims to a government or government agency.
7. Clinic Faculty and Staff are expected to notify a manager, risk management, or University Administration about known or suspected violations of this Code. University policy and procedures, applicable laws and regulations, or other issues or concerns that could adversely impact the University community or the Clinic. Failure to promptly report may result in disciplinary action.

Clinic Faculty and Staff are expected to treat all persons equally, without discrimination, and comply with the University’s policy prohibiting retaliation against a person who reports concerns in good faith, or participates in an investigation.

MIDWESTERN UNIVERSITY



FACULTY HANDBOOK

LAST RATIFIED BY THE FACULTY SENATE ON DECEMBER 10, 2024, AND THE BOARD OF TRUSTEES ON SEPTEMBER

2024

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PREFACE

The Midwestern University *Faculty Handbook* provides policies governing Faculty - Teaching, Scholarship and Service. New faculty are encouraged to familiarize themselves with the handbook, but it is well worth reviewing by faculty with long-standing University experience as well. This book pertains to those holding the following categories of professorial appointments: tenure track, non-tenure track.

The University *Faculty Handbook* is available online. This online handbook is presented in two versions: one as a PDF file, suitable for printing in whole or in part, and a second version in HTML. In keeping with this electronic change and to address the diverse geographic distribution of the faculty, where appropriate, e.g., in matters not pertaining to personnel or other confidential issues, committees may vote electronically, according to the rules defined in the Midwestern University Faculty Senate Bylaws.

Readers of this book should be aware that there are college-specific subsections which provide supplementary criteria for appointments, reappointments, and promotions. These college/school specific subsections are attached to the University *Faculty Handbook*. The provisions of the University *Faculty Handbook* supersede collegiate policies and procedures. If a conflict in interpretation exists between the college/school-specific subsections and the information in the body of the University *Faculty Handbook*, the documents and policies of the college/school-specific subsection are subordinate to university documents and policies in the body of the University *Faculty Handbook* which remains the official statement of policy of the University. Additional policies and procedures affecting all University employees are published in the Employee Benefit Handbook which is available online.

Additional information and forms can be found in the appendices of the Handbook or on the MWU HR Intranet site, including the annual faculty performance review form.

MIDWESTERN UNIVERSITY MISSION STATEMENT

The historic and sustaining philosophy of Midwestern University incorporates dedication to the highest standards of academic excellence and meets the educational needs of society. Midwestern University strives to provide a safe and healthy environment that challenges students, faculty, and staff to:

Maintain and promote osteopathic principles and practice;

Foster creativity and develop intellectual, critical thinking and communication skills that provide the basis of learning, personal growth and professional development;

Support the teaching, research and service capabilities of the academic community;

Respect, appreciate and acknowledge the achievements of each member of the academic community in bringing national recognition to the University and its respective colleges;

Develop and maintain a culturally and socially diverse academic community;

MIDWESTERN UNIVERSITY FACULTY CONSTITUTION

Article I. Authority and Responsibility of Faculty

In addition to the general authority to consider and make recommendations on any matter of concern to the faculty, the faculty shall have the authority to act on the following matters:

- a. Review and recommend modifications of the faculty governance; and,
- b. Modification or revocation of actions of the Faculty Senate.

Article II. The Faculty

Section 1. Membership

Membership in the Midwestern University faculty requires faculty appointment as defined by the Midwestern UNIVERSITY FACULTY HANDBOOK and the approval of the Board of Trustees.

Section 2. Voting Members

Only faculty with full faculty or voting faculty status as defined in the UNIVERSITY FACULTY HANDBOOK shall be voting members. Decisions on the eligibility of the voting faculty shall be made by the Faculty Senate.

Section 3. Certification of Members

The list of faculty, including their voting status, shall be certified annually by the Office of the President. Certification shall occur during the summer quarter and thereafter as appointments by the Board of Trustees are made.

Article III. Officers of the Faculty

Section 1. Officers

The officers of the faculty shall consist of a chairperson, a vice-chairperson, and a secretary. The chairperson, vice-chairperson, and secretary of the Faculty Senate shall serve as the chairperson, vice-chairperson, and secretary of the faculty, respectively.

Section 2. The Chairperson

The chairperson of the faculty shall preside at all meetings of the faculty. The chairperson shall be the spokesperson of the faculty on all internal University matters.

Section 3. The Vice-chairperson

The vice-chairperson shall assume the duties of the chairperson in his/her absence.

Section 4. The Secretary

The secretary shall maintain the faculty meeting records and perform any other functions designated elsewhere in the CONSTITUTION, FACULTY SENATE BYLAWS, and FACULTY HANDBOOK.

Article IV. Meetings of the Faculty

Section 1. Procedure

Unless otherwise provided herein, the most recent edition of Robert's Rules of Order shall be the basis of parliamentary procedure followed by the faculty at all its meetings.

Section 2. Regular Meetings

There shall be at least one regular meeting of the faculty each academic year. The date of the meeting shall be determined by the chairperson of the faculty and placed on the academic calendar published for the upcoming year.

Section 3. Special Meetings

Special meetings of the faculty may be called by the President of the University, the Chairperson of the faculty or by a vote or petition of at least five percent of the voting faculty or by a majority vote of a quorum of the Faculty Senate. The chairperson of the faculty shall call a meeting of the faculty within thirty days of receipt of the request or petition for the purpose of considering the subject of the request or petition.

Section 4. Notice of Meetings

The secretary of the faculty shall notify each voting faculty member of the placement of regular meetings on the academic calendar at least one month before the meeting. The secretary shall also notify voting members at least one week in advance of special meetings. Such notice shall state the nature of the agenda in such detail as practical.

Section 5. Agenda

Items may be placed on the agenda by the chairperson of the faculty or any person(s) or groups designated in Article IV, section 3. Agenda items must be submitted four weeks prior to the meeting.

Section 6. Quorum

A quorum for meetings of the faculty shall consist of ten percent of the voting membership of the faculty.

Section 7. Voting

Voting at faculty meetings on matters necessary to run the meeting shall normally be by voice vote or, at the discretion of the chairperson or upon request of any voting member present, by division of the house. Voting on specific agenda matters shall be in person or by mail ballot. No proxy votes will be accepted. Only scheduled items on the meeting agenda shall be voted on. Ballots will be distributed to the faculty with the agenda at least two weeks prior to the meeting date. All ballots must be returned to the secretary four days prior to the meeting date. Approval or rejection of any matter will be by a majority of votes cast.

Section 8. Record of Meetings

The secretary shall prepare and retain the minutes of all faculty meetings. Minutes shall be approved by a majority of a quorum of the faculty present at a subsequent meeting. Following faculty approval of the minutes, the secretary shall retain the original in his/her own office and file one copy with the President, one copy with the Faculty Senate records and one copy in each branch of the Alumni Memorial Library. The secretary will also deposit faculty minutes in the University Archives. Faculty shall receive minutes with the agenda of its next scheduled meeting.

Article V. Powers of the Faculty

Section 1. Authority

The faculty shall have the power to:

- A. Review and make recommendations to the deans, President, and Board of Trustees on educational matters concerning the University as a whole, including the establishment of minimum requirements for the education of all students;
- B. Assess and maintain the quality of the curriculum of each college/program of the University;
- C. Recommend to the deans and President the structure of the University with reference to educational and research affairs;

- D. Recommend to the deans and President the entrance requirements for each college/program;
- E. Review and make recommendations to the deans and President, with the advice of the department chairpersons/program directors, the policies and practices regarding student progress and promotion within each college/program;
- F. Recommend to the deans, President, and Board of Trustees the process and procedures for assessment of faculty performance and review;
- G. Approve instruments used by students in the evaluation of faculty performance;
- H. Recommend to the deans, President, and Board of Trustees rules and regulations governing the promotion and tenure of the faculty;
- I. Recommend to the deans, President, and Board of Trustees all candidates for various degrees, diplomas, and certificates;
- J. Determine committee structure and selection procedures for college committees;
- K. Recommend to the deans and President appointees to college and University committees that function on behalf of the administration;
- L. Recruit and appoint members to the Faculty Senate and committees that function on behalf of the faculty;
- M. Recommend rules and regulations for granting honorary degrees and other awards by the University to the President and Board of Trustees;
- N. Review and advise the deans, President, and Board of Trustees on college/University budgetary matters including matters relating to faculty compensation and benefits;
- O. Assess the achievement of and promote the common goals of the University and college mission statements;
- P. Assess, review and make recommendations to the President and Board of Trustees on faculty affairs relating to academic life and development;
- Q. Review and advise the deans, President, and Board of Trustees on the contents of the UNIVERSITY FACULTY HANDBOOK. Approve specific contents of the UNIVERSITY FACULTY HANDBOOK over which the faculty has authority as described in Article X of the corporate bylaws and in other areas or documents where faculty authority is defined;

Section 2. Expression of Authority

The authority of the faculty is expressed through the Faculty Senate to the deans, President, and Board of Trustees.

Section 3. Exercise of Authority

The authority of the faculty may be exercised by the faculty in regular or special meetings or, subject to the limitations of the CONSTITUTION, by the Faculty Senate.

Section 4. Resolving Authority

The faculty, through the Faculty Senate, may express by formal process to the President their opinions on any matters relating to the policy or administration of the University. If unresolved, the Faculty Senate has the option to express its opinions directly to the Board of Trustees.

Article VI. The Faculty Senate

There shall be a Faculty Senate whose powers and duties shall derive from its status as a representative body of the faculty.

Section 1. Relationship to the faculty

- A. All actions taken by the Senate shall be considered as actions taken by the faculty and in no cases as actions of an autonomous body. The Faculty Senate shall, by a majority vote of a quorum, be empowered to call meetings of the faculty.
- B. Actions by the Faculty Senate shall be considered as immediately binding on the faculty without necessity for review or approval by the latter body. However, the establishment of this Senate should not be considered as an annulment of the ultimate authority of the faculty. Thus, the faculty retains its right to initiate action.
- C. The faculty shall have the right to modify or revoke actions of the Faculty Senate by majority of votes cast. Upon receiving a petition signed by ten percent of voting faculty members, the chairperson shall call a meeting of the faculty to consider modification or revocation of actions taken by the Faculty Senate.
- D. The Faculty Senate shall render to the faculty an annual report of its activities.

Section 2. Powers and Duties of the Faculty Senate

- A. The Faculty Senate shall establish, subject to approval by the Board of Trustees, the following: (1) policy relating to the academic matters of the University; and (2) policy and procedure relating to the welfare of the faculty, as described in the *Faculty Handbook*.
- B. The Senate shall establish committees, standing and special, as necessary to conduct its authorized business, collect information, promote faculty interest, and express faculty opinion. The Senate may receive both individual and committee reports. All members of the faculty as herein defined shall be eligible to serve on programs, college, and University committees. It is expected that the Senate will seek consistently to spread tasks and responsibilities among the largest practical number of faculty.

Section 3. Eligibility for Membership

- A. Membership in the Faculty Senate is limited to voting members of the faculty except that faculty holding administrative titles of chairperson of departments or of program director and above shall not be eligible.
- B. The President serves as an ex-officio member of the Senate.
- C. The immediate past chairperson of the Faculty Senate shall be a non-voting member of the Senate unless the past chairperson is already a voting member.

Section 4. Senate Representation

- A. The Faculty Senate shall be composed of three representatives of the faculty from each college of Midwestern University.

Section 5. Electorate

- A. Voting members of the faculty are eligible to vote in election of senators.

Section 6. Nominations and Election of Senators

- A. Representatives of the various colleges shall be nominated and elected by the faculty members thereof as prescribed by the bylaws of the Faculty Senate. Nominations shall be made only at special open meetings of the various colleges, of which notice shall be given to all faculty members therein, and which the right of the individual faculty members to propose candidates for election shall be free and unrestricted. The Faculty Senate shall make rules and regulations implementing this section and shall have the authority to decide all disputes involving the nomination and election of its members.
- B. The Committee on Committees shall solicit the nomination and conduct the election of members of the Faculty Senate subject to limitations described in the FACULTY SENATE BYLAWS.

Section 7. Officers and Governance of the Faculty Senate

- A. The Senate shall elect a presiding officer to be known as the chairperson of the Senate and the chairperson of the faculty as defined in the SENATE BYLAWS.
- B. Following the election of a chairperson, the Senate shall elect a vice-chairperson of the Senate, who will preside over meetings of the Senate and faculty in the absence of the chairperson.
- C. Following the elections of the other officers, the Senate shall elect a secretary and additional officers from its own membership according to its needs.
- D. The Senate shall govern itself and write its own bylaws consistent with the powers vested in the faculty by the Board of Trustees and subject to approval of the faculty, the President, and Board of Trustees.

Article VII. Amendments

Section 1. Procedures

Amendments to this CONSTITUTION may be proposed by either the faculty or the Faculty Senate. Those amendments proposed by the faculty, a majority concurring thereon, shall be submitted to the Faculty Senate for consideration. If adoption is passed by two-thirds of a quorum of the Faculty Senate, the amendment shall become part of the CONSTITUTION. If the Faculty Senate does not adopt the amendment, it shall be submitted to a vote of the faculty by certified mail, no later than thirty days after the Faculty Senate vote, for approval or rejection by the majority of votes cast. Amendments proposed by the Faculty Senate will be voted upon by the faculty, by mail, no sooner than twenty nor later than forty days after the amendment has been passed by two-thirds of a quorum of the Senate. Adoption of all amendments is subject to approval by the Board of Trustees of Midwestern University.

Article VIII. Schedule

Section 1. Effective Date

This CONSTITUTION becomes effective immediately upon adoption by the faculty and Board of Trustees of Midwestern University.

MIDWESTERN UNIVERSITY FACULTY SENATE BYLAWS

Article I. General Purpose

Section 1. Introduction

In February of 1993, Midwestern University was created by the Board of Directors of Chicago Osteopathic Health Systems (COHS). In a subsequent action by the Board of Directors of COHS in November 1993, Midwestern University was subsumed into COHS, and the corporate title was changed to Midwestern University. This new governing corporation, Midwestern University, was supported by a new set of corporate bylaws. Article X under these bylaws specifies the responsibilities of faculty as "having primary responsibility for such fundamental areas as admissions, curriculum subject matter and methods of instruction, research, and those aspects of student life which relate to the educational process." Further, the faculty establishes the requirements for degrees to be granted, determines when the requirements have been met, and recommends to the deans, President, and the Board of Trustees that the degrees be granted.

In February of 1993, as part of the process to create Midwestern University, the Board approved a draft document that outlined the faculty and student governance systems. This new document is built upon that draft document and is the culmination of efforts of a faculty committee charged to further design the Faculty Senate and to draft bylaws and procedures in keeping with the responsibilities and duties as defined by the Midwestern University Board of Trustees in their bylaws. The Faculty Senate also recommends policies and procedures related to the general welfare of the faculty, subject to the approval of the voting faculty, the President, and the Board of Trustees.

Section 2. Functions of the Senate

- I. Implement the powers of the faculty as granted by the Board of Trustees and as defined in Article V of the MIDWESTERN UNIVERSITY FACULTY CONSTITUTION.
- II. Oversee, through its committee structure, the quality of the teaching, research and institutional service programs of the University, colleges, departments and/or programs, and faculty.
- III. Recommend to the President and the Board of Trustees procedures and criteria for appointment, evaluation, tenure, promotion, sabbaticals, and leaves of absence for the members of the faculty.
- IV. Recommend to the deans of each college through the appropriate committees and to the President and the Board of Trustees, as an oversight body, the admission standards for students in each college/program, as well as the policies and procedures governing promotion within and graduation from each college/program.
- V. Participate through service on search committees in the selection of new presidents, deans, department chairs, and program directors at the University.
- VI. Make recommendations to the deans of each college, the President, and the Board of Trustees concerning the creation or reorganization of departments/programs and colleges.
- VII. Address any matter of importance to the faculty of Midwestern University and make recommendations to the President and Board of Trustees on those matters when deemed appropriate.

Section 3. Definitions

- Senate – The Faculty Senate of Midwestern University;
- Senator or Senators – The member(s) of the Faculty Senate at Midwestern University;
- Chairperson of the Senate – The chairperson of the Faculty Senate, elected by members of the Senate;
- Vice – Chairperson – The vice-chairperson of the Faculty Senate, elected by members of the Senate;

- Secretary of the Senate – A member of the Faculty Senate that acts in the position of secretary of the Faculty Senate, elected by members of the Senate;
- Voting Faculty – The regular faculty of Midwestern University whose voting status is defined in the Faculty Constitution and *Faculty Handbook*;
- *Ex Officio* Member – A member of the Faculty Senate or a committee thereof that serves as a consequence of their office. *Ex-officio* members shall not have the right to vote or serve as chairperson of any Senate committee;
- Majority Vote of the Faculty – A majority of the votes cast;
- Majority Vote of the Faculty Senate – A majority of the votes cast by members constituting a quorum of the Senate;

Article II. Election of Senators

Section 1. Composition of the Senate

The voting faculty of each college of Midwestern University elects faculty senators every two years from among the voting faculty of each college of the University. Each college shall elect three senators. For colleges that have faculty on both campuses, at least one senator must be from each campus. For colleges that have insufficient eligible and/or willing faculty, they may allow the seats to remain vacant or elect Secondary appointments to serve as their Faculty Senators. The President of Midwestern University serves as an *ex officio* member of the Faculty Senate. The immediate past chairperson of the Senate serves as a non-voting member unless he/she is already a voting member.

Section 2. Nominations

Every college Dean's office shall solicit nominations for the Faculty Senate of Midwestern University. Nominations must be received 30 days prior to the election. A potential candidate's name shall not be placed on a ballot without their consent, and they may not be a candidate for more than one Senate seat in a given election year.

Section 3. Elections

The Dean's office for every college shall conduct the election of faculty senators within their respective college. All elections shall be conducted by secret ballot or electronic ballot. It shall be the responsibility of each Dean's office to take all reasonable measures to assure that all eligible voters (full-time faculty) receive a ballot and that the ballots are tabulated by individuals who are not candidates for election to the Senate. The nominee(s) receiving the plurality of the votes cast in each college shall be elected to serve on the Faculty Senate. In case of a tie, the election shall be held a second time. If there is still a tie after the second election, the winner shall be determined by coin toss or a similar method (i.e., drawing from a deck of cards).

Section 4. Announcement of Election Results

Each Dean's office shall forward the ballots and vote tallies to the chairperson of the Senate before June 1. The names of persons elected to serve on the Faculty Senate shall be announced by the chairperson of the Senate by official bulletin upon verification of the election results by the Senate. During the June Senate meeting the solicitation of nominations and the election process for each college will be verified.

Section 5. Installation of Newly Elected Senators

Newly elected senators shall be installed at the last regular Senate meeting of the academic year in which they are elected. Newly elected senators and a quorum of incumbent senators and outgoing senators shall

all be present at the meeting. The newly elected senators shall commence voting privileges when their terms begin.

Section 6. Vacancies

All senatorial vacancies shall be filled immediately. The chairperson of the Senate shall appoint a senator from the college having a vacant seat, with the concurrence of the Senate. The senator appointed to that seat shall serve for the unexpired term, after which time he/she is eligible for election.

Article III. Terms of Senators

Section 1. Term of Membership

- A. With the exception of Article II, section 5, the term of service for each elected senator shall be four years beginning on July 1 and ending on June 30.
- B. The representation of each college to the Senate shall be staggered by term such that at least one, but not more than two representatives from each college shall be elected every two years.
- C. In order to initiate the staggering of terms, inaugural Senate members will serve four or six year terms, as determined by lot.

Section 2. Limit of Term

A member of the Senate having served two consecutive terms will be ineligible for re-election to the Senate for four years (one Senate term) following the completion of their last term.

Section 3. Filling an Unexpired Term

Any period of service equal to or greater than two academic years shall be considered a full Senate term for purposes of defining the eligibility of a member for re-election.

Article IV. Officers of the Senate

Section 1. Officers

The officers of the Senate shall be chairperson, (2) co-vice-chairpersons and secretary, each of whom shall serve a term of two years.

- A. In the event of the resignation or incapacitation of the chairperson during his/her term, this officer shall be replaced by the co-vice-chairperson and a new co-vice chairperson shall be elected at the next regularly scheduled meeting. Other vacancies among the officers will be filled at the next regular meeting.
- B. An officer may serve in that office for a maximum of two consecutive terms. An officer may not succeed him/herself after two consecutive terms, or four years in office.
- C. Serving a fractional term in office does not disqualify a person for election.

Section 2. Election of Officers

Officers of the Senate shall be elected at the first regularly scheduled meeting of the newly constituted Senate after the biennial election of senators in accordance with section 1 as follows:

A. Nominations

- 1. The presiding officer, or immediate past chairperson shall convene a meeting of the Senate for the purpose of nominating and electing officers as well as conducting any other business before the Senate.
- 2. Nominations shall be solicited from the floor, subject to the provision stated in 3.

3. No senator may be nominated for a Senate office without his/her consent.
4. Nominee(s) for the chair position must have previously served a full senate term and have been recently elected or re-elected to potentially serve 4 years as chairperson.

B. Elections

The election of officers shall be conducted by secret ballot of a quorum. Officers will be elected by the plurality of the votes cast. In the event of a tie vote, balloting shall continue between or among the candidates receiving the highest number of votes in the first ballot until one candidate receives the plurality of the votes cast.

Article V. Rules of Order

Unless otherwise provided for by the MIDWESTERN UNIVERSITY FACULTY CONSTITUTION, FACULTY HANDBOOK and FACULTY SENATE BYLAWS, the most recent edition of Robert's RULES OF ORDER shall be the basis of parliamentary procedure in the Senate.

Article VI. Agenda

Section 1. Preparation

The agenda for each meeting of the Senate shall be formulated by the Agenda Committee (i.e., officers) of the Senate.

Section 2. Request for Agenda Items

Any member of the Senate may place an item on the agenda by submitting a request to the secretary no later than seven days prior to the meeting. Unpublished agenda items shall not be acted on at any meeting.

Section 3. Publication and Distribution of Agenda

Unless the Senate is called into emergency session, according to Article VII, Section 4, the agenda for each Faculty Senate meeting shall be published and distributed to each department/program of each college no later than three working days prior to the meeting.

Article VII. Meetings of the Faculty Senate

Section 1. Schedule

The Senate shall hold no less than one regular meeting during each academic quarter at a time agreed upon by the membership of the Senate prior to the beginning of each quarter. Announcement of the schedule of meetings shall be published two weeks prior to the beginning of each quarter.

Section 2. Attendance

Meetings of the Senate are open to any member of the MWU community, until and unless the Senate is called into executive session. Furthermore, any member of the MWU community shall have the right to address the Senate as allowed by and according to time limits set forth by the chairperson of the Senate.

Section 3. Quorum

A simple majority of the membership of the Senate shall constitute a quorum to conduct business.

Section 4. Special Meetings

Special meetings may be called by the chairperson, the President or by written petition of three Senate members provided that at least seven days' notice of such meeting is given.

Section 5. Emergency Meetings

- A. An emergency meeting may be called by the chairperson of the Senate without prior notice; however, each member available on the campus, at their office or at their home shall be notified in sufficient time to be able to reach the place of the meeting. A quorum must be present and must approve the call of the meeting when it is called to order.
- B. At such an emergency meeting, no business may be conducted other than that for which the meeting was called.

Section 6. Voting

Voting in the Senate shall be conducted by voice vote, except that the presiding officer or any member may request a vote by secret ballot.

Section 7. Tie Votes

The presiding officer of the Senate shall have a vote only to break a tie vote, with the exception of elections of officers in which case the presiding officer will vote if he/she has been elected to current Senate membership.

Article VIII. Minutes

Section 1. Content

The minutes of Senate meetings shall be complete to the extent that they contain the essence of all viewpoints expressed and a report of actions rejected as well as actions approved, with a record of the vote.

Section 2. Approval

A draft copy of the minutes of each Senate meeting shall be distributed by the Senate designee to each member of the Senate for approval as soon as practical after the meeting. Draft minutes shall be approved by electronic voting before the next regular meeting of the Senate without correction, approved pending correction or rejected pending revision. Corrections to the minutes of the prior meeting shall be incorporated in the minutes of the next regular meeting of the Senate. Revised minutes of a prior meeting shall be submitted to the Senate for approval before the next regular meeting of the Senate.

Section 3. Publication and Distribution

Approved minutes of Senate meetings shall be distributed by the secretary to each department and/or program of each college of MWU, the chairperson of the Senate, the President of MWU, and the Alumni Memorial Library within three working days of approval.

Section 4. Archival

The Senate designee shall maintain an official file of the approved minutes of Senate meetings. The Senate designee shall deposit all official Senate records in the University Archives.

Article IX. Committee Structure

The committee of the faculty and Faculty Senate are described in the Faculty Handbook.

Article X. Budget

The Faculty Senate shall submit an annual budget to the President no later than June 1.

Article XI. Amendments

Section 1. Proposal

Proposed amendments to these BYLAWS shall be placed on the agenda as provided in Article VI of these BYLAWS.

Section 2. Approval

Approval of an amendment to these BYLAWS shall require an affirmative vote of two-thirds of a quorum of the Senate.

Article XII. Indemnity

Midwestern University shall indemnify the members of the Faculty Senate and its staff from any action, judgment or fine against them in whole or in part in the discharge of their duties as defined in the FACULTY CONSTITUTION, *FACULTY HANDBOOK* and BYLAWS of the Faculty Senate.

FACULTY RESPONSIBILITIES, ACADEMIC FREEDOM, PROFESSIONAL ETHICS

I. Faculty Responsibilities

The faculty has primary responsibility delegated by the Board of Trustees for such fundamental areas as admission, curriculum, subject matter, method of instruction, scholarly activity, and those aspects of student life that relate to the educational process. The faculty, with the approval of the Board of Trustees, sets the requirements for the degrees awarded by the respective colleges, determines when the requirements have been met, and recommends to the respective college dean who recommends to the President, who in turn recommends to the Board of Trustees that the degree be granted. As such, the faculty assumes primary responsibility for planning, developing, implementing, and evaluating curricula both at the departmental and college level; for setting the standards and procedures for admission, evaluation, promotion, and graduation of students; for overseeing the conduct of research; for actively and willingly participating in University governance; and individually furthering their own education, improving their teaching, pursuing professional achievement in their academic discipline and encouraging health care training. In the area of postdoctoral education (internship, residency, postdoctoral fellowship and continuing professional education), faculty members may be requested to certify attendance, participation, and competency of individuals involved in postdoctoral training and continuing education programs upon the request of the various certifying agencies of the respective professional associations.

Generally, faculty shall satisfy these responsibilities through active participation in faculty meetings of their department/program, their college, the University, and the University Faculty Senate; by serving on departmental/program, college, University, and Senate committees; by performing assigned duties; by maintaining through self-initiative a demonstrable continuing education program that sustains and enriches their teaching and promotes recognition of professional achievement and continued professional promise; by engaging in student academic counseling; and by community and professional service.

II. Statement on Academic Freedom

It is fundamental to the intellectual health of an academic institution and ultimately to the intellectual health of a society at-large that individual persons and groups of persons exercise their responsibility and intellectual creative freedom to search for the truth and to speak the truth as it is discovered. In a collegial community, the University and the people of the faculty, administration, and the student body, bear mutual responsibility to exercise professional competence and to extend to one another the trust and respect that foster an environment for the exercise of academic freedom.

MWU endorses the principles of academic freedom. As a learned person and as a teacher, each faculty member is entitled to this freedom, independent of his/her tenure status. As a learned person and as a teacher, each faculty member must recognize that people will judge both the profession and the institution by what is said and done in the classroom and in public. The University will honor the following specific statements on academic freedom and on professional ethics:

- A. Faculty members are entitled to full intellectual creative freedom in research and in the publication of the results of their projects. Freedom in research is fundamental to the advancement of truth. Research for pecuniary return shall be based upon prior agreement between the administration of the college, the University and the faculty member involved. Agreements of this nature shall comply with established guidelines for consulting work.
- B. Academic freedom is fundamental for the protection of the rights of the faculty member to teach and of the student to learn. The faculty member, therefore, is entitled to freedom in the classroom in presenting and discussing assigned topics. Care should be taken to avoid teaching controversial

material which has no relation to the assigned topic. Faculty members should present the subject matter of their courses as announced to their students in the approved departmental/program course syllabi. Faculty members have the freedom, however, to acquaint their students with the various sides of controversial subjects as they pertain to the assigned topics under study. Faculty members shall exercise sensitivity in their presentations whenever controversial subjects are addressed.

- C. Faculty members shall reserve the right to allow audiotaping and videotaping of lectures and the reproduction of verbatim accounts of lectures.
- D. MWU faculty members are citizens, members of a learned profession, and officers of this educational institution. When speaking or writing, faculty members should be free from institutional censorship or discipline, but their special position in the community imposes special obligations. As learned persons and educational officers, faculty members must remember that the public may judge their profession and their institution by their STATEMENTS, ACTIONS and deeds. Therefore, faculty members must at all times endeavor to be accurate, must exercise appropriate restraint, must show respect for the opinions of others and shall make reasonable effort to indicate they do not speak for the college or University.

Academic freedom is not to be confused with public statements regarding THE OPERATIONS OF MWU and/or its subsidiaries. Such public statements may be made only by the President or his/her designee and the Office of University Relations or with its permission.

III. Codes of Professional Ethics

The University promotes adherence to the American Association of University Professors 2009 version of the "Statement on Professional Ethics" for individuals in the academic profession.

AAUP Statement on Professional Ethics - <http://www.aaup.org/report/statement-professional-ethics>

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

Introduction

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

In the enforcement of ethical standards, the academic profession differs from those of law and medicine, whose associations act to ensure the integrity of members engaged in private practice. In the academic profession the individual institution of higher learning provides this assurance and so should normally handle questions concerning propriety of conduct within its own framework by reference to a faculty group. The Association supports such local action and stands ready, through the general secretary and the Committee on Professional Ethics, to counsel with members of the academic community concerning questions of professional ethics and to inquire into complaints when local consideration is impossible or inappropriate. If the alleged offense is deemed sufficiently serious to raise the possibility of adverse action, the procedures should be in accordance with the 1940 Statement of Principles on Academic Freedom and Tenure, the 1958 Statement on Procedural Standards in Faculty Dismissal Proceedings,¹ or the applicable

provisions of the Association's Recommended Institutional Regulations on Academic Freedom and Tenure.²

The Statement

1. *Professors, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. Their primary responsibility to their subject is to seek and to state the truth as they see it. To this end professors devote their energies to developing and improving their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. They practice intellectual honesty. Although professors may follow subsidiary interests, these interests must never seriously hamper or compromise their freedom of inquiry.*
2. *As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly and ethical standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to ensure that their evaluations of students reflect each student's true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.*
3. *As colleagues, professors have obligations that derive from common membership in the community of scholars. Professors do not discriminate against or harass colleagues. They respect and defend the free inquiry of associates, even when it leads to findings and conclusions that differ from their own. Professors acknowledge academic debt and strive to be objective in their professional judgment of colleagues. Professors accept their share of faculty responsibilities for the governance of their institution.*
4. *As members of an academic institution, professors seek above all to be effective teachers and scholars. Although professors observe the stated regulations of the institution, provided the regulations do not contravene academic freedom, they maintain their right to criticize and seek revision. Professors give due regard to their paramount responsibilities within their institution in determining the amount and character of work done outside it. When considering the interruption or termination of their service, professors recognize the effect of their decision upon the program of the institution and give due notice of their intentions.*
5. *As members of their community, professors have the rights and obligations of other citizens. Professors measure the urgency of these obligations in the light of their responsibilities to their subject, to their students, to their profession, and to their institution. When they speak or act as private persons, they avoid creating the impression of speaking or acting for their college or university. As citizens engaged in a profession that depends upon freedom for its health and integrity, professors have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.*

Notes

1. AAUP, *Policy Documents and Reports*, 11th ed. (Baltimore: Johns Hopkins University Press, 2015), 91–93.
2. *Ibid.*, 79–90.

FACULTY MEMBERSHIP AND TITLES

The members of the Midwestern University (MWU) faculty are academic faculty, clinical faculty, research faculty, and visiting faculty. All MWU faculty engage in academic pursuits involving teaching, scholarship, and service. These faculty categories are described below. Any further definition is College specific, and reference may be made to each College subsection of this HANDBOOK.

I. Academic Faculty

Academic faculty are members of the faculty who have appointments in academic departments and/or preclinical/academic divisions. Appointments to the Academic Faculty may be tenure or non-tenure track.

- A. **Full-time Academic Faculty** have MWU appointments > 0.5 FTE. Full-time academic faculty:
 - a. Have tenure or non-tenure track appointments
 - b. Are voting members of the faculty
 - c. Hold the ranks of lecturer, instructor, assistant professor, associate professor, or professor
 - d. Are eligible to serve on elected and appointed committees
 - e. Are eligible to participate in Midwestern University's benefits program for faculty members as defined in the MWU Benefits Handbook

- B. **Part-time Academic Faculty** have MWU appointments of < 0.5 FTE. Part-time academic faculty:
 - a. Have non-tenure track appointments and term contracts with MWU
 - b. Are non-voting members of the faculty
 - c. Hold the ranks of lecturer, instructor, assistant professor, associate professor, or professor
 - d. May serve on appointed University, College or department/program committees but not on elected committees
 - e. Have their terms of employment and benefits defined in the contractual agreement

- C. **Adjunct Academic Faculty** engage in specific activities on an as-needed basis and do not have MWU appointments with an FTE. Adjunct academic faculty:
 - a. Have non-tenure track appointments and term contracts with MWU
 - b. Are non-voting members of the faculty
 - c. Include, but are not limited to, preceptors, laboratory instructors, and lecturers
 - d. Hold the ranks of adjunct lecturer, adjunct instructor, adjunct assistant professor, adjunct associate professor, or adjunct professor.
 - e. Are not eligible to serve on committees
 - f. Have their terms of employment and benefits defined in the contractual agreement

II. Clinical Faculty

Clinical faculty are members of the faculty who have appointments in clinical divisions, clinical departments, and/or MWU healthcare institutes/clinics. Appointments to the clinical faculty may be tenure or non-tenure track.

- A. **Full-time Clinical Faculty** have MWU appointments > 0.5 FTE. Full-time clinical faculty:
 - a. Have tenure or non-tenure track appointments
 - b. Are voting members of the faculty
 - c. Hold the ranks of clinical lecturer, clinical instructor, clinical assistant professor, clinical associate professor, or clinical professor
 - d. Are eligible to serve on elected and appointed committees

- e. Are eligible to participate in Midwestern University's benefits program for faculty members as defined in the MWU Benefits Handbook
- B. **Part-time Clinical Faculty** have MWU appointments < 0.5 FTE. Part-time clinical faculty:
- a. Have non-tenure track appointments and term contracts with MWU
 - b. Are non-voting members of the faculty
 - c. Hold the ranks of clinical lecturer, clinical instructor, clinical assistant professor, clinical associate professor, or clinical professor
 - d. May serve on appointed University, College or department/program committees but not on elected committees
 - e. Have their terms of employment and benefits defined in the contractual agreement
- C. **Adjunct Clinical Faculty** engage in specific activities on an as-needed basis and does not have MWU appointments with an FTE. Adjunct clinical faculty:
- a. Have non-tenure track appointments and term contracts with MWU
 - b. Are non-voting members of the faculty
 - c. Include, but are not limited to, preceptors, laboratory instructors, and lecturers
 - d. Hold the ranks of adjunct clinical lecturer, adjunct clinical instructor, adjunct clinical assistant professor, adjunct clinical associate professor, or adjunct clinical professor
 - e. Are not eligible to serve on committees
 - f. Have their terms of employment and benefits defined in the contractual agreement

III. Research Faculty

Research faculty are members of the faculty who have appointments that are committed primarily to research. Appointments to the research faculty may be tenure or non-tenure track.

- A. **Full-time Research Faculty** have MWU appointments > 0.5 FTE. Full-time research faculty:
- a. Have tenure or non-tenure track appointments
 - b. Are voting members of the faculty
 - c. Hold the ranks of research lecturer, research instructor, research assistant professor, research associate professor, or research professor
 - d. Are eligible to serve on elected and appointed committees
 - e. Are eligible to participate in Midwestern University's benefits program for faculty members as defined in the MWU Benefits Handbook
- B. **Part-time Research Faculty** have MWU appointments < 0.5 FTE. Part-time research faculty:
- a. Have non-tenure track appointments and term contracts with MWU
 - b. Are non-voting members of the faculty
 - c. Hold the ranks of research lecturer, research instructor, research assistant professor, research associate professor, or research professor
 - d. May serve on appointed University, College or department/program committees but not on elected committees
 - e. Have their terms of employment and benefits defined in the contractual agreement
- C. **Adjunct Research Faculty** engage in specific activities on an as-needed basis and do not have appointments with an FTE. Adjunct research faculty:
- a. Have non-tenure track appointments and term contracts with MWU
 - b. Are non-voting members of the faculty

- c. Include, but are not limited to, preceptors, laboratory instructors, and lecturers
- d. Hold the ranks of adjunct research lecturer, adjunct research instructor, adjunct research assistant professor, adjunct research associate professor, or adjunct research professor
- e. Are not eligible to serve on committees
- f. Have their terms of employment and benefits defined in the contractual agreement

IV. Visiting Faculty

Visiting faculty are appointed for a limited period of time specified by the College Dean in consultation with department chairpersons/program directors. Visiting faculty:

- A. Have non-tenure track appointments and term contracts with MWU
- B. Are non-voting member of the faculty
- C. Hold the ranks of visiting lecturer, visiting instructor, visiting assistant professor, visiting associate professor, or visiting professor
- D. Are not eligible to serve on committees
- E. Have their terms of employment and benefits defined in the contractual agreement

HONORARY FACULTY TITLES

I. Endowed Professorship

An endowed professorship is the highest academic award that the University can bestow on a faculty member. It is supported by a financial gift or donation from an outside agency that may cover the faculty salary and any salary of staff hired to support the professorship, research and travel stipends or other associated costs and continues for the extent of the gift. The qualifications of candidates for an endowed professorship include, but are not limited to, the following:

- A. Full-time faculty member at MWU
- B. Meets any and all conditions of the donor's gift
- C. Favorably recommended by recognized authorities in his/her field outside MWU and Dean of the College
- D. Approval of the Chief Academic Officer, President, and Board of Trustees

II. Emeritus Professor Faculty

The title of Emeritus Professor is an honorary designation awarded to a retiring or retired professor in recognition of their long-standing meritorious service to Midwestern University AND distinguished accomplishments. In the context of this policy, "meritorious service" embraces significant contributions to the University's mission and goals while "distinguished accomplishments" encompasses outstanding contributions to the individual's profession. Emeritus Professor status also implies an ongoing, vital, and evolving role within the University or broader academic community that may include research, teaching, or service, while free from the regular academic and administrative responsibilities of full-time faculty.

Minimum requirements

Minimum eligibility requirements for Emeritus Professor status include:

1. The faculty member must have achieved professor rank, must be at least 55 years of age, and must have completed a minimum of ten full-time years of employment at Midwestern University at the time of application for Emeritus Professor status.
2. The faculty member must be in good standing with the University as evidenced by achieving ratings of exceeds expectations for the majority of items, including items related to collegiality and professionalism, on the University's annual performance review for at least three of the last five years.
3. The faculty member must have a record of long-standing meritorious service to Midwestern University AND distinguished accomplishments.
4. The faculty member must delineate an ongoing, vital, and evolving role within the University or broader academic community that may include research, teaching, or service.

Recommended Timing of Application Submission and Review Process

Applications for Emeritus Professor status must be initiated no more than one year before or no more than one year after retirement from a full-time faculty position at Midwestern University.

In the section on the Review Process for a Completed Application, recommended timelines for each step of the request and review process are provided. However, these timelines should be interpreted as a guideline for submission. In the event of extraordinary circumstances, as determined by the Dean and the

President, applications may be submitted and reviewed outside of the recommended timelines described in this section.

Required Components of an Application

- Emeritus Professor status request form (to be completed by applicant)
- Curriculum vitae
- Copies of Midwestern University annual faculty performance evaluations for the last five years
- A letter prepared by the applicant that describes a record of long-standing: (1) meritorious service AND distinguished accomplishment and (2) delineates their future role at Midwestern University if they are awarded Emeritus Professor status.

No additional letters of support from colleagues, students, alumni, etc., should be included.

Review Process for a Completed Application of a Full-time Professor Who is Not a Dean or Vice President

The review process proceeds in a stepwise manner as indicated below. If at any step the application is not supported, then please refer to the section entitled Appeal of Decisions for Emeritus Professor Status by A Full-Time Professor.

➤ **Step 1: Review at the College Level**

Applicants are advised to submit the application to their immediate supervisor (or last supervisor if the applicant is already retired) by January 31.

After reviewing the application, the applicant's immediate supervisor notifies the Dean that a vote of the full-time faculty at the rank of professor in the college is needed within the next two weeks. A vote to determine support of the application from the majority of full-time professors in the college is required. The Dean will send documentation of the faculty vote that should include the number of votes in favor, not in favor, and abstention votes to the applicant's immediate supervisor within two weeks of receiving the request. After reviewing the application, supporting documentation, and the results of the faculty vote, the immediate supervisor decides if they will support the request.

If favorably reviewed, the immediate supervisor will prepare a letter of support, which will be added to the application and all other supporting documentation. This entire package will be forwarded to the University Honors and Awards Committee by March 1.

➤ **Step 2: Review by the University Honors and Awards Committee**

After reviewing the application, supporting documentation, the results of the college faculty vote, and the letter of the immediate supervisor, a letter of support from the committee is required for the application to move forward. The letter of support should include the votes in favor, not in favor, and abstention votes on the request.

If the committee supports the request, it forwards the application and all supporting documentation to the Dean by **March 31**.

➤ **Step 3: Review by the Dean**

The Dean reviews the application and all relevant supporting documentation, which includes the letters of support from the immediate supervisor and University Honors and Awards Committee, vote of the full-time professors in the college and vote of the University Honors and Awards Committee.

If the Dean supports the request, they will write a letter of support and submit it along with the application and supporting documentation, which are forwarded to the President by April 15.

➤ **Step 4: Review by the University President**

The application, letters of support from the immediate supervisor; University Honors and Awards Committee; and Dean, and results of the votes from the full-time professors in the college and the University Honors and Awards Committee are then sent to the University President for review.

If the President approves the application, the application and all supporting documentation are sent to the Board of Trustees for a final decision.

Such recommendations are forwarded to the University Board of Trustees on a yearly basis and are considered along with rank and tenure applications. Once the Board reviews and decides on the application, the President is responsible for notifying the applicant.

Modified Review Process for a Completed Application of a Dean or Vice President Who is a Full-Time Faculty Member of Professor Rank

Since the immediate supervisor of a Dean or Vice President who is a full-time faculty member of professor rank is the President, a letter from the applicant's supervisor is not required. However, the application must be sent to the President, who will notify the Faculty Senate that an *ad hoc* Committee on Honors and Awards needs to be appointed. Membership of an *ad hoc* Committee on Honors and Awards should include at least five full-time professors.

In addition, the President is also responsible for conducting a vote of the:

- Full-time faculty at the rank of professor in the college if the applicant is a Dean.
- Full-time faculty at the rank of professor in the college for which the Vice President's faculty appointment resides.

The vote on the application should be conducted within three weeks of receiving the application. A majority vote in favor of the application is required for the application to move forward.

Documentation of the majority vote in favor of the application may be obtained by securing letters of support from a majority of full-time faculty at the rank of professor, conducting an electronic vote, or by holding a special meeting for this purpose and documenting the decision in meeting minutes. The President will send documentation of the faculty vote, which should include the number of votes in favor, not in favor, and abstention votes, to the *ad hoc* Committee on Honors and Awards.

The *ad hoc* Committee on Honors and Awards shall review the application and result of the faculty vote, and then report its assessment and its vote directly to the President.

The President will then consider the application, supporting documentation, and vote of the *ad hoc* Committee on Honors and Awards. The President will forward their recommendation to the Board of Trustees for a final decision.

Appeal of Decisions for Emeritus Professor Status by A Full-Time Professor

If the immediate supervisor determines that the applicant does not meet the eligibility requirements for Emeritus Professor status, the immediate supervisor must notify the applicant within 14 calendar days of receiving the application. The applicant may appeal the decision of the immediate supervisor. The written appeal should provide documentation that provides reasonable justification for reconsideration by the University Honors and Awards Committee.

The deadline for this appeal to the committee is within 7 calendar days of the immediate supervisor's notification of the applicant. The committee must act on the appeal request within 14 calendar days.

If the University Honors and Awards Committee determines that the applicant does not meet the eligibility requirements for Emeritus Professor status, the Chair of the Committee must notify the applicant within 14 calendar days of receiving the application. The applicant may appeal the decision of the Committee. The written appeal should provide documentation that provides reasonable justification for reconsideration by the Dean. The deadline for this appeal to the Dean is within 7 calendar days of the Committee Chair's notification of the applicant. The Dean must act on the appeal request within 14 calendar days.

If the Dean determines that the applicant does not meet the eligibility requirements for Emeritus Professor status, the Dean must notify the applicant within 14 calendar days of receiving the application. The applicant may appeal the decision of the Dean. The written appeal should provide documentation that provides reasonable justification for reconsideration by the President. The deadline for this appeal to the President is within 7 calendar days of the Dean's notification of the applicant. The President must act on the appeal request within 14 calendar days. The President's decision on the appeal is final.

Appeal of Decisions for Emeritus Professor Status by a Dean or Vice President Who is a Full-Time Professor

If the *ad hoc* University Honors and Awards Committee determines that the applicant does not meet the eligibility requirements for Emeritus Professor status, the Chair of the *ad hoc* Committee must notify the applicant within 28 calendar days of receiving the application. The applicant may appeal the decision of the *ad hoc* Committee. The written appeal should provide documentation that provides reasonable justification for reconsideration by the President. The deadline for this appeal to the President is within 7 calendar days of the Committee Chair's notification of the applicant. The President must act on the appeal request within 14 calendar days.

Benefits Provided to an Emeritus Professor

Emeritus Professors are included in the faculty listings in the college subsections of the University Catalog and on a designated University webpage for Emeritus Professors. In addition, the names of newly designated Emeritus Professors should be announced annually at the University's Faculty-Staff Recognition Ceremony.

Although an Emeritus Professor may be invited to attend faculty or committee meetings, they have no voting privileges.

Additional specific benefits provided to an Emeritus Professor are recommended by the Dean and submitted to the President for approval. Specific benefits are approved on an individual basis in consideration of the mutual interests of the University and the Emeritus Professor's stated ongoing future role within the University. Benefits may include, but are not limited to, library privileges, University e-mail, access to routine University computer networks and computer services.

It is ordinarily not possible to provide office and lab space. Such shared space may be made temporarily available when approved by the Dean.

For those applicants for Emeritus Professor who have requested access to the University e-mail system, their e-mail access should continue until a final decision has been rendered on the application. This could potentially avoid disruptions in collaborative research projects with current continuing faculty.

Discontinuation of Emeritus Professor Status

Emeritus Professors must maintain their ongoing, vital, and evolving role within the University or broader academic community as specified in their initial agreement. Emeritus status is granted and continued at the discretion of the President and the status and/or the benefits may be withdrawn when circumstances warrant, including engagement in conduct that is or could be harmful to the reputation of MWU or detrimental to the best interests of MWU. If the Emeritus Professor desires to resign of their status, they should contact the Dean.

APPOINTMENT TO RANK AND TRACK

I. Tenure and Non-Tenure Tracks

- A. **Tenure Track** faculty members are full-time faculty who engaged in all three areas of traditional academic activity (teaching, scholarship, and service). Tenure track faculty have a probationary contract until tenure is awarded, upon which the tenured faculty member will receive a continuous contract with MWU.

A **probationary contract** is a limited-term contract before tenure is awarded. The initial period of appointment is stipulated in the employment contract and may or may not be renewed annually thereafter. Tenure track faculty members may apply for tenure upon successful completion of the probationary period as defined in their contractual agreements.

Continuous contracts do not require annual contract renewal during the time of employment.

- B. **Non-Tenure Track** faculty are engaged in at least one of the three major categories of academic activity (teaching, scholarship, or institutional/extramural professional service). Non-tenure track faculty hold an academic rank in accordance with the section on FACULTY MEMBERSHIP AND TITLES. Non-tenure track faculty have term contracts with MWU.

Term contracts are limited to the period of employment agreed to in the contract. Term contracts do not confer upon a faculty member any entitlement to continue employment after the term specified in the letter of appointment expires.

- C. **Full-time Faculty Change between Tenure Track and Non-Tenure Track**

Full-time faculty may request a transfer between tenure and non-tenure tracks. Transfer between tracks requires the approval of the appropriate chairperson/director, the Dean of the College, and the President.

Change from non-tenure track to tenure track: A non-tenure track faculty member may request a transfer to a tenure track appointment if the faculty member has the appropriate qualifications for the tenure track position and a position is available. The probationary period for tenure consideration starts when the tenure track is initiated, unless stipulated otherwise in the contract.

Change from tenure track to non-tenure track: A full-time faculty member who begins in a tenure track appointment may request a transfer to non-tenure track status.

II. Joint Appointments

Joint appointments between colleges or within the same College are possible at Midwestern University. Those qualified and recommended for joint appointments need approval by the pertinent departments/programs and the appropriate Dean(s) of the respective College(s). The primary and secondary department(s) or program(s) must be identified and documented in writing.

In all cases, the primary department or program retains sole responsibility for faculty development, faculty evaluation, principal duties, salary, and guiding the faculty member in matters of advancement in rank and tenure. The secondary department(s) or program(s) have a consulting, secondary role in assignment of duties, salary, and matters of advancement in rank and tenure.

It is possible to change joint appointments regarding which appointment is primary and which appointment(s) is/are secondary. For a change in joint appointments to occur, approval by the faculty member, the pertinent departments/programs and the appropriate Dean(s) of the respective College(s) is

required. The new primary and secondary department(s) or program(s) must be identified and documented in writing.

When a faculty member who holds a joint appointment(s) at two or more Colleges receives advancement in academic rank or tenure, it is the responsibility of the faculty member to notify the College Dean of the secondary department(s) or program(s) of advancement in rank or tenure.

Advancement in rank and tenure are conferred by the university, and tenure is associated with the primary appointment. In no instance can there be any difference in rank within departments, programs, or Colleges for any faculty member.

III. Full-Time and Part-Time Faculty Initial Appointment to Rank

The following are guidelines for the initial appointment of full-time and part-time faculty at the time of hire:

- A. Initial appointment to the rank of **lecturer, clinical lecturer, or research lecturer** is assigned to a faculty member who is nearing completion of an appropriate terminal professional or academic degree and has little or no experience in instruction at the college or university level. Appointment to this rank is a non-tenure track appointment. Terms of employment are stipulated in the individual's appointment contract.
- B. Initial appointment to the rank of **instructor, clinical instructor, or research instructor** is assigned to a faculty member with an appropriate terminal professional or academic degree if that individual has little or no experience in instruction at the college or university level. Appointment to this rank is a non-tenure track appointment. Terms of employment are stipulated in the individual's appointment contract.
- C. Initial appointment to the rank of **assistant professor, clinical assistant professor, or research assistant professor** is assigned to a faculty member who has an appropriate terminal professional or academic degree if that individual has more professional and/or academic experience than an instructor. Appointments to this rank may be either tenure or non-tenure track. The terms of employment are stipulated in the individual's appointment contract.
- D. Initial appointment to the rank of **associate professor, clinical associate professor, or research associate professor** is assigned to a faculty member with an appropriate terminal professional or academic degree who has substantial professional qualifications and/or academic experience exceeding the level of an assistant professor. At least four years at the rank of assistant professor are expected in order for the individual to be appointed to the rank of associate professor. Appointments to this rank may be either tenure or non-tenure track. The terms of employment are stipulated in the individual's appointment contract.
- E. Initial appointment to the rank of **professor, clinical professor, or research professor** is assigned to a faculty member with an appropriate terminal professional or academic degree who has outstanding and extensive professional qualifications and/or academic experience exceeding the level of an associate professor. All faculty members at this rank are recommended to have a doctoral degree. Appointment to this rank may be either tenure track or non-tenure track. At least five years as an associate professor are expected for the individual to be appointed at the rate of professor. The terms of employment are stipulated in the individual's appointment contract.

IV. Adjunct Faculty Initial Appointment to Rank

The following are guidelines for the initial appointment of adjunct faculty at the time of hire:

- A. Initial appointment to the rank of **adjunct lecturer, adjunct clinical lecturer, or adjunct research lecturer** is assigned to a faculty member who is nearing completion of an appropriate terminal

professional or academic degree and has little or no experience at the college or university level. The terms of employment are stipulated in the individual's appointment contract.

- B. Initial appointment to the rank of **adjunct instructor, adjunct clinical instructor, or adjunct research instructor** is assigned to a faculty member with an appropriate terminal professional or academic degree and has little or no experience at the college or university level. The terms of employment are stipulated in the individual's appointment contract.
- C. Initial appointment to the rank of **adjunct assistant professor, adjunct clinical assistant professor, or adjunct research assistant professor** is assigned to a faculty member who has an appropriate terminal professional or academic degree if that individual has more professional and/or academic experience than an instructor. The terms of employment are stipulated in the individual's appointment contract.
- D. Initial appointment to the rank of **adjunct associate professor, adjunct clinical associate professor, or adjunct research associate professor** is assigned to a faculty member who has an appropriate terminal professional or academic degree and has substantial professional and/or academic experience greater than an assistant professor. The terms of employment are stipulated in the individual's appointment contract.
- E. Initial appointment to the rank of **adjunct professor, adjunct clinical professor, or adjunct research professor** is assigned to a faculty member who has an appropriate terminal professional or academic degree and has a record of outstanding and extensive professional and/or academic experience greater than an associate professor. All faculty members at this rank are recommended to have a doctoral degree. The terms of employment are stipulated in the individual's appointment contract.

V. **Changes in Faculty Title Status**

Faculty may request a change in membership status. A change in membership status requires the approval of the appropriate chairperson/director, the Dean of the College, and the President. Changes between full-time faculty (0.5 FTE or greater) and part-time faculty (less than 0.5 FTE) will require a new contract, and may result in changes to employment terms, such as rank, tenure status, and benefits. These employment terms will be defined according to criteria appropriate to faculty title.

FACULTY EVALUATION AND PROFESSIONAL DEVELOPMENT

Faculty members at MWU should exhibit qualities of excellence in teaching, scholarship, and service. A balance between qualities and functions is desirable. However, it is recognized that the best use of professional talent may sometimes necessitate that a faculty member's contribution in one area may predominate. The functions, duties, assignments, time commitments and all other activities will be reflected in the faculty members professional development plan as approved by the department chairperson/program director.

I. Teaching

Teaching refers to the broad area of student-faculty interaction for educational purposes. Evaluation of teaching effectiveness will include appraisals by the faculty member's department chairperson/program director, other members of the department, and critical assessment of University-conducted, faculty approved student evaluations of the faculty member's performance as a teacher. The following are examples of teaching activities that may be used as criteria for evaluation. Any further criteria are college specific, and references may be made to each college subsection of this HANDBOOK.

1. Teaching responsibilities;
2. Teaching effectiveness and continued efforts to improve performance;
3. Administrative or supervisory responsibilities for courses;
4. Contributions to course and curriculum development;
5. Development of innovative approaches to teaching, such as the preparation of creative instructional materials;
6. Performance of research in educational methods and techniques;
7. Teaching in continuing education programs;
8. Tutoring, counseling, mentoring and advising students;
9. Contribution toward development and maintenance of undergraduate and post-graduate programs;

Faculty Workload

Individual faculty teaching assignments are made annually after consultation between the faculty member and the department chairperson/ program director. The individual faculty assignments relative to teaching should take into consideration the faculty members' particular qualifications, the need for continued professional growth and development, and the involvement of the faculty member in committee work, administrative work, research and scholarship activities, and patient care. MWU encourages each department chairperson/program director to take full advantage of the unique qualifications of their department/program faculty members, while at the same time recognizing the need for the faculty to develop multiple areas of instructional expertise. Faculty are responsible for carrying out satisfactorily the duties that have been assigned by the department chairperson/program director. It is the responsibility of the chairperson/director to distribute the workload reasonably. Individual faculty members should neither be capriciously overburdened, nor be assigned less than a reasonable workload.

II. Scholarship

The University expects that faculty members are and will continue to be engaged in creative work of high quality and significance. Scholarships are the hallmark of a learned faculty member and an academician. Scholarly activities are original work related to a faculty member's field that advances the reputation of the faculty member and the University in the area of research and/or education. These endeavors may occur in a variety of settings that include research laboratories, the classroom, patient care settings, etc.

Objective evidence, in the form of published material (such as case studies, prospective or retrospective clinical studies, basic or applied research and innovative curricular and educational studies or programs)

must be provided for the evaluation of scholarly activity. When evaluating a faculty member, the emphasis should be on the quality, not necessarily the quantity, of the scholarly work accomplished. The following are examples of scholarly activities that may be used as criteria for evaluation. Any further criteria are college specific, and references may be made to each college subsection of this HANDBOOK.

1. Publication of the result of scholarly activities in peer-reviewed journals
2. Authorship of other scholarly publications, such as abstracts, book chapters, etc.
3. Presentations at regional, national, and international society meetings or other educational institutions
4. Submission of grant proposals and receipt of grants, especially those of a competitive peer-reviewed nature
5. Sponsorship of student research
6. Demonstration of interdisciplinary collaboration with other researchers as principal investigator or co-investigator
7. Documentation of scholarship awards received and other evidence of creative excellence and national and/or international recognition

III. Service

Service is defined as performance of intra- and/or inter-institutional and professional work beyond the related teaching and scholarly duties designated for that faculty member. The term professional service refers to the work that faculty members perform for the University, college, and public that contributes to the welfare of others but does not result in direct and full pay-for-service. The following are examples of service activities that may be used as criteria for evaluation. Any further criteria are college specific, and references may be made to each college subsection of this HANDBOOK.

1. Active and responsible service to the orderly function of the department
2. Presentation of educational programs to professional groups and the public (i.e., patient counseling and advisement, health-related presentations)
3. Participation in local, regional, national, and/or international professional service organizations
4. Participation in faculty governance, such as Faculty Senate
5. Participation in departmental, college, and/or University committees and other administrative activities
6. Service as faculty advisor for professional student organizations
7. Participation in community education
8. Contributions in other areas of service which have resulted in local, state, national, or international recognition
9. Service to the profession which may include activities such as:
 - a. Review of grant proposals, manuscripts, and books;
 - b. Service on the editorial board of professional and scientific journals;
 - c. Service as a scientific consultant to governmental agencies and/or industry;
 - d. Invited editorships, lectureships, and chairmanship of meeting sections of professional organizations;
 - e. Service on regional, national, and international advisory governing boards or committees;
 - f. Service as a member in, participant in, and leader for professional scientific or clinical research societies and organizations.

IV. Faculty Development

Faculty development, by its nature, is a deliberate, ongoing activity intended to meet emerging institutional needs, faculty goals, career aspirations, and changing needs of students. The faculty professional development plan concept serves three basic functions in this regard. Initially the process of faculty goal setting fosters constructive communication between the faculty member and the chairperson/director. Secondly, the goals established and reviewed at the beginning of each fiscal year provide a prospective framework for evaluation. Thirdly, formulation of short-term goals on an annual basis fosters systematic progress toward the achievement of longer-term career and institutional goals.

A. Faculty Development Plan

The faculty professional development plan will be developed, according to the criteria described below, during an evaluation meeting with the department chairperson/program director. Written recommendations will be prepared collaboratively between the faculty member and the department chairperson/program director and a plan for implementation designed. Plans for completion of continuing education requirements for faculty members will also be discussed at this time. Plans must be for one year for all faculty but should also include multi-year components and/or progress toward longer term goals. The dean of the college is responsible for meeting with the department chairperson/program director to establish their development plans. The plans will be established, documented, and kept on file in the department/program office. Suggested elements for inclusion in the faculty professional development include the following. Any further elements are college specific, and reference may be made to each college subsection of this HANDBOOK.

B. Teaching (estimated % of full-time effort)

1. List of courses the faculty member anticipates teaching in, the percent of effort, number of lectures (lecture, laboratory, participation in clinical rotation teaching, clinical seminars, workshops)
2. Up-date of course syllabi, curriculum, laboratory manuals, workshop materials, integrative learning modules, course evaluation
3. Education-related activities such as advising, tutoring, directing student research, extramural teaching activities (continuing education)

C. Scholarly Activities (estimated % of full-time effort)

1. Description of the scholarly activity the faculty member intends to pursue and an indication of how the activities for the coming year fit in with the individual's long-term program of scholarship.
2. Anticipated grant proposals, manuscript publications
3. Additional scholarly activities that are anticipated, such as presentations, invited talks, and collaborative efforts.

D. Service (estimated % of full-time effort)

1. Listing of anticipated departmental, college or University committees
2. Listing of anticipated community or governmental service programs
3. List of anticipated professional organizations

V. Faculty Evaluation Procedure

All faculty members are evaluated using the University approved form(s) to be used for faculty performance review, which can be found on the MWU Intranet site, Human Resources page. Formal evaluation of each faculty member will be conducted at least once annually, utilizing the faculty development plan as the basis for performance evaluation. As necessary additional performance evaluations may also be conducted. The dean performs the annual evaluation for each chairperson/director. For faculty members with probationary contracts, an optional mid-year assessment may also be performed in September at the discretion of the faculty member's supervisor with specific attributes and deficiencies clearly delineated and documented.

It is the responsibility of the department chairperson/program director, in consultation with the members of the department/program, to set forth the methods used to complete the annual faculty performance review. The method used must comply with the University standards and practices. Per the University standard procedure, the evaluation form is signed by the faculty member's chair/program director, dean, human resources, and then finally the faculty member. It is the responsibility of the dean to annually review the faculty evaluation process used in each department/program to maintain reasonable parity and equity among departments with respect to this process. It is the responsibility of the University Faculty Senate to review and recommend modifications of the faculty evaluation process used by the various colleges to ensure parity and equity among the colleges of the University.

By May of the fiscal year, the chairperson/director will, at minimum, have conducted an evaluation of the faculty member's progress regarding the prior year's development plan, will have discussed this evaluation with the faculty member, filed a record of the signed evaluation in the department/program office, and forwarded a copy signed by both the faculty member and chairperson/director to the office of the dean. If a faculty member disagrees with aspects of the evaluation, it is the faculty member's right and responsibility to reply in writing to the dean, within 7 days of receiving the written evaluation form and address those aspects of the evaluation document with which he/she disagrees. The faculty member's written communication will be placed in the file containing the annual evaluation.

ACADEMIC PROMOTION AND TENURE

Academic Rank Qualifications: Faculty members seeking promotion must meet the qualification standards for the rank sought, corresponding to the requirements delineated in this UNIVERSITY FACULTY HANDBOOK. Additional requirements may be delineated in the College subsections.

I. Time Eligibility for Promotion in Rank

A. **Full-time Faculty** Minimum Time Requirements: a faculty member will be expected to serve at least:

1. One year at the rank of **lecturer, clinical lecturer, or research lecturer** before being eligible to apply for advancement to the respective rank of **instructor, clinical instructor, or research instructor**;
2. Two years at the rank of **instructor, clinical instructor, or research instructor** before being eligible to apply for advancement to the respective rank of **assistant professor, clinical assistant professor, or research assistant professor**;
3. Four years as **assistant professor, clinical assistant professor, or research assistant professor** before being eligible to apply for advancement to the respective rank of associate professor, clinical associate professor, or research associate professor;
4. Five years as **associate professor, clinical associate professor, or research associate professor** before being eligible to apply for advancement to the respective rank of **professor, clinical professor, or research professor**;

The faculty member seeking promotion must complete a minimum of years of employment prior to the start of the application cycle for promotion. The University contract year starts on July 1 and extends through June 30. If a faculty member's first day at work is on or before September 1, this partial year will be counted toward the minimum eligibility criteria (as described above). The first partial year for faculty hired after September 1 will not be counted towards the minimum eligibility criteria.

- Example: If an **assistant professor** begins employment at MWU in August 2013, the **assistant professor** is first eligible to apply for promotion in December 2017.
- Example: If an **assistant professor** begins employment at MWU in October 2013, the **assistant professor** is first eligible to apply for promotion in December 2018.
- Example: If an **associate professor** begins employment at MWU in August 2013, the **associate professor** is first eligible to apply for promotion in December 2018.
- Example: If an **associate professor** begins employment at MWU in October 2013, the **associate professor** is first eligible to apply for promotion in December 2019.

If the faculty member has appropriate professional and/or academic experience, the hiring supervisor may shorten the minimum time to apply for promotion at MWU. When this is done, the hiring supervisor must provide an explanation for the shortened minimum time on the Faculty Contract Request Form and obtain approval from the President and CAO.

B. **Part-Time Faculty** (less than 0.5 FTE) Minimum Time Requirements: a part-time faculty member will be expected to serve at least:

1. Two years at the rank of **lecturer, clinical lecturer, or research lecturer** before being eligible to apply for advancement to the respective rank of **instructor, clinical instructor, or research instructor**;
 2. Four years at the rank of **instructor, clinical instructor, or research instructor** before being eligible to apply for advancement to the respective rank of **assistant professor, clinical assistant professor, or research assistant professor**;
 3. Seven years as **assistant professor, clinical assistant professor, or research assistant professor** before being eligible to apply for advancement to the respective rank of **associate professor, clinical associate professor, or research associate professor**;
 4. Nine years as **associate professor, clinical associate professor, or research associate professor** before being eligible to apply for advancement to the respective rank of **professor, clinical professor, or research professor**.
- C. **Adjunct Faculty** (non-FTE) Minimum Time Requirements: an adjunct faculty member will be expected to serve at least:
1. Two years at the rank of **adjunct lecturer, adjunct clinical lecturer, or adjunct research lecturer** before being eligible to apply for advancement to the respective rank of **adjunct instructor, adjunct clinical instructor, or adjunct research instructor**;
 2. Four years at the rank of **adjunct instructor, adjunct clinical instructor, or adjunct research instructor** before being eligible to apply for advancement to the respective rank of **adjunct assistant professor, adjunct clinical assistant professor, or adjunct research assistant professor**;
 3. Seven years as **adjunct assistant professor, adjunct clinical assistant professor, or adjunct research assistant professor** before being eligible to apply for advancement to the respective rank of **adjunct associate professor; adjunct clinical associate professor, or adjunct research associate professor**;
 4. Nine years as **adjunct associate professor; adjunct clinical associate professor, or adjunct research associate professor** before being eligible to apply for advancement to the respective rank of **adjunct professor, adjunct clinical professor, or adjunct research professor**.

II. Professional Criteria for Promotion in Rank

A. Full-time Faculty

1. The rank of **instructor, clinical instructor, or research instructor** is awarded to a faculty member who has completed an appropriate terminal professional or academic degree and has some additional experience beyond the level of lecturer.
2. The rank of **assistant professor, clinical assistant professor, or research assistant professor** is awarded to a faculty member who has an appropriate terminal professional or academic degree. There must be a record of accomplishment in one of the three areas (teaching, scholarship, or service) and some strength in one other area. College-specific requirements are defined in the College subsection.

3. The rank of **associate professor, clinical associate professor, or research associate professor** is awarded to a faculty member with an appropriate terminal professional or academic degree. There must be a record of accomplishment in two of the three areas (teaching, scholarship, or service) and some strength in the third area. College-specific requirements are defined in the College subsection.
4. The rank of **professor, clinical professor, or research professor** is awarded to a faculty member with an appropriate terminal professional or academic degree. There must be a record of outstanding and extensive professional accomplishment in one of the three areas (teaching, scholarship, or service) and significant accomplishments in the other two areas. College-specific requirements are defined in the College subsection.

B. Part-time Faculty (less than 0.5 FTE)

1. The rank of **instructor, clinical instructor, or research instructor** is awarded to a faculty member who has completed an appropriate terminal professional or academic degree and has some additional experience beyond the level of lecturer.
2. The rank of **assistant professor, clinical assistant professor, or research assistant professor** is awarded to a faculty member who has an appropriate terminal professional or academic degree. There must be a record of accomplishment in the primary area of focus (scholarship or teaching) and some strength in one other area (teaching, scholarship, or service). College-specific requirements are defined in the College subsection.
3. The rank of **associate professor, clinical associate professor, or research associate professor** is awarded to a faculty member with an appropriate terminal professional or academic degree. There must be a record of substantial accomplishment in the primary area of focus (scholarship or teaching) and accomplishment in the other areas (teaching, scholarship, and service). College-specific requirements are defined in the College subsection.
4. The rank of **professor, clinical professor, or research professor** is awarded to a faculty member with an appropriate terminal professional or academic degree. There must be a record of outstanding and extensive accomplishment in the primary area of focus (scholarship or teaching) and accomplishment in the other areas (teaching, scholarship, and service). College-specific requirements are defined in the College subsection.

C. Adjunct Faculty (non-FTE)

1. The rank of **adjunct instructor, adjunct clinical instructor, or adjunct research instructor** is awarded to a faculty member who has completed an appropriate terminal professional or academic degree.
2. The rank of **adjunct assistant professor, adjunct clinical assistant professor, or adjunct research assistant professor** is awarded to a faculty member who has an appropriate terminal professional or academic degree. There must be a record of accomplishment in their primary area of focus. College-specific requirements are defined in the College subsection.
3. The rank of **adjunct associate professor; adjunct clinical associate professor, or adjunct research associate professor** is awarded to a faculty member with an appropriate terminal professional or

academic degree. There must be a record of substantial accomplishment in their primary area of focus. College-specific requirements are defined in the College subsection.

4. The rank of **adjunct professor**, **adjunct clinical professor**, or **adjunct research professor** is awarded to a faculty member with an appropriate terminal professional or academic degree. There must be a record of outstanding and extensive accomplishment in their primary area of focus. College-specific requirements are defined in the College subsection.

III. Eligibility for Tenure

MWU recognizes the value of tenure as promoting not only academic freedom but also stability of a group of teachers and scholars dedicated to these ideals. In addition to accomplishments in all three aspects of academic activity (teaching, scholarship, and service) commensurate to the level the faculty member is at or to the rank the faculty member is applying to, the faculty member must demonstrate collegiality with other members in the department/program and the university community is an essential aspect of tenure. Consideration and action concerning tenure is separate from consideration for promotion. Tenure may be granted on appointment to a full-time, tenure track faculty member who has exceptional qualifications. The minimum time required for tenure may also be reduced based on the faculty member's record of accomplishments. In such instances, the probationary period shall be stipulated in the initial appointment contract. Ordinarily, however, a faculty member is eligible for tenure consideration after a probationary period in a tenure track position at MWU. The probationary period begins with a faculty appointment in the tenure track at the rank of assistant professor or above. By special arrangement, the probationary period may be deemed to include full-time or pro rata employment. Completion of this probationary period is not a guarantee of tenure. Although the faculty member may apply for tenure before the sixth year, the probationary period shall ordinarily not exceed six full-time academic years of service. If the candidate has not received tenure by the expiration of the probationary period, further reappointment to the faculty will be on an annual, non-tenure track basis.

A leave with pay for less than an academic year will count toward promotion and/or tenure. A leave without pay for one academic year or more will not count toward promotion or tenure unless the faculty member and MWU agree in writing to the contrary at the time the leave is granted. A leave without pay for less than one year may or may not count toward promotion and/or tenure as agreed upon by the faculty member and MWU prior to the leave.

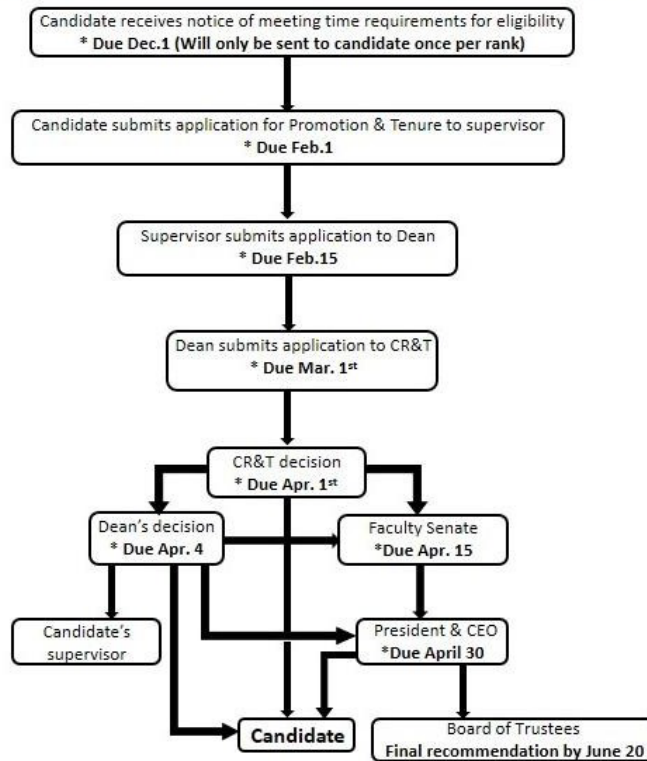
IV. Application Procedure for Promotion in Rank and/or Tenure for Full-time Faculty

Each faculty member is responsible for consulting the UNIVERSITY FACULTY HANDBOOK to determine individual eligibility for promotion and tenure. Application for promotion in rank and tenure may occur simultaneously or independently. The application procedure is identical for promotion and tenure. Additional procedures, guidelines and/or documentation are College specific, and reference may be made to each College subsection of this HANDBOOK. Each College has a separate Committee on Rank and Tenure that will provide further direction to the candidate regarding preparation of the required dossier in keeping with its college subsection. Since tenure is a matter for separate consideration apart from promotion in rank, faculty members seeking both promotion in academic rank and tenure must formally request consideration of each. A promotion in rank and/or tenure application flow chart is included in Appendix II.

Faculty members holding administrative appointments that include supervisory roles of potential applicants (e.g., Chair, Program Director), or whose own application requires the formation of an ad-hoc

Rank and Tenure committee, are not eligible to serve on a College Committee on Rank and Tenure (see section VI. Process for Promotion in Rank and/or Tenure of Faculty with Administrative Appointments).

Successful Path for Promotion in Rank and/or Tenure Application



When faculty members initially meet the time requirements to apply for promotion to a particular rank, Human Resources Administration will notify the faculty members, on or before December 1st that they have met the time requirements and inform them about the deadline for seeking promotion in academic rank during the current academic year. The notification letter will only be sent the year that initial time requirements are met.

Each faculty member seeking a promotion in academic rank and/or tenure assumes the responsibility for preparing a dossier summarizing and documenting their professional credentials, academic accomplishments, and activities. At a minimum, the faculty member's dossier shall include documentation of activities in the areas of teaching, scholarship, and service sufficient to support the request for promotion. The dossier submitted to the College Committee on Rank and Tenure for promotion/tenure consideration must contain the following information and documentation:

- A. Completed Rank and Tenure Application Process Checklist.
- B. A letter requesting promotion and/or tenure, including the academic rank sought and a brief synopsis of the candidate's credentials documenting that the candidate either meets the minimum time requirements set forth in the UNIVERSITY FACULTY HANDBOOK, or, if not, justification that would support accelerated promotion and/or tenure consideration.
- C. The faculty member's curriculum vitae, organized using these subjects, listing newest tooldeest when using chronological order, which must include all of the following:
 1. Faculty member's education and postgraduate training background.

2. State licensure information, and board certification (eligibility/passed), additional degrees attained if applicable.
 3. History of current and previous academic/professional appointment(s); promotion history and academic rank(s) held.
 4. Professional society memberships.
 5. Professional honors and awards, if any.
 6. Seminars and other professional presentations.
 7. Teaching experience, educational program responsibilities, both at MWU and else where.
 8. Scholarly activities and specific project/program responsibilities since the last promotion, e.g., clinical drug trials, human/experimental animal projects.
 9. Current and past extramural grant support; including grants submitted and not funded as well as intramural grants.
 10. Scholarly publications, e.g., journal articles, book chapters, books, published abstracts.
 11. Other scholarly activities, e.g., case reports, inventions, patents, authorship of computer software programs, role in development of innovative educational programs and curricula.
 12. Service activities and consulting, e.g., external and internal committee appointments.
 13. Professional and public service activities, e.g., a list of professional journals for which the faculty member has served as a manuscript reviewer; participant/organizer of professional conferences, continuing education program(s).
- D. Narrative summarizing the candidate's teaching, research, service activities since either appointment to the MWU faculty or the previous promotion.
- E. Copies of the candidate's faculty development plans for all years since either appointment to the faculty or the previous promotion.
- F. Copies of the candidate's annual performance evaluations for all years since either appointment to the faculty or the previous promotion.
- G. Copies and of student evaluations of the candidate's teaching/instructional performance since either appointment to the faculty or the previous promotion.
- H. Detailed information on teaching responsibilities, including number of hours taught in each course for every year and role in each course. Examples of teaching materials, instructional techniques and/or evaluation methods used or developed by the faculty member can be included.
- I. A representative selection of published works, that in the candidate's judgment typifies their level (quality) of scholarship.
- J. A minimum of four confidential letters of reference are required as part of the dossier:
1. Two letters from full-time faculty members in the candidate's department/program other than the chairperson/director.
 2. One letter from a full-time MWU faculty member outside of the candidate's department/program.
 3. At least one letter from an academician outside of MWU who can address the recognition and professional reputation of the candidate on a local, regional, national, or international level.
 4. If the department or program has Sections, one letter must be from the Section Head.

5. MWU administrators who hold faculty appointments in a department/program are eligible to write letters of recommendation as a faculty member in a department/program.
 6. Where there are insufficient numbers of full-time faculty in the candidate's department/program, or college to meet these requirements, additional letters must be from full-time Midwestern University faculty.
 7. Required letters must meet the following conditions:
 - i. Letters of reference must be from individuals who hold equivalent or higher rank than the rank sought by the applicant.
 - ii. For tenure applications, referees from Midwestern University must be tenured faculty
 8. A maximum of five additional letters of support may be submitted as part of the dossier for consideration of the rank and tenure committee.
- K. Chairperson/Director's letter that addresses all pertinent aspects of the promotion and/or tenure matter, particularly the qualifications of the candidate in relation to the requirements for the academic rank sought, and the desirability of the candidate as a permanent colleague if tenure is granted.

The completed dossier without confidential letters is to be submitted by the candidate to their academic supervisor by February 1st with a cover letter formally requesting promotion that specifies the academic rank sought and consideration for tenure, if applicable. The confidential letters of recommendation must be forwarded separately to the academic supervisor for inclusion in the dossier before the dossier of the candidate shall be considered complete. The candidate's application can be withdrawn from the promotion/tenure review process until March 15th. If choosing to withdraw an application, the candidate must submit written notification of this withdrawal to the Dean and academic supervisor.

V. Application Procedure for Promotion in Rank for Part-Time Faculty

Each faculty member is responsible for consulting the UNIVERSITY FACULTY HANDBOOK to determine individual eligibility for promotion. Additional procedures, guidelines and/or documentation are College specific, and reference may be made to each College subsection of this HANDBOOK. Each College has a separate Committee on Rank and Tenure that will provide further direction to the candidate regarding preparation of the required dossier in keeping with its college subsection. A promotion in rank and/or tenure application flow chart is included in Appendix II.

Faculty members holding administrative appointments that include supervisory roles of potential applicants (e.g., Chair, Program Director), or whose own application requires the formation of an ad-hoc Rank and Tenure committee, are not eligible to serve on a College Committee on Rank and Tenure (see section VI. Process for Promotion in Rank and/or Tenure of Faculty with Administrative Appointments).

When faculty members initially meet the time requirements to apply for promotion to a particular rank, Human Resources Administration will notify the faculty members, on or before December 1st that they have met the time requirements and inform them about the deadline for seeking promotion in academic rank during the current academic year. The notification letter will only be sent the year that initial time requirements are met.

Each faculty member seeking a promotion in academic rank assumes the responsibility for preparing a dossier summarizing and documenting their professional credentials, academic accomplishments, and

activities. At a minimum, the faculty member's dossier shall include documentation of teaching, scholarship, and/or service sufficient to support the request for promotion.

The dossier submitted to the College Committee on Rank and Tenure for promotion consideration must contain the following information and documentation:

- A. Completed Rank and Tenure Application Process Checklist.
- B. A letter requesting promotion, including the academic rank sought and a brief synopsis of the candidate's credentials documenting that the candidate either meets the minimum time requirements set forth in the UNIVERSITY FACULTY HANDBOOK, or, if not, justification that would support accelerated promotion.
- C. The faculty member's *curriculum vitae*, organized using these subjects, listing newest to oldest when using chronological order, which must include all of the following:
 1. Faculty member's education and postgraduate training background.
 2. State licensure information, and board certification (eligibility/passed), additional degrees attained if applicable;
 3. History of current and previous academic/professional appointment(s); promotion history, and academic rank(s) held.
 4. Professional society memberships.
 5. Professional honors and awards, if any.
 6. Seminars and other professional presentations.
 7. Teaching experience, educational program responsibilities, both at MWU and elsewhere.
 8. Scholarly activities and specific project/program responsibilities since the last promotion, e.g., clinical drug trials, human/experimental animal projects.
 9. Current and past extramural grant support; including grants submitted and not funded as well as intramural grants.
 10. Scholarly publications, e.g., journal articles, book chapters, books, published abstracts.
 11. Other scholarly activities, e.g., case reports, inventions, patents, authorship of computer software programs, role in development of innovative educational programs and curricula.
 12. Service activities and consulting, e.g., external and internal committee appointments.
 13. Professional and public service activities, e.g., a list of professional journals for which the faculty member has served as a manuscript reviewer; participant/organizer of professional conferences, continuing education program(s).
- D. Current confidential letters of reference from appropriate referees as defined in the College subsection. Letters of reference should be submitted to the department chairperson/program director or academic supervisor as defined in the College subsection.
- E. Narrative summarizing the candidate's teaching, scholarship, and/or service activities since either appointment to the MWU faculty or the previous promotion.
- F. The dossier submitted to the College Committee on Rank and Tenure for promotion consideration must contain the following information and documentation as relevant to faculty titles:
 1. Copies of the candidate's faculty development plans for all years since either appointment to the faculty or the previous promotion, if development plans are required by their supervisor.

2. Copies of the candidate's annual performance evaluations for all years since either appointment to the faculty or the previous promotion, if evaluated by a supervisor.
3. Copies and a summary of student evaluations of the candidate's teaching/instructional performance since either appointment to the faculty or the previous promotion, if applicable.
4. Detailed information on the teaching responsibilities, including number of hours taught in each course for every year and role in each course. Examples of teaching materials, instructional techniques and/or evaluation methods used or developed by the faculty member can be included, if applicable.
5. A representative selection of published works, that in the candidate's judgment, typifies their level (quality) of scholarship, if applicable.
6. Chairperson/director's letter that addresses all pertinent aspects of the promotion, particularly the qualifications of the candidate in relation to the requirements for the academic rank sought.

The completed dossier without confidential letters is to be submitted by the candidate to their academic supervisor by February 1st with a cover letter formally requesting promotion that specifies the academic rank sought. The confidential letters of recommendation must be forwarded separately to the academic supervisor for inclusion in the dossier before the dossier of the candidate shall be considered complete. The candidate's application can be withdrawn from the promotion review process until March 15th. The candidate must submit written notification of this withdrawal to the Dean and academic supervisor.

VI. Application Procedure for Promotion in Rank for Adjunct Faculty

Each adjunct faculty member is responsible for consulting the UNIVERSITY FACULTY HANDBOOK to determine individual eligibility for promotion. Additional procedures, guidelines and/or documentation are College specific, and reference may be made to each College subsection of this HANDBOOK. Each College has a separate Committee on Rank and Tenure that will provide further direction to the candidate regarding preparation of the required dossier in keeping with its college subsection. A promotion in rank and/or tenure application flow chart is included in Appendix II.

When adjunct faculty members initially meet the time requirements to apply for promotion to a particular rank, Human Resources Administration will notify the faculty members, on or before December 1st that they have met the time requirements and inform them about the deadline for seeking promotion in academic rank during the current academic year. The notification letter will only be sent the year that initial time requirements are met.

Each adjunct faculty member seeking a promotion in academic rank assumes the responsibility for preparing a dossier. The dossier evaluated by the standing or *ad hoc* College Committee on Rank and Tenure for promotion consideration must contain the following information and documentation:

- A. Completed Rank and Tenure Application Checklist.
- B. A letter requesting promotion, including the academic rank sought and a brief synopsis of the candidate's credentials. This letter should include:
 1. Documentation/verification that the candidate meets the minimum time requirements set forth in the UNIVERSITY FACULTY HANDBOOK, or, if not, justification that would support accelerated promotion.

2. A brief narrative summarizing the candidate's contribution to teaching, scholarship, and/or service activities since either appointment to the MWU faculty or the previous promotion.
- C. The faculty member's *curriculum vitae*, organized using these subjects, listing newest to oldest when using chronological order, which must include all of the following:
1. Faculty member's education and postgraduate training background.
 2. State licensure information, and board certification (eligibility/passed), additional degrees attained if applicable.
 3. History of current and previous academic/professional appointment(s); promotion history and academic rank(s) held.
 4. Professional society memberships.
 5. Professional honors and awards, if any.
 6. Seminars and other professional presentations
 7. Teaching experience, educational program responsibilities, both at MWU and elsewhere.
 8. Scholarly activities and specific project/program responsibilities since the last promotion, e.g., clinical drug trials, human/experimental animal projects.
 9. Current and past extramural grant support; including grants submitted and not funded as well as intramural grants.
 10. Scholarly publications, e.g., journal articles, book chapters, books, published abstracts.
 11. Other scholarly activities, e.g., case reports, inventions, patents, authorship of computer software programs, role in development of innovative educational programs and curricula.
 12. Service activities and consulting, e.g., external and internal committee appointments.
 13. Professional and public service activities, e.g., a list of professional journals for which the faculty member has served as a manuscript reviewer; participant/organizer of professional conferences, continuing education program(s).
- D. Copies and a summary of student evaluations of the candidate's teaching/instructional performance since either appointment to the faculty or the previous promotion, if applicable.
- E. Optional information that may be included:
1. Detailed information on the teaching responsibilities, including number of hours taught in each course for every year and role in each course. Examples of teaching materials, instructional techniques and/or evaluation methods used or developed by the faculty member can be included, if applicable.
 2. A representative selection of published works, that in the candidate's judgment, typifies their level (quality) of scholarship, if applicable.

The completed dossier is to be submitted by the candidate to their academic supervisor by February 1st. Upon submission, the candidate's supervisor will include a letter that addresses all pertinent aspects of the promotion, particularly the qualifications of the candidate in relation to the requirements for the academic rank sought. The candidate's dossier can be withdrawn from the promotion review process until March 15th. The candidate must submit written notification of this withdrawal to the Dean and academic supervisor.

VII. Process for Promotion in Rank and/or Tenure of Faculty with Administrative Appointments

An *ad hoc* Committee on Rank and Tenure replaces the standing College Committee on Rank and Tenure for evaluation and reporting when an applicant is a faculty member with an administrative appointment.

An *ad hoc* Committee on Rank and Tenure is appointed by the Faculty Senate according to rules and procedures established for the purpose by that body. The College Dean must notify the Faculty Senate when there is the need to form an *ad hoc* Committee on Rank and Tenure. Membership of an *ad hoc* Committee on Rank and Tenure will be reported back to the College Dean by the Faculty Senate. Specific College requirements and standards for advancement in rank and/or tenure will be forwarded to the *ad hoc* Committee on Rank and Tenure by the Faculty Senate prior to the first committee meeting.

When the Dean and supervisor are the same person, the Chief Academic Officer (CAO) assumes the role of the Dean as specified in section describing the “Responsibilities of Academic Administration” under the Academic Promotion and Tenure Section of the Handbook. If a Dean is the candidate for promotion and/or tenure, the Dean’s responsibilities under the Academic Promotion and Tenure Section of the Handbook are assumed by the CAO for that College, and an alternate CAO, who is not their direct supervisor, assumes the role of the Dean as specified in section describing the “Responsibilities of Academic Administration” under the Academic Promotion and Tenure Section of the Handbook.

An *ad hoc* Committee on Rank and Tenure shall report its findings directly to the Dean of the College and to the Faculty Senate by April 1, with no additional evaluation being done by the standing College Committee on Rank and Tenure. In the case of a Faculty member with an Administration appointment of Dean or higher, the *Ad hoc* Committee on Rank and Tenure shall report its decision directly to the appropriate CAO and to the Faculty Senate by April 1.

Candidates for promotion and/or tenure shall submit a complete dossier by February 1. In addition, letters of recommendation shall be sent directly to the candidate’s supervisor by February 1.

Supporting letters for academic promotion are solicited from Faculty at or above the Academic rank sought by the candidate. Supporting letters for tenure are solicited from Faculty with tenure. All other stipulations for letters are as according to the College subsection under which the appointment is made.

VIII. Responsibilities of the Academic Supervisor for Faculty Promotion and Tenure Assessment

The academic supervisor will review the dossier in light of the recommended guidelines for promotion and/or tenure outlined in the Midwestern Faculty Handbook and the subsection related to rank and tenure in the handbook of the specific College. If the candidate’s record of academic accomplishment outlined in the dossier meets the qualifications, and the dossier is complete, the academic supervisor will write a letter in support of the promotion and/or tenure. This letter and the dossier are then submitted to the Dean of the College by February 15th. The dossier is to remain under the control of the Dean until April 4th when the dossier is transferred to the University President.

If the academic supervisor determines that the candidate is ineligible for promotion and/or tenure or that documentation is insufficient or incomplete, the academic supervisor must notify the candidate of the specific deficiencies by February 8th. If the academic supervisor determines that the candidate is ineligible for promotion and/or tenure, the academic supervisor shall notify the candidate via Record of Receipt email. When an email address is not available, then a Certified Return Receipt letter will be sent to the candidate’s home mailing address. The academic supervisor must send copies of the Record of Receipt or Return Receipt of notification to the Faculty Senate and Dean of the College. A copy of all correspondence on this matter shall be forwarded to the College Dean.

If the Dean of the College determines that the dossier should not be reviewed by the Committee on Rank and Tenure because the documentation is insufficient or incomplete, and/or the candidate is ineligible for promotion, the candidate must be notified of this decision by Feb 25th. The Dean shall notify the candidate via Record of Receipt email. When an email address is not available, then a Certified Return Receipt letter will be sent to the candidate's home mailing address. The Dean must send copies of the Record of Receipt of email or Return Receipt of notification to the Faculty Senate and the President. The dossier and related documents will be available for review by the College Committee on Rank and Tenure March 1st of the year in which promotion is sought.

If the candidate's dossier is complete and time eligibility requirements are met, but the academic supervisor and/or Dean do not support the candidate's application, the candidate may provide a written request that the academic supervisor and/or Dean forward the dossier. The academic supervisor and/or Dean are then required to forward the dossier to the College Committee on Rank and Tenure.

IX. Responsibilities of the College and *ad hoc* Committees on Rank and Tenure

It is the responsibility of the College Committee on Rank and Tenure and *ad hoc* Committee on Rank and Tenure to review critically the documentation supporting those activities listed in the evaluation, promotion, and tenure sections of the Midwestern Faculty Handbook and the subsection related to rank and tenure in the handbook of the specific College to determine whether the candidate meets the qualifications specified for the rank and/or tenure.

The Committees on Rank and Tenure may ask the candidate and/or academic supervisor to provide any missing documentation that would be required to complete the dossier. The committees may also ask for documentation that may be necessary to provide clarification of information already provided. Failure by the candidate and/or academic supervisor to provide such documentation by a date specified by the committees may delay consideration of such promotion to the next academic year.

The College Committee on Rank and Tenure must forward their positive or negative recommendation on promotion and/or tenure to the candidate, academic supervisor, Dean of the College, and the University Faculty Senate by April 1st. An *ad hoc* Committee on Rank and Tenure must forward their positive or negative recommendation to the candidate, academic supervisor, Dean of the College and to the

University Faculty Senate by April 1st, with no additional evaluation being done by the standing College Committee on Rank and Tenure. In the case of a Faculty member with an Administration appointment of Dean or higher, the *ad hoc* Committee on Rank and Tenure shall forward their positive or negative recommendation to the candidate, Chief Academic Officer for that College, the University Faculty Senate, and to the President by April 1st.

The Committees on Rank and Tenure shall notify candidates via Record of Receipt email. When an email address is not available, then a Certified Return Receipt letter will be sent to the candidate's home mailing address. The Committees must send copies of the Record of Receipt or Return Receipt of notification to the Faculty Senate, Dean of the College, and academic supervisor. In the case of a Faculty member with an Administration appointment of Dean or higher, the *ad hoc* Committee on Rank and Tenure must send copies of the Record of Receipt or Return Receipt of notification to the Chief Academic Officer and to the University Faculty Senate.

At the conclusion of each fiscal year's promotion/tenure considerations, the chairperson of each College and *ad hoc* Committee on Rank and Tenure is responsible for submitting an annual report to the University Faculty Senate summarizing the actions of the Committee by April 1st. In the event of an appeal requiring the College or *ad hoc* Committee on Rank and Tenure to reconvene, the chairperson is responsible for

submitting, at the conclusion of its deliberations, a final report of the actions of the committee to the University Faculty Senate.

X. Process for filling a Committee on Rank and Tenure for Colleges that do not have a sufficient number of faculty members who meet eligibility requirements for serving on a College Committee on Rank and Tenure

An *ad hoc* Committee on Rank and Tenure is appointed by the Faculty Senate according to rules and procedures established for the purpose by that body. The College Dean must notify the Faculty Senate when there is a need to form an *ad hoc* Committee on Rank and Tenure. Membership of an *ad hoc* Committee on Rank and Tenure will be reported back to the College Dean by the Faculty Senate.

Specific College requirements and standards for advancement in rank and/or tenure will be forwarded to the *ad hoc* Committee on Rank and Tenure by the Faculty Senate prior to the first committee meeting.

An *ad hoc* Committee on Rank and Tenure shall report its findings directly to the Dean of the College and to the Faculty Senate by April 1st, with no additional evaluation being done by the standing College Committee on Rank and Tenure.

XI. Responsibilities of Academic Administration

The review of faculty members for promotion in rank and/or tenure is the responsibility of the Dean of the College. The Dean is expected to evaluate the recommendations of the academic supervisor and the College Committee on Rank and Tenure with due consideration of the guidelines in the Midwestern Faculty Handbook and the subsection related to rank and tenure in the handbook of the specific College. The Dean forwards his/her recommendation for promotion and/or tenure to the President and the candidate by April 4th. The Dean shall notify the candidate of the positive or negative recommendation for promotion and/or tenure via Record of Receipt email. When an email address is not available, then a Certified Return Receipt letter will be sent to the candidate's home mailing address. The Dean must send a copy of the Record of Receipt or Return Receipt of notification to the President.

If there is a conflict between the recommendation of the Dean and the recommendation of the College Committee on Rank and Tenure, the President shall confer with the members of the Committee and the Dean of the candidate's College. The President must inform the candidate of his/her recommendation in writing by April 30th. The President shall notify the candidate via Record of Receipt email (when available) and by Certified Return Receipt Mail sent to the candidate's home mailing address.

The dossier, excluding the letters of recommendation, must be released to the candidate by June 30th of the year in which the dossier was submitted. The confidential letters of recommendation are to be forwarded in a confidential and secure manner to Human Resources, where they are maintained permanently in the Faculty Files.

XII. Responsibilities of the University Faculty Senate

The University Faculty Senate has two major responsibilities:

- A. The University Faculty Senate is responsible for reviewing the procedure used to arrive at the recommendation by the College Committee on Rank and Tenure to determine adherence to University standards and guidelines for promotion and/or tenure.

- B. If the Faculty Senate determines that the procedures adhere to University standards and guidelines for promotion and/or tenure, the Senate then forwards the recommendation of the College Committee on Rank and Tenure to the President by April 15th.

If the Faculty Senate determines that the procedures do not adhere to University standards and guidelines for promotion and/or tenure, the Senate must inform the College Committee on Rank and Tenure and the candidate in writing by April 15th with copies to the Dean and the academic supervisor. The Faculty Senate shall notify the candidate via Record of Receipt email (when available) and by Certified Return Receipt Mail sent to the candidate's home mailing address. The Faculty Senate will remand the matter to the appropriate College Committee on Rank and Tenure for reconsideration with instructions to follow the standards and guidelines for promotion in rank and/or tenure. This action does not abrogate the faculty member's right to appeal.

XIII. Responsibility for Granting Promotion in Rank and/or Tenure

The President receives recommendations for promotion in rank and/or tenure from the University Faculty Senate and Dean. As stated in Article X of the corporate bylaws, promotion in rank and/or tenure is formally granted by the Board of Trustees upon the recommendation of the University Faculty Senate with the approval of the President. Advancements in rank and tenure decisions are not official until written notice is received from the President.

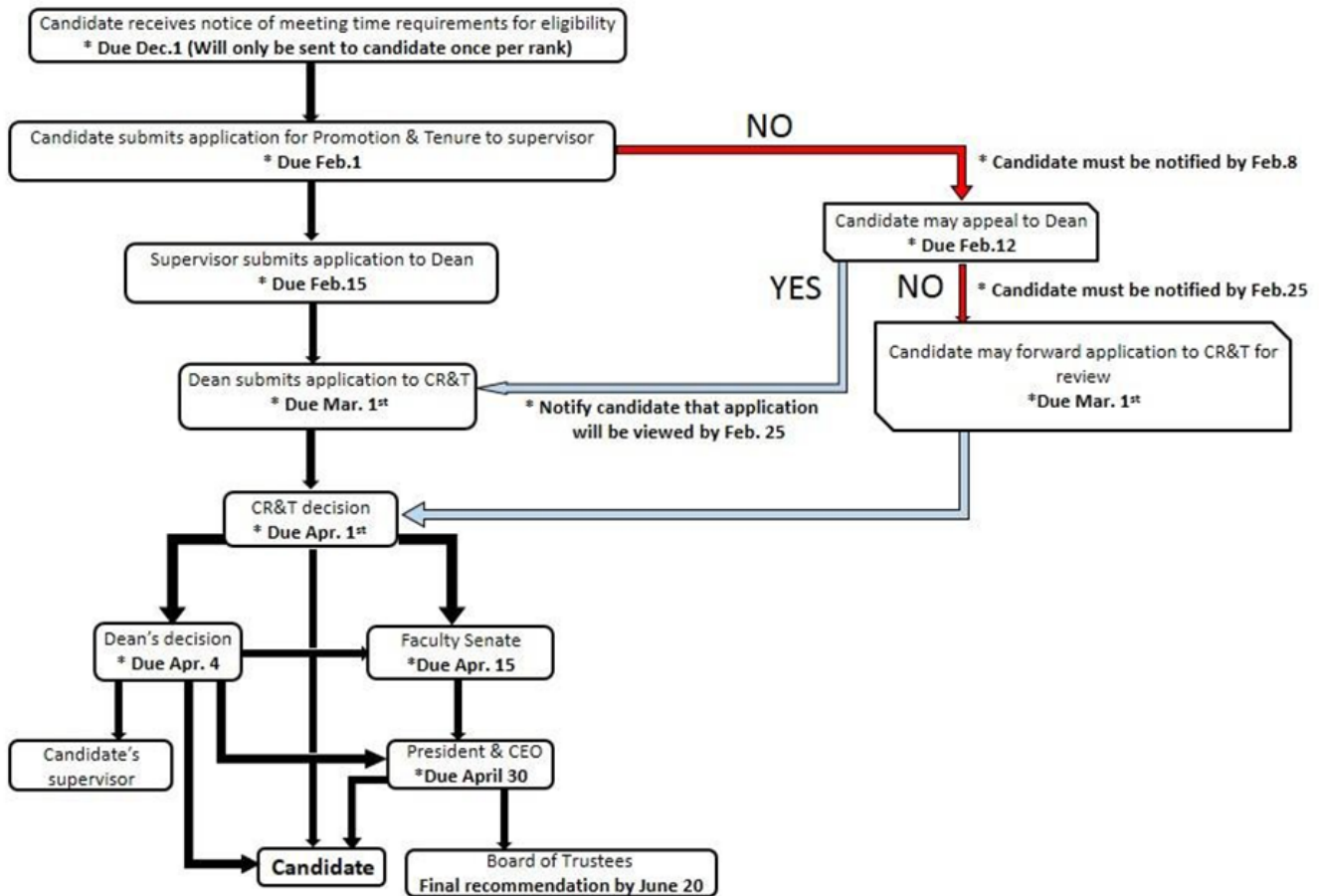
XIV. Appeal of Decision for Promotion and/or Tenure

A. Appeals Prior to the Decision of the College Committee on Rank and Tenure

1. If the academic supervisor determines 1) that the candidate does not meet the time eligibility requirements for promotion and/or tenure, 2) the candidate has not met his/her professional obligations as defined in his/her contract and/or 3) the documentation in the candidate's dossier is incomplete, the academic supervisor must notify the candidate of the specific deficiencies by February 8th. The candidate may appeal the decision of the academic supervisor. This written appeal should provide documentation that provides reasonable justification for reconsideration by the Dean. The deadline for this appeal to the Dean is February 12th. The Dean must notify the candidate of his/her decision by February 25th.
2. If the Dean of the College determines that the dossier should not be reviewed by the Committee on Rank and Tenure because 1) the candidate does not meet the time eligibility requirements for promotion and/or tenure, 2) the candidate has not met his/her professional obligations as defined in his/her contract and/or 3) the documentation in the candidate's dossier is incomplete, the candidate must be notified of this decision by Feb 25th. The candidate may appeal the decision of the Dean by directly forwarding his/her dossier to the College Committee on Rank and Tenure. In such an instance the dossier must be accompanied by a cover letter written by the candidate to the College Rank and Tenure Committee, explaining the basis of argument for the appeal of the Dean's decision. The deadline for this appeal to the College Rank and Tenure Committee is March 1st.

Successful Path for Promotion in Rank and/or Tenure Application

Appeal Path Prior to Decision by CR&T

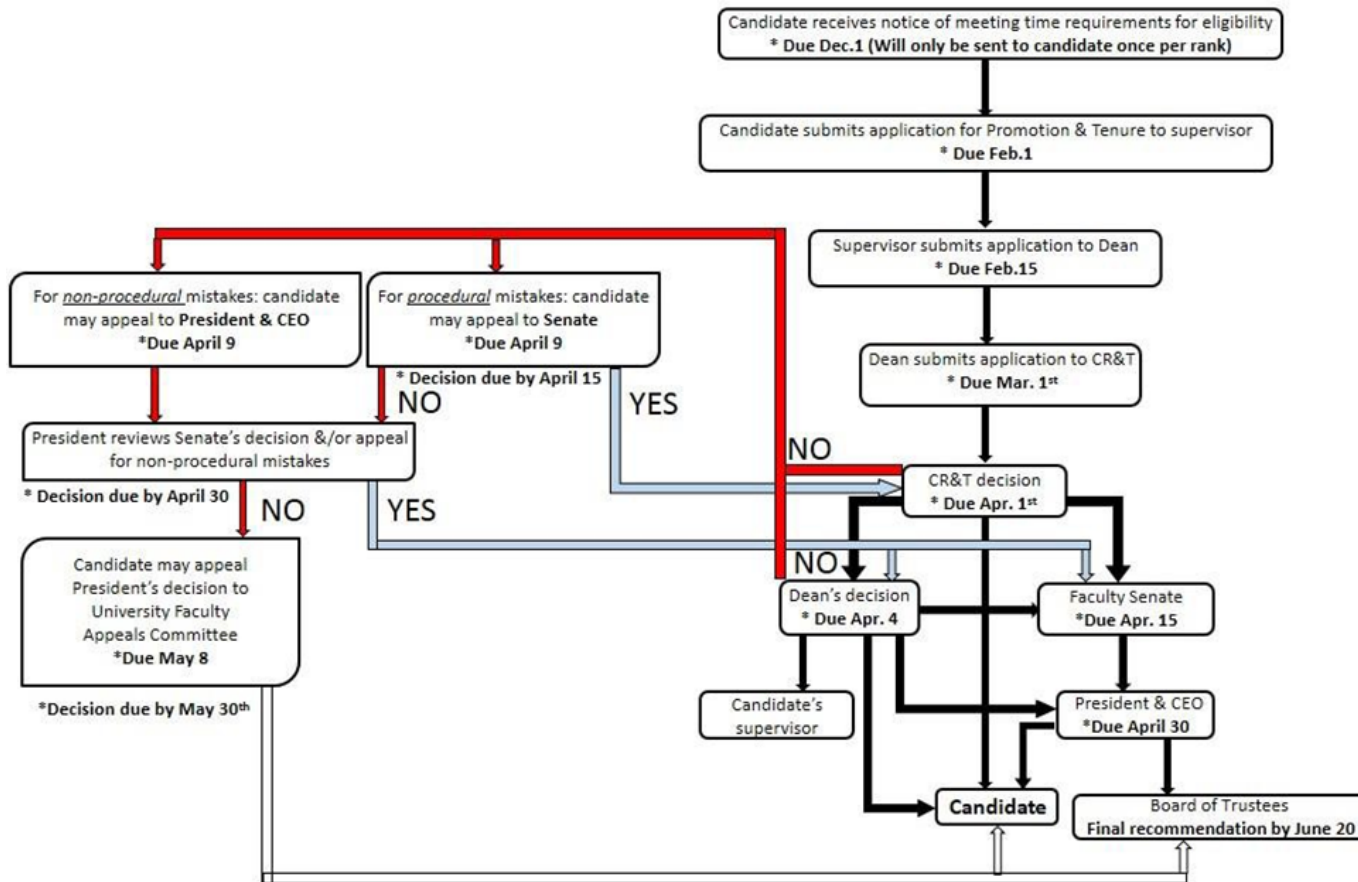


B. Appeals After the Decision of the College Committee on Rank and Tenure

- A. If the College Committee on Rank and Tenure and/or the Dean decide not to recommend a candidate for promotion and/or tenure, the Committee on Rank and Tenure must notify the candidate by April 1st, and the Dean must notify the candidate by April 4th. The candidate may submit a written appeal of the decision of the College Rank and Tenure Committee and/or the Dean by April 9th. The basis of the appeal may be a 1) non-procedural issue or 2) procedural error.
 - a) A written appeal based on a non-procedural issue is submitted to the President by April 9th with written return receipt requested. This appeal should provide documentation that provides reasonable justification for direct action by the President. The President shall notify the candidate of his/her decision by April 30th.
 - b) A written appeal based on a procedural error by the College Committee on Rank and Tenure (and/or Dean) is submitted directly to the University Faculty Senate by April 9th. The University Faculty Senate submits a report on procedural issues to the President by April 15th. The President shall notify the candidate of his/her decision by April 30th.

Appeal Path After Decision by CR&T

Successful Path for Promotion in Rank and/or Tenure Application



- C. If the President decides not to recommend a candidate for promotion and/or tenure, the candidate may submit a written appeal of the President's decision to the University Faculty Appeals Committee by May 8th. The recommendation of the University Faculty Appeals Committee is forwarded to the Board of Trustees and the candidate by May 30th.
- D. The final decision in the appeals process is made by the Board of Trustees by June 15th. The candidate is subsequently notified of the Board's decision by June 20th; this notification requires a signed return receipt.
- E. A complete flowchart of promotion and appeals is in Appendix II.

XV. Reduced Employment Status for Tenured and Tenure Track Faculty

A tenured or tenure track faculty member may voluntarily reduce his/her time commitment to the institution. Such a reduction may not be lower than 50% of a full-time equivalent; otherwise, tenure at MWU shall be automatically relinquished. A tenured or tenure track faculty member wishing to reduce his/her time commitment to the institution must request approval by the academic supervisor and the Dean 90 calendar days before the reduction of time is to take effect. In order to return to full-time status, the faculty member must also request and receive approval by the academic supervisor and the Dean 120 calendar days before the proposed return. The reduction in time commitment and reinstatement to full-time equivalent are made at the discretion of the academic supervisor with the approval of the Dean who evaluates each case according to institutional needs.

SEPARATION

MWU or individual faculty members may find it necessary from time to time to sever their contractual relationship. Categories of separation are defined as follows, and the policies and procedures related to each are set forth.

Voluntary resignation from MWU / Retirement
Termination of faculty with a probationary (term) contract
Termination of faculty with a continuous (tenure) contract
Suspension or discharge for cause

I. Voluntary Resignation/Retirement

Resignation is an action by which a faculty member voluntarily seeks to be released from a contract with the University. In general, the faculty member is expected to give notice of intent to his/her chairperson/director and to the dean not later than December 31st of the academic year. It is expected that, except in unusual circumstances, resignation will be effective at the end of the fiscal year. The faculty member may request a waiver of the requirement of timely notification in cases of hardship or in a situation where he/she would otherwise be denied substantial professional advancement or other opportunity.

Retirement from active service assignments to the University represents the voluntary termination of duties and scheduled responsibilities for the employee, who has by agreement discontinued his/her duties.

Any academic faculty member at MWU who retires under rules of eligibility is deemed to have been separated from the University's service in good standing.

II. Termination of Probationary (Term) Contracts

Termination of a probationary or term contract means that the University has decided not to renew a faculty appointment at the conclusion of the stated contract term. The reasons for non-reappointment of a probationary or term contract include, but are not limited to, the following:

Cancellation of or change in a program;
Declining enrollment;
Financial exigencies;
Poor performance of the faculty member's major appointment responsibilities.

The decision not to reappoint a faculty member is made with due notification by the department chairperson/program director with the approval of the dean and notification to the President.

Order of Termination of a Probationary Contract

Notice of non-reappointment must be given in writing by the following dates:

- on or before December 15th of the second fiscal year of service if the appointment is not to be renewed, or at least six months prior to the expiration of the appointment if it expires during a fiscal year; or
- on or before September 15th of the third and subsequent fiscal year(s) of service, if the appointment is not to be renewed, or at least nine months prior to the expiration of the appointment if it expires during a fiscal year.

III. Termination of Continuous Contract (Tenured Faculty)

The University may discharge a tenured faculty member before the expiration of his/her continuous contract, without prejudice as to his/her performance. Discharges without prejudice are made by the President upon the mutual recommendation of the dean of the college and the University Faculty Senate. Among the reasons for discharge without prejudice are:

- Prolonged mental or physical illness;
- Major changes in curricular requirements, academic or clinical programs, or in departments, in whole or in part;
- Enrollment emergency;
- Declaration of a financial exigency.

A. Prolonged Mental or Physical Illness

Termination of tenured faculty for medical reasons will be based upon substantial medical evidence that a faculty member is or will be unable to perform the essential terms of the appointment due to medical circumstances for a period of at least one year.

The decision to discharge for medical reasons will be made only after there has been appropriate medical and departmental consultation and after the faculty member or his/her representative has been informed in writing, by certified mail, return receipt requested, of the proposed action and the reasons for it.

B. Changes in Curricular Requirements, Academic Programs, or Departments in Whole or in Part

Discharge of a tenured faculty member may occur as a result of a major change, including discontinuation of a curricular requirement, an academic or clinical program, or department in whole or in part.

Tenured faculty discharged under a program change, etc., will receive at least one year's notice from the time of a final decision to change or eliminate a program. The college will normally end such programs and the faculty member's relationship with the college at the end of a fiscal year.

C. Enrollment Emergency

In the situation where there is an unexpected drop in total full-time student enrollment brought about by outside factors such as market shifts, state or federal student aid policy changes, economic hardship in the major market area of the institution, or other similar reasons, the President may decide that a state of enrollment emergency is in effect. To initiate an emergency state, the President must:

1. Meet with the University Faculty Senate and review the data and institutional plan for action;
2. Give the University Faculty Senate ten working days to respond to the problem and plan, with agreement or constructive alternatives to the problem;
3. After that consultation, implement the plan using the procedures and processes outlined in this UNIVERSITY FACULTY HANDBOOK.

D. Financial Exigency

Financial exigency is a rare and serious institutional crisis. It is defined as the critical, pressing, or urgent need of a college or the university to reorder its monetary expenditures in such a way to remedy and relieve the state of urgency within a college or the university, created by its inability to meet its annual monetary expenditure with sufficient revenue to prevent a sustained loss of funds.

Before any faculty are discharged because of financial exigency, the Board of Trustees must officially declare that financial exigency exists. Subsequently, the faculty shall be represented through the college Curriculum Committee and the University Faculty Senate in administrative processes relating to program reorganization or the involved curtailment or termination of instructional programs due to financial emergency. Faculty shall not, however, necessarily be represented in individual personnel decisions. The President and the Board of Trustees shall have final authority in all matters related to financial exigency.

E. Order of Termination of Faculty on Continuous Contracts

A good faith institutional effort will be made to assist such faculty members to find employment either at MWU or elsewhere. If a tenured faculty member is discharged without prejudice for reason(s) excluding prolonged physical or mental illness, no replacement for the position will be hired within a period of two years unless the discharged faculty member has been offered a comparable reappointment. The faculty member must be given at least one month, after receipt of a certified letter containing written notice of the offer of reappointment, to accept the reappointment.

The decision to recommend to the President discharge without prejudice of a particular faculty member shall be made according to the following guidelines, keeping in mind the program integrity.

1. Prior to involuntary discharges, the following voluntary programs should be investigated for tenured faculty such as:
 - a) retention of all faculty but on a reduced salary and work load;
 - b) early or phased retirements;
 - c) placement of tenured faculty in non-teaching positions at MWU if there are openings for which they are qualified.
- B. A faculty member with tenure will not be terminated in favor of retaining a faculty member without tenure, except in extraordinary circumstances where a serious distortion of the academic program would otherwise result. The decision of extraordinary circumstances will be made by the dean in consultation with the department chairperson/program director, the college curriculum committee, and the University Faculty Senate.
- C. Selection of those to be terminated shall proceed as follows: lowest rank, lowest degree in rank, lowest seniority in rank.

F. Appeals of Discharge without Prejudice

The faculty member will have the right to appeal the decision of termination of a probationary or continuous contract. The appeal should be submitted to the University Faculty Appeal Committee. The issues on appeal shall be limited to procedural issues, including adequacy of sources of data used to declare financial exigency, etc.

IV. Discharge for Cause

Discharge for cause is an action by which MWU terminates the employment of a faculty member for cause. The burden of proof that just cause exists shall be on the University. Proof shall be by clear and convincing evidence in the record considered as a whole. Cause for discharge shall be determined in each instance by the Board of Trustees, through the President, in accordance with procedures outlined below. The threat of discharge shall not be used to restrain a faculty member's academic freedom. Reasons that discharge proceedings may be instituted include, but are not limited to the following:

- misconduct that imperils the university, employees, or students, or prevents the performance of normal faculty responsibilities;
- professional incompetence as evidenced by the inability or refusal to carry out the normal and expected duties of a faculty member;
- deliberate and serious misappropriation or misuse of university funds or property;
- continued neglect of academic or clinical duties in spite of oral and written warnings;
- deliberate and serious violation of the rights and freedom of fellow employees, students, or patients;
- willful failure to obey appropriate direction by a supervisor in spite of oral and written warnings;
- sexual or discriminatory harassment;
- conviction of a felony under state or federal law;
- deliberate or neglectful violation of commonly accepted standards of professional ethics;
- plagiarism in any form;
- misrepresentation or falsification of credentials, experience, or research data;
- persistent and egregious failure to follow the rules and regulations of the University, including those set forth in this handbook or the University employment manual.

A. Progressive Discipline of Faculty Members

When possible, discharge for cause will be preceded by a written warning by the dean describing the alleged problem and warning that the faculty member's contract status is in jeopardy. If relevant, the warning will stipulate a period of time within which correction of the alleged problem is expected. If the faculty member does not contest the allegation and fulfills his/her duties, the matter is settled. If the faculty member fails to correct the behavior, discipline will be applied up to and including discharge or suspension.

The initial and/or final action by the President may be temporary suspension, rather than outright discharge. The President makes the recommendation for suspension to the Board of Trustees. The Board of Trustees has the final decision. Such suspension may not last beyond a full year but may entail the total or partial discontinuance of all salaries and benefits, the suspension of all promotion, tenure, and salary increments and the temporary suspension or withdrawal of all faculty privileges.

B. Procedure for Discharge for Cause

Discharge is an action by the Board of Trustees, upon the recommendation of the President, who acts with the advice of the College Dean and the department chairperson/program director. Recommendation that a faculty member should be discharged for cause is made by the Dean to the President. The recommendation will be in the form of a written statement and include the grounds upon which the discharge is to be made, and a brief summary of information supporting such grounds. The Dean must notify the faculty member in writing of the impending discharge, including the discharge date, by certified mail, return receipt requested with signature proof of receipt, at least ten (10) calendar days before the date of termination.

Following this notification, the President may, at their sole discretion, choose to place the faculty member on administrative leave pending review of the discharge.

C. Appeal of Decision to Discharge for Cause

1. The faculty member has ten (10) calendar days following the receipt of notification to meet with the President (in person or virtually) to present his/her defense to the impending discharge recommendation.

2. The faculty member may appeal the decision of the President to the University Faculty Appeal Committee. The University Faculty Appeal Committee forwards its recommendation to the Board of Trustees. The decision of the Board of Trustees is final.

FACULTY RELATED ISSUES

I. Faculty Development Leaves, Sabbatical and Educational

This section and its subsections apply only to full faculty. Full faculty that have term contracts with MWU should have the leave policy stipulated in the contract. Faculty development leaves, with or without pay, may be granted to full faculty members. Recommendations for leaves of absence originate in the department and must be reviewed successively by the department chairperson/program director, the dean, and the President. Dates for the leave must be specified in the request and should be as far in advance as possible. Leaves usually do not extend beyond six months. Faculty development leaves, unlike those for sickness or for military service, are not granted automatically but are planned for the mutual benefit of the college and the faculty member. Leaves will not be granted unless satisfactory arrangements are made in advance to:

- carry on the instruction, research, and administrative duties of the faculty member;
- fulfill obligations to committee assignments; and
- fulfill obligations to patient care, if relevant.

A. General Policy, Sabbatical Leaves of Absence

A sabbatical leave is a paid leave of absence intended for the mutual benefit of the college and the person granted the leave. It should assist members of the faculty to improve their competence as scholars by providing a period for concentrated scholarly work. Normally, a letter of intent to take the sabbatical leave must be submitted to the chairperson/director at least one year prior to the proposed commencement of the sabbatical. A sabbatical leave is not granted automatically. Each request should present in considerable detail the activity proposed. All leaves must have the approval of the appropriate administrative officials.

Within 30 days after returning from sabbatical leave, a concise written report is to be submitted to the department chairperson/program director who will transmit the report with comments to the dean. This report will become part of the faculty member's official personnel file. Departments may require more extensive reports including a department or faculty presentation.

B. Eligibility

Only tenured, full faculty members are eligible for sabbatical leaves. A sabbatical leave shall not be granted until the faculty member has completed six consecutive years of service to the college. Years of service shall count from the date of appointment, or from the ending date of the previous sabbatical leave. However, all leaves of absence shall be excluded in determining years of service for sabbatical leave. The length of leaves shall not be extended on the basis of more than six years of service since the previously compensated leave. Requests for sabbatical leaves in excess of six months shall be reviewed by the department/program chairperson/director and the dean based on individual merit. In no case shall additional compensation be granted.

C. Conditions

Recipients of sabbatical leaves are permitted to receive money for approved study or research without prejudice to their receipt of income from MWU, provided that the total remuneration from all sources does not exceed that from MWU. The sabbatical leave may not be used to accept paid employment during the period of the leave. In addition to salary, special arrangements may be made for grants to defray travel and similar coincidental expenses. A recipient of a sabbatical leave of absence is obligated to return to MWU for the following year. Requests for leaves without pay immediately following a

sabbatical leave will not be approved. If a leave with no pay is to be recommended it shall precede the sabbatical leave.

D. General Policy, Educational Leave

Midwestern University encourages faculty to be active in their respective professional and/or specialty organizations. Educational leave may be granted to faculty members generally not to exceed two weeks in duration during a given academic year. To assist in the attainment of this objective, the college will defray the cost of attendance to at least, but not limited to, one educational meeting per academic year for full faculty members not to exceed the amount approved by the department chairperson/program director and dean for educational travel.

Requests for educational leave must be made in writing to the department chairperson/program director, at least 30 days prior to the anticipated leave. Approval of the request by the department chairperson/program director, depends upon the relevancy of the program to the faculty member's teaching responsibilities, scholarship program, or organizational relationship in a professional society. Preference will be given to faculty presenting a paper or poster or serving as faculty for the program. Approval also depends upon the relevancy of the program to the professional growth plans developed annually. The approved request must be transmitted to the dean for the final approval at least 15 days prior to the program. A written or oral report may be requested by the department chairperson/program director not later than 30 days after the meeting. The limit for educational travel support for department chairpersons/program directors shall be established in the budget annually by the dean who shall notify the department chairperson/program director of the amount not later than July of each academic year.

E. Leave Without Pay

Requests for leave without pay must be submitted in writing to the chair/program director. The chair/program director then forwards the request to the Dean, with the chair program directors recommended action with supporting statement. The Dean will forward each request to the Director of Human Resources for consideration, including his/her recommendation to support or deny the request. The Director of Human Resources will review requests with the Executive Vice President/COO. Approval of a leave of absence without pay will be granted on a case-by-case determination, based upon the business and academic needs of the affected department.

Academic or personal leave of absence, if granted, will be unpaid, though employees will be allowed to use accrued vacation/personal or flex sick time during the leave, if appropriate.

An employee on leave without pay will not accrue flex sick or vacation time or receive holiday pay. Medical, dental, and vision benefits may be continued during the leave if the employee's portion of the premium is pre-paid for the leave period. Pre-payment may be arranged with the Human Resources Office.

1. Academic Leave

While the college may choose to provide partial or full funding and fringe benefits for any type of leave from college sources, any full faculty member may nevertheless request a full-time or part-time leave of absence without pay for one of the following reasons:

- Fellowship or Young Investigator award;
- Completion of research;
- Formal study;
- Other specified academic reasons.

Time of such leave will not count toward tenure or promotion in rank and is not credited toward time-in-service for sabbatical leave unless the individual and the Dean of the college so agree in writing prior to the beginning of the leave. However, the faculty member will neither forfeit rank nor the annual raises in salary and benefits he/she could have received as a result of being on leave without pay.

2. Personal Leave of Absence

MWU faculty may request an unpaid personal leave of absence for up to 3 months. An employee will not earn service credit or have retirement contributions paid by the university during a personal leave of absence without pay.

Unpaid personal leave of absence will not be counted towards time needed for tenure or advancement in rank.

II. Outside Employment and Consulting

Outside professional activities and employment are those activities, compensated or uncompensated, which are not included, directly or indirectly, in a faculty member's contractual obligations to the college and University, but are related to the faculty member's academic specialty and programs administered through or sponsored by an outside organization. Examples might be practicing a profession on a part-time basis, providing professional, managerial, or technical consulting services to an outside entity, serving on a committee, panel, or commission established by an outside organization, or testifying as an expert. Please refer to the Midwestern University Policy on Consulting Time for further information.

III. Conflict of Interest Policies

No activity, service, or enterprise, professional or otherwise, should be undertaken that might interfere with the faculty member's primary responsibility to the University or to the effective discharge of his/her duties. No activity shall compromise or hinder a faculty member in the fulfillment of his/her responsibilities to the University/college.

Faculty family instructional conflict of interest: Any faculty member who shall have enrolled in his/her class or practice site a member of his/her immediate family shall arrange with his/her department chairperson/program director (or in the case of a department chairperson/program director with the dean) to have the academic evaluation of the family member done through procedures agreed upon by the faculty member involved and the department chairperson/program director. Any member of an immediate family involved shall be notified by the department chairperson/program director in writing of the arrangement, with a copy to each faculty member involved. Similar arrangements should be made in any other instances where faculty members, through normal academic responsibilities, exercise control of student didactic or experiential learning for members of their immediate family.

- A. No member of the faculty or professional staff shall participate in any final decision or recommendation relating to the appointment, evaluation, promotion, retention, compensation, tenure or other condition of employment at MWU of a close relative such as a spouse, parent, child, sibling, parent-in-law, child-in-law, sibling-in-law, or stepchild, etc.
- B. In instances when it is proposed that close relatives be employed in the same department, the dean shall approve such an arrangement and be assured that this policy is not violated. This agreement shall be written and distributed to all related parties.
- C. In instances when a faculty member participates as a student within his/her department/program, the role of that faculty member in administration and committees should be reviewed by the dean.

IV. Research and Scholarly Activity

A. Ethics for Research and Scholarly Activity

Midwestern University, as an institution of higher education, is dedicated to learning and research and the truthful presentation of scholarly information to its students and the academic community at-large. In this regard, intellectual honesty is of paramount importance as faculty members conduct their scholarly activities. The faculty of MWU therefore have adopted the following statement of attitudes and preventive practices:

1. Faculty should be concerned with the quality of their work and the recognition of the contributions and accomplishments of other investigators, including student authors. Publications should list only those authors who have made significant contributions to the research project and are willing to stand behind the conclusions expressed in the publication or presentation of the material.
2. Faculty should endeavor to insure validity and accuracy in the collection and reporting of data obtained in the scientific process. In that regard, it is appropriate to scrutinize faculty and scholarly activity for integrity, especially at times of hiring and professional advancement. The open review and critical evaluation of scholarly activities should be a normal part of the recognition of faculty scholarship.
3. MWU maintains the right to review records in circumstances involving accusations of misconduct. Confidentiality of patient records will be maintained.

B. Conflict of Interest in Government-sponsored Scholarship or Research (Appendix III)

C. Policy on Research Misconduct

In embracing the high ethical standards of an institution of higher learning, the faculty at MWU consider any of the following to be a major breach of accepted standards of professional ethics:

1. fabrication or falsification of data, including failure to follow accepted practices for carrying out research or reporting the results of research;
2. plagiarism, abuse of confidentiality with respect to unpublished material, violation of accepted standards regarding submission and publication of scholarly works, and other misrepresentations of originality;
3. failure to comply with accepted institutional, state, or federal requirements, such as those applying to human research subjects, laboratory animals, and standards of laboratory safety;
4. misrepresentation or falsification of training, academic degrees, certifications, or licenses;
5. deliberate sabotage of or tampering with proposed or established research programs.

D. Procedures in Cases of Suspected Misconduct

These procedures should be followed as soon as is practical.

1. Faculty members who become aware of apparent fraud or misconduct relating to research or scholarly activity have the responsibility to report the circumstances regarding the misconduct to the appropriate department chairperson/program director and the Vice President of Research & Strategic Initiatives. The reporting of apparent misconduct is a serious allegation that should be made only if it is not possible to resolve the issue by consultation with the faculty member directly involved.
2. If the allegation involves a student, the reporting and evaluation of the misconduct should proceed according to the STUDENT HANDBOOK.

3. If the Vice President of Research & Strategic Initiatives, in consultation with the appropriate department chairperson/program director, determines that an investigation is appropriate, he/she should appoint an investigative team consisting of one disinterested member of the academic department involved and one disinterested faculty member from some other academic department to conduct a preliminary investigation as soon as practical. At this time, the Vice President of Research & Strategic Initiatives should inform the faculty member in writing of the allegations made and the nature of the investigation to follow.
4. A report from the investigative team shall be submitted to the Vice President of Research & Strategic Initiatives summarizing the findings and providing a record of the case, for a determination on whether the matter should be dropped or a full investigation should be instituted. If the case is dropped, all records concerning the allegations should be kept in the permanent confidential (restricted) file in the office of the Vice President of Research & Strategic Initiatives. Both parties involved in the allegation of misconduct shall be notified in writing of this decision.
5. If a review of the report of the preliminary investigative team concludes that a serious breach of scientific conduct has taken place, the faculty member whose work is in question shall be informed in writing of the nature of the evidence and the necessity of conducting a complete investigation. Awarding agencies such as the National Institutes of Health (NIH) will be informed if an investigation is warranted.
6. A complete investigation of the misconduct shall be conducted by a committee of three disinterested scholars, one of whom shall be from the academic department involved, one from some other academic department within the institution, and a peer from the professional community outside the institution. The committee shall be selected by the Vice President of Research & Strategic Initiatives, who also shall meet regularly with the committee to discuss procedures as the investigation continues until its completion.

The faculty member involved in the allegation of misconduct shall be informed in writing of the composition of the committee and the need to provide all pertinent information for committee evaluation.

Prior to reporting to the Vice President of Research & Strategic Initiatives on the final results of its investigation, the committee members shall meet with the faculty member whose conduct is being investigated, in the presence of his/her legal counsel or other advisor, if so desired. At the completion of this meeting, the official results of the committee shall be reported to the Vice President of Research & Strategic Initiatives. If the committee concludes that no breach of academic integrity has occurred, all written records shall be disposed of as noted in paragraph four (4), and the case shall be considered closed.

7. If the committee finds substantive evidence of scientific misconduct, the Vice President of Research & Strategic Initiatives shall be so informed, with a recommendation to take appropriate actions as noted in the UNIVERSITY FACULTY HANDBOOK. If it is concluded that a serious breach of conduct has occurred, the Vice President of Research & Strategic Initiatives should inform additional individuals as appropriate, i.e., editors of appropriate journals and extramural sponsors of the involved research activities.
8. Because of the potentially damaging nature of allegations of scientific misconduct, both to the individual involved and to the academic community, investigation of such incidents shall be treated as entirely confidential.

In accordance with 42 CFR Part 50 and an initial Misconduct Assurance document filed with the Office of Scientific Integrity (OSI), an inquiry into allegations of misconduct, including preparation of a written report, shall be completed within 60 calendar days from receipt of such allegation. If the findings from

the initial inquiry provide sufficient basis for conducting an investigation, the investigation will begin within 30 calendar days from completion of the inquiry. An investigation of suspected misconduct will be completed within 120 calendar days after initiation. When the institution has concluded that an investigation will be conducted, PHS's OSI at the NIH shall be informed of the initiation of the investigation. Midwestern University will notify the OSI within 24 hours of obtaining a reasonable indication of possible criminal violations, take appropriate administrative action to protect federal funds, and assure that the purposes of the federal financial assistance are being carried out. The University will maintain a detailed documentation of an inquiry for at least three (3) years, which, in accordance with 42 CFR Part 50, will be made available to authorized PHS personnel upon request. Preparation and maintenance of the documentation to substantiate an investigation's findings will be maintained by the University for at least three (3) years after PHS acceptance of the final report on the outcomes of the investigation. (For further information, see MIDWESTERN UNIVERSITY POLICY AND PROCEDURE MANUAL).

V. Patent Policy Statement

The Board of Trustees of MWU recognizes that students, faculty members, and staff of MWU may, in the course of their research, make a discovery that can properly be classified as a patentable invention. The general purpose of this patent policy statement is to set forth the rights and responsibilities of the various parties interested in the invention, and the procedures for pursuing their patenting and development.

A. Objectives and Coverage

1. Objectives. The specific objectives of this policy are as follows:

- a. to maintain MWU's academic policy of encouraging research and scholarship as such without regard to potential gain from royalties or other such income;
- b. to make inventions developed in the course of MWU research available in the public interest under conditions that will promote their effective development and utilization;
- c. to assure that inventions developed in the course of MWU research will not be used to the detriment of the public interest by the unnecessary exclusion of any qualified user or by any other means;
- d. to provide adequate recognition and incentive to inventors through a share in any proceeds from their inventions and to recognize and protect the equity to which MWU is entitled;
- e. to recognize the equity of any outside sponsor of research within MWU by making reasonable and equitable provision for the granting of limited patent rights to the sponsor, consistent with MWU's basic objectives above outlined.

2. Coverage

This statement covers all inventions, discoveries, improvements, trade secrets and secret processes (all collectively referred to herein as "inventions") made by a faculty or medical staff member, official, employee or student of MWU or made by any other person occupying a position which MWU deems to be such as to make him/her a member of the academic community of MWU, when the invention, whether patentable or not, results from MWU research as herein defined. Such covered individuals are referred to in this policy statement as "staff members." This statement also covers inventions that do not result from MWU research when any such invention is referred to MWU for handling as herein after provided in this HANDBOOK.

For the purpose of administering this statement, MWU research means any research supported by funds administered by MWU or for which facilities operated or controlled by MWU are used.

Although an invention may result from activities which fall within the above definition of MWU research, nevertheless, if it results from a project undertaken by MWU pursuant to a contract between MWU and an outside sponsor and during the effective period of such contract, the terms and conditions of that contract, instead of the provisions of this statement, will govern the handling of the invention and the rights of the parties interested. It is contemplated that all such contracts between MWU and an outside sponsor of research will be made in accordance with MWU's research policies. When, by the terms of a contract between MWU and an outside sponsor of research, MWU is given the right to elect whether or not it will take over an invention, or when the outside sponsor renounces any rights under the contract in favor of MWU, in either such event, the invention will be handled by the contracting authorities of MWU in accordance with the circumstances and merits of the individual case.

B. Relations between MWU and Faculty Members

MWU and all faculty members, in consideration of their association with MWU and of their privilege of using funds administered and facilities controlled by it, agree to handle inventions and patents during such association and/or resulting therefrom as follows.

- 1. Ownership of inventions.** MWU acquires complete, absolute and world-wide ownership in all inventions made by a faculty member, whether patented or patentable or not, provided such invention was made:
 - a. during a special research assignment given to a faculty member pursuant to a research contract of MWU or otherwise; or
 - b. in utilization of the facilities, equipment, funds or other contributions of MWU; and/or
 - c. provided that MWU has not entered into a research grant contract with express provisions to the contrary.

MWU has no ownership in inventions which are made and/or patented through the inventor's own initiative, and which are not developed (even though intellectually conceived) in the course of research supported by funds or utilizing facilities administered by MWU. The payment of salary, scholarship and fellowships or similar stipends will not of themselves constitute any basis for ownership by MWU in an invention.

- 2. Assignment.** At the request of MWU, any faculty member who develops an invention owned by MWU under paragraph one (1) shall be required to execute the papers required for making application for patents in the United States and abroad and for assignment of such patent applications or patents, and/or all right, title and interest in and to the inventions, to MWU, together with such instruments confirming the complete ownership by MWU of such inventions as MWU may desire. The expenses of the patent proceedings undertaken pursuant to this paragraph shall be paid by MWU.
- 3. Disposition by MWU.** MWU may dispose of its rights obtained under paragraphs one (1) and two (2) as follows:
 - a. by selling or licensing such rights with or without the concurrence of the inventor;
 - b. by opening such rights for public use, if principles of charity or public policy, in the determination of MWU, so demand;

- c. by releasing such rights to the inventor, provided he/she repays expenses already incurred by MWU under paragraph two (2);
 - d. by including such rights in a research contract with a third party under which such rights are, either in advance or subsequently, assigned or licensed to the third party or otherwise;
 - e. with respect to the disposition of any invention, patent or patent right, if there is any disagreement between MWU and staff member, an impartial arbitrator shall be selected to the satisfaction of both parties and his/her decision shall be binding on both parties.
- 4. Payment.** The faculty member shall be paid 35% of the net income resulting to MWU under paragraph three (3), after deduction of all expenses incurred by MWU in the development and/or disposition of the invention and patent rights. The remaining 65% of the net income shall revert to the institution (MWU) with 25% restricted to further support research at MWU and 75% directed to the support of institutional goals as determined by the President.

If disposition is made under paragraph 3d, MWU will do its best, in the interest of its faculty members, to facilitate their participation in the income either directly from the third party or through participation in the income of MWU.

- 5. Duties of faculty members.** Faculty members shall cooperate in the following ways:
- a. They will maintain clear records from which the development of research and of inventions can be proven, and will deliver to MWU any and all sketches, drawings, models, figures, and other information with respect to inventions as may be requested by MWU.
 - b. They will report to MWU or its colleges or departments whenever, in their opinion, invention, patentable or not, is made, and will not publish the results of any research until after review by MWU for patent implications.
 - c. They will assist any patent attorney who may be designated by MWU in the prosecution of the patent application.
 - d.
 - e. They will assist MWU in its attempts to dispose of the rights resulting from inventions or patents and/or in any litigation or other proceedings in connection with inventions or patents.

The obligations enumerated here or throughout this policy statement shall remain binding and effective even after the termination of a faculty status as such for any reason whatsoever.

C. Privilege to Refer Inventions Which Do Not Result from MWU Research

Any person covered by this statement may refer an invention which did not result from MWU research to the dean with the request that it be submitted to an independent organization pursuant to a contract between MWU and that organization. The dean shall thereupon forward a description of the invention and such other data as the inventor may provide to the independent organization for its consideration. If the invention is accepted by the independent organization, the inventor shall agree to execute all papers which may be required to assign the invention thereto in accordance with its contract with MWU and to effectuate its handling of the invention. In such cases the inventor shall be entitled to whatever share he/she may specify of the gross income received by MWU from the independent organization from the invention, not to exceed 50% thereof, and MWU will inform the independent organization accordingly. If the independent organization does not accept an invention submitted to it under the terms of this section, the dean shall promptly so notify the inventor and

he/she shall be free to handle the invention as he/she may see fit, free from any claims on behalf of MWU.

D. Advisory Committee on Patents

An Ad Hoc Advisory Committee on Patents will be established when required under the aforesaid procedures, or when deemed desirable by the President in the administration of the policies or procedures enunciated herein. This committee will consist of the ranking official of the Office of Research & Sponsored Programs serving as its chair, the college dean, the department chairperson/program director of which the faculty/staff member is a member, a faculty member selected by the chairperson who has senior investigative experience, and other expertise as deemed appropriate by the chair. The committee, when required, will render recommendations to the President of MWU. The Senior Vice President & CFO has final financial authority over all decisions and will be an ex officio member.

E. Procedures for Patents

The policies enunciated above shall be implemented and administered according to the following procedures:

1. Notification. Every person covered by this policy statement shall immediately inform their respective deans of any invention made during the progress of any research, whether MWU research or otherwise.
2. Procedure for inventions resulting from MWU research. If the dean is of the opinion that the invention resulted from MWU research, the dean after consultation with the Ad Hoc Advisory Committee on Patents and/or appropriate independent consultants, may make a determination as to the feasibility or practicability of entering into the patent search, development and exploitation process. In furtherance of the foregoing, the invention may (but need not, if in MWU's sole discretion it is determined that the best interests of MWU and the inventor require a different method of handling the invention) be submitted to an independent organization pursuant to a contractual arrangement with MWU whereby such organization accepts an assignment of the invention and agrees to patent and commercialize it without expense to MWU and/or the inventor, with MWU to receive a share of the gross income from the invention (to be shared with the staff member as indicated in this HANDBOOK). The inventor shall furnish MWU with all necessary drawings and other pertinent data, to be forwarded to such independent organization to enable it to give full consideration to the merits of the invention. If the organization accepts an invention submitted to it by MWU as herein provided, the inventor shall execute all papers which may be necessary or appropriate to assign the invention to the organization for handling on the terms set forth in its contract with MWU.

If the inventor is not satisfied with the determinations of the dean and the advisory committee on patents, he/she may request an appeal by so informing the dean in writing. All of the records, transcripts, and other information are immediately sent to the President by the dean. The President will inform the appellant of this decision within 30 days. Within 15 days thereafter, the inventor may ask the President to reconsider any such decision.

3. Procedure for inventions not resulting from MWU research. If the dean, after receiving notification under paragraph A above, is of the opinion that the invention did not result from MWU research or is doubtful as to whether it so resulted, the dean shall report the invention together with all

pertinent information to the Ad Hoc Advisory Committee on Patents. If the Committee finds that the invention did not result from MWU research, it will report its findings to the President with the recommendation that MWU inform the inventor that MWU has no ownership interest in the invention. The President may, but need not, agree with the findings and recommendations of the Committee and act accordingly. If the Committee finds that the invention did result from MWU research, it will so advise the President who may, but need not, agree with such finding. In any event, the President will notify the inventor immediately upon reaching a decision (which must be made within 30 days after receipt by the President of the Committee's recommendations), and within 15 days thereafter, the inventor may ask the President to reconsider any such decision.

4. Procedure where commercial exploitation is not pursued and/or MWU disclaims ownership in invention. If an invention resulting from MWU research is submitted to an independent organization under B above but not accepted by it and/or if the President, after consultation with the dean and the Committee, decides to return the invention to the inventor either in whole or in part, the President shall promptly notify the inventor that:
 - a. the invention is relinquished to the inventor to be handled as the inventor desires, free from any claim of ownership by MWU, but, if MWU so elects, subject to the right of MWU to approve assignment or license of the invention; or
 - b. MWU and the inventor may enter into an agreement for the assignment, patenting or licensing of the invention in such manner and upon such terms as will best promote and protect the interests of the inventor and MWU, including the terms upon which any proceeds of the invention will be shared by them.

VI. Tuition Relief

Dependents (wives, husbands, sons, daughters and supported step-children) of full faculty members who have met the requirements for admission and are approved by the Admissions Committee to attend a college or program of Midwestern University will be given 10% tuition relief for each year that the faculty member, of whom they are a dependent, has held an appointment as a full faculty member with Midwestern University and/or its predecessor, the Chicago College of Osteopathic Medicine, or for those individuals who have served 25 years and may be retired or deceased, to a maximum of 100% tuition relief. Tuition relief cannot be applied towards more than one degree for each dependent.

PROCEDURE FOR REVISION OF THE UNIVERSITY FACULTY HANDBOOK

Revision of this HANDBOOK may be proposed by any member or group of the faculty or administration. Suggestions for revision should be submitted to the University Faculty Handbook Committee. Suggested revisions are forwarded from this Committee to the Faculty Senate for possible submission to the voting faculty for approval. Adoption of revisions requires approval by both the faculty and the Board of Trustees.

APPENDIX I

Application for Emeritus Professor Status

An applicant for the status of Emeritus Professor should refer to the *Midwestern University Faculty Handbook*, section on Honorary Faculty Titles, subsection on Emeritus Faculty, for minimum requirements, nomination process, and application process.

A completed application for Emeritus Professor status requires the following documents:

1. Completed request for review for Emeritus Professor status.
2. Curriculum vitae.
3. A letter from the applicant that describes the applicant's meritorious and distinguished service to Midwestern University, and the applicant's proposed future role at Midwestern University if awarded Emeritus Professor status.
4. Midwestern University annual faculty performance evaluations for the last five years.

An applicant must prepare and submit a completed application to the applicant's immediate supervisor early enough, so that the application can be reviewed. It is highly recommended that this be done by January 31. The Dean is responsible for conducting a vote of the full-time faculty at the rank of professor in the college. The applicant's immediate supervisor must support the application as a first step in the approval process. The vote results, the application, along with supporting documents will be forwarded to the University Honors and Awards Committee. The Committee must review the application and render their recommendation and voting to the Dean. If the Dean supports the request, they will write a letter of support and submit it along the application to the University President. Upon receipt of the completed application and after considering the recommendation of the Dean and Committee, the University President will present a final recommendation to the University Board of Trustees at the time that the Board considers rank and tenure applications.

APPLICATION FOR EMERITUS PROFESSOR STATUS

Date of application: _____

I am applying for the status of Emeritus Professor and am submitting all required documents.

Name: _____

Department: _____

College: _____

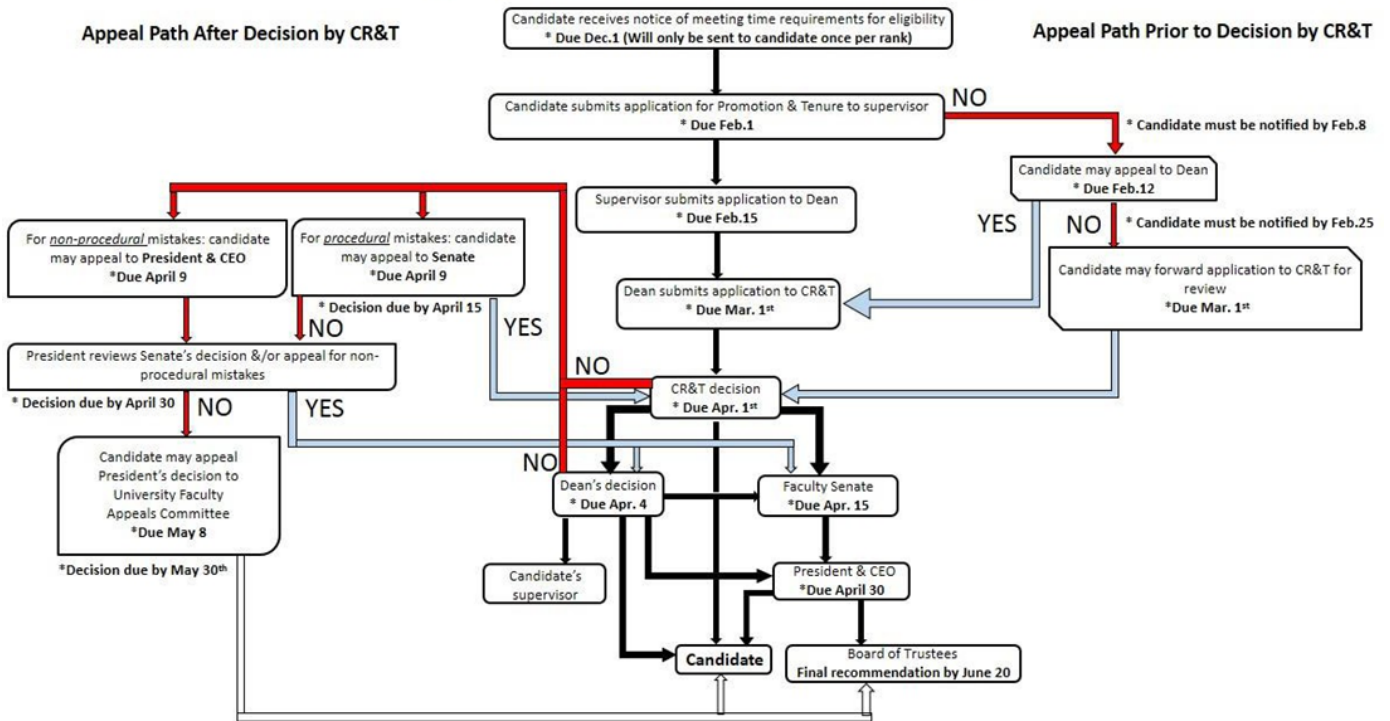
Start date of full-time employment at Midwestern University: _____

Date of retirement or anticipated retirement: _____

Applicant's signature: _____

APPENDIX II

Successful Path for Promotion in Rank and/or Tenure Application



APPENDIX III

Conflict of Interest in Government-sponsored Scholarship or Research

The following statement of conflict situations in government-sponsored work has been prepared jointly by the Council of American Association of University Professors and the American Council on Education and is subscribed to by Midwestern University.

When a University staff member (administrator, faculty member, professional staff member, or employee) undertaking or engaging in government-sponsored work has a significant financial interest in, or a consulting arrangement with, a private business concern, it is important to avoid actual or apparent conflicts of interest between the staff member's government-sponsored college research obligations and his/her outside interests and other obligations. Situations in or from which conflicts of interest may arise are as follows:

- a. Undertaking or orientation of the staff member's college research to serve the research or other needs of the private firm without disclosure of such undertaking or orientation to the college and to the sponsoring agency.
- b. Purchase of major equipment, instruments, materials, or other items for college research from the private firm in which the staff member has an interest without disclosure of such interest.
- c. Transmission to the private firm or other use for personal gain of government-sponsored work products, results, materials, records, or information that are not made generally available. (This would not necessarily preclude appropriate licensing arrangements for inventions, or consulting on the basis of government-sponsored research.)
- d. Use for personal gain or other unauthorized use of privileged information acquired in connection with the staff member's government-sponsored activities. (The term "privileged information" includes, but is not limited to, medical personnel, or security records of individuals; anticipated material requirements or price actions; possible new sites for government operations; and knowledge of forthcoming programs or of selection of contractors or subcontractors in advance of official announcements.)
- e. Negotiation or influence upon the negotiation of contracts relating to the staff member's government-sponsored research between the University and private organizations with which he/she has consulting or other significant relationships.
- f. Acceptance of gratuities or special favors from private organizations with which the University does or may conduct business in connection with a government-sponsored research project, or extension of gratuities or special favors to employees of the sponsoring government agency, under circumstances which might reasonably be interpreted as an attempt to influence the recipients in the conduct of their duties.

Midwestern University maintains policies and procedures to deal with significant financial interests of investigators that would reasonably appear to be affected by proposed funding by external agencies including the Public Health Service (PHS). The policies and procedures outlined in the MIDWESTERN UNIVERSITY POLICY AND PROCEDURE MANUAL require disclosure to the Vice President of Research & Strategic Initiatives who will review the disclosures and determine whether any of the reported financial interests could directly and significantly affect the design, conduct or reporting of the research. If such a situation exists, Midwestern University will, prior to the expenditure of awarded funds, report the existence of such conflicts to the external agency, including the PHS, and act to protect the extramurally funded research from bias due to the conflict of interest. These policies and procedures have been designed to conform to 42 CFR Part 50 and 45 CFR Part 64. (For further information, see MIDWESTERN UNIVERSITY POLICY AND PROCEDURE MANUAL)

APPENDIX IV



MIDWESTERN UNIVERISTY
STAFF SUPERVISOR/MANAGER
ANNUAL PERFORMANCE APPRAISAL
 (Last formatted, 11.06.24)

Name:	
Department:	
Job Title:	
Supervisor	
Original Hire Date:	
Date of Evaluation:	

RATING SCALE

The rating scale is applied to the staff member's achievement of the major job responsibilities, five performance factors, and overall job performance.

Needs Improvement – Performance is clearly below the minimum standard expected and immediate improvement is required.

Meets Expectations - Performance meets and sometimes exceeds job expectations. A "Meets Expectations" rating is an indication of good performance.

Exceeds Expectations - Performance frequently goes over and beyond job expectations. An "Exceeds Expectations" rating is reserved for performance of the highest level.

INSTRUCTIONS: At the beginning of the rating cycle, the staff member and supervisor should agree upon and list the major responsibilities of the job. At the end of the rating cycle, for each major job responsibility, the supervisor will assess the quality and quantity of work delivered, as well as how the performance indicates the staff member's job knowledge and skills. **At least three major job responsibilities must be listed.**

MAJOR JOB RESPONSIBILITIES (In order of importance)	LEVEL OF PERFORMANCE	COMMENTS
1. Click here to enter text.	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations	Click here to enter text.
2. Click here to enter text.	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations	Click here to enter text.
3. Click here to enter text.	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations	Click here to enter text.
4. Click here to enter text.	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations	Click here to enter text.

5. Click here to enter text.	<input type="checkbox"/> Needs Improvement <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations	Click here to enter text.
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INSTRUCTIONS: Rate and evaluate the staff member for each of the five performance factors. Comment on each factor below providing specific examples of staff member performance from the past year.

1. Quality and/or Quantity of Work Performance		
Produces a sufficient amount of high-quality work consistent with the established expectations. Demonstrates accuracy, thoroughness, and attention to detail.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Did not produce the expected quantity or quality of work. Work produced did not meet expectations for accuracy and thoroughness.	Produced a sufficient amount of high-quality work, consistent with the established expectations. Demonstrated accuracy, thoroughness, and attention to detail.	Consistently produced a higher quality of work than was expected. Work product was consistently accurate and thorough, indicating outstanding attention to detail.
Comments: Click here to enter text.		

2. Dependability		
Actively shows responsibility, reliability, and trustworthiness. Does what he or she commits to doing. Carries his or her fair share of the workload. Monitors the quality of own work. Requires normal supervision.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Did not always follow through on commitments and required more than typical supervision to ensure quality and quantity of work.	Actively showed responsibility, reliability, and trustworthiness. Did what he or she committed to doing. Carried his or her fair share of the workload. Monitored the quality of own work. Required normal supervision.	Consistently showed high levels of responsibility, reliability, and trustworthiness. Required minimal supervision.
Comments: Click here to enter text.		

3. Teamwork/Interpersonal Relations		
Works cooperatively with others, demonstrating collaboration around common goals. Willingly shares information, ideas, and resources. Values other viewpoints. Initiates, develops, and nurtures positive relationships with others. Seeks to develop a collegial environment. Shows respect.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Resisted working cooperatively with others. Was sometimes reluctant to share information or work toward common goals. Did not always respect other's viewpoints. Did not initiate, develop, or nurture positive relationships with others. At times treated others disrespectfully	Worked cooperatively with others, demonstrating collaboration around common goals. Willingly shared information, ideas, and resources. Valued other viewpoints. Initiated, developed, and nurtured positive relationships with others. Sought to develop a collegial environment. Showed respect.	Sought out opportunities to collaborate with others to reach common goals. Fostered a conversation that encouraged others to share their viewpoints. Consistently showed high levels of responsibility, reliability, and trustworthiness. Required little or no supervision.
Comments: Click here to enter text.		

4. Service to Others (includes all MWU staff members, students, patients, vendors, etc.)		
Anticipates, assesses and effectively responds to other's needs. Strives to meet or exceed others expectations by being attentive, prompt, and responsive.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Often did not anticipate or effectively respond to other's needs. Did not always provide service that was attentive, prompt, or responsive.	Anticipated, assessed and effectively responded to other's needs. Strived to meet or exceed others' expectations by being attentive, prompt, and responsive.	Consistently anticipated, assessed, and responded to other's needs, providing the highest level of service that was attentive, prompt, and responsive.
Comments: Click here to enter text.		

5. Problem Solving		
Demonstrates sound decision-making abilities, judgment and logic. Adapts well to change or unexpected obstacles.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Used poor judgment and/or made poor decisions. Was not able to make sound conclusions. Did not adapt easily to change.	Made sound, logical work-related decisions and conclusions. Adapted well to change or unexpected obstacles.	Consistently made high quality, insightful decisions. Anticipated problems and developed sound solutions even in the face of uncertainty.
Comments: Click here to enter text.		

MIDWESTERN UNIVERSITY SUPERVISOR/MANAGER PERFORMANCE APPRAISAL

INSTRUCTIONS: For Supervisory/Management Staff Members only, rate each of the four factors. Comment on each factor below providing specific examples of performance.

6. Foster Teamwork		
Builds effective teams committed to organizational goals. Fosters collaboration among team members. Selects effective team members. Uses teams to address relevant issues.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Has not effectively built a team that can meet the organization's goals.	Built an effective team committed to organizational goals. Fostered collaboration among team members. Selected effective team members. Used teams to address relevant issues.	Consistently leveraged the team to accomplish goals that were highly collaborative and relevant to the organization's goals. Selected top talent that moved the team to a higher level of performance.
Comments: Click here to enter text.		

7. Prioritize and Manage Work Outcomes		
Develop short- and long-range plans that are appropriately comprehensive, realistic, and effective. Integrates planning across work units to ensure the most critical work gets done first. Effectively and responsibly managed assigned budgets.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Has not developed plans that will move the work forward or developed plans that were ineffective. Has not focused on the most critical work first. Has not effectively and responsibly managed assigned budgets.	Developed short- and long-range plans that were appropriately comprehensive, realistic, and effective. Integrated planning across work units to ensure the most critical work got done first. Effectively and responsibly managed assigned budgets.	Developed plans that led to outcomes that exceeded expectations. Coordinated with other work units to accomplish more than was expected. Leveraged assigned budgets for maximum impact.
Comments: Click here to enter text.		

8. Manage Team Performance		
Guides staff members to achieve the highest levels of performance. Sets clear expectations for performance and provides frequent and specific feedback to staff members. Addresses substandard performance. Delivers timely, meaningful performance appraisals.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Failed to establish clear expectations. Did not provide timely feedback to help staff members meet or exceed expectations. Delivered late or superficial performance appraisals. Did not address substandard staff member performance.	Guided staff members to achieve the highest levels of performance. Set clear expectations for performance and provided frequent and specific feedback to staff members. Addressed substandard performance. Delivered timely, meaningful performance appraisals.	Consistently helped staff members achieve the highest levels of performance. Delivered regular feedback that was helpful to staff members. Guided staff members to improved performance. Delivered comprehensive performance appraisals on time and well documented.
Comments: Click here to enter text.		

9. Provides Direction		
Demonstrates a commitment to Midwestern University Mission. Fosters a commitment to achieving University goals. Conveys a vision for the workplace. Sets high personal standards and encourages others to focus on results. Delegates appropriately.		
<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Has not shown appropriate amounts of urgency to achieve expected results. Lacks a vision for the future. Has not effectively delegated to achieve goals.	Demonstrated and fostered a sense of urgency and commitment to achieving goals. Conveyed a vision for the workplace. Set high personal standards and encouraged others to focus on results. Delegated appropriately in order to get the work done.	Has developed and consistently shared a vision for the future. Set high standards that encouraged others to be enthusiastic about the work. Delegated effectively so that team members grew from the assignments.
Comments: Click here to enter text.		

OVERALL PERFORMANCE SUMMARY

(rating reflects performance on job responsibilities, performance factors, and achievement of goals)

<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
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SUPERVISOR COMMENTS
Click here to enter text.

We have reviewed the staff members' current job description, made necessary changes, and submitted them to Human Resources.	
SIGNATURES	
SUPERVISOR:	DATE:
SUPERVISOR'S MANAGER:	DATE:
HUMAN RESOURCES:	DATE:
STAFF MEMBER:	DATE:

Staff members' signature indicates that the staff member has received the performance appraisal but does not necessarily imply that the staff member agrees with the contents of this document. Staff members may attach an addendum to this appraisal with comments.

INSTRUCTIONS: The supervisor and staff member should discuss performance plans for the coming year. List one or more goals that are agreed upon that the staff members will pursue in the next year.

<u>FUTURE GOALS</u> (Define goals using the SMAART CRITERIA: Specific-Measurable-Attainable-Agreed Upon-Realistic – Time oriented)	
GOAL	Click here to enter text.
GOAL	Click here to enter text.
GOAL	Click here to enter text.
GOAL	Click here to enter text.

Midwestern University
Chicago College of Osteopathic Medicine

CCOM FACULTY HANDBOOK SUBSECTION

The purpose of the CCOM Faculty Handbook subsection is to supplement those sections of the Midwestern University Faculty Handbook where further explanation is required to clarify policies unique to the College. The Midwestern University Faculty Handbook is to be followed regarding policies and procedures not addressed here.

I. Faculty Appointments

The members of the Midwestern University, CCOM faculty include academic faculty, research faculty, clinical faculty, visiting faculty, and emeritus faculty. These faculty titles, as well as full-time, part-time, and adjunct status for each, are described in detail in the University Faculty Handbook.

II. Annual Professional Development and Faculty Evaluation

Faculty members within CCOM should exhibit qualities of excellence in teaching, scholarship and service. A balance among qualities and functions is desirable, as stated in the University Faculty Handbook. Faculty members are also to display professionalism in their interaction with students, colleagues, staff and administration and will be evaluated for professionalism in their annual Faculty Performance Evaluation.

A. Annual Faculty Development Plan

The faculty development plan is a document, developed jointly by the faculty member and his/her department chairperson, which outlines the goals and duties of the faculty member for the upcoming year. It serves to foster communication between the chair and faculty member, to provide a framework for evaluation, and to formulate short-term goals directed toward long-term career goals. Teaching responsibilities, scholarly activity, and service roles should be listed on the annual development plan, according to the guidelines outlined in the University Faculty Handbook.

B. Criteria Used to Evaluate Teaching

Please refer to the guidelines outlined in the University Faculty Handbook for the criteria used to evaluate teaching, as well as the relevant areas in the Faculty Performance Evaluation. Areas within teaching that are evaluated on the annual Faculty Performance Evaluation form may include, but are not limited to: quality of lectures and lecture materials, communication skills and effectiveness, skill in evaluating student learning, contribution to departmental curricular goals, course administration, quality of small group facilitation, and quality/effectiveness of rotation precepting and quality/effectiveness of research student mentoring.

C. Criteria Used to Evaluate Scholarly Activity

Please refer to the guidelines outlined in the University Faculty Handbook for the criteria used to evaluate scholarly activity, as well as the relevant areas in the Faculty Performance Evaluation. Areas within scholarly activity that are evaluated on the annual Faculty Performance Evaluation form may include, but are not limited to: intramural and extramural research with documented effort to build a fundable research program, medical education research, development and implementation of clinical trials, patient care research and quality improvement practice research projects, sponsorship and mentoring of student research, presentations and publications including abstracts, posters and/or oral presentations at meetings, publication of materials in peer-reviewed journals, book chapters and reviews.

D. Criteria Used to Evaluate Service

Please refer to the guidelines outlined in the University Faculty Handbook for the criteria used to evaluate service, as well as the relevant areas in the Faculty Performance Evaluation. Areas within service that are evaluated on the annual Faculty Performance Evaluation may include, but are not limited to: committee service, non-committee service within and outside Midwestern University and patient care service. Committees include ad hoc, as well as standing committees that require appointment or election. Examples of non-committee service within the institution include conducting admissions interviews, mentoring students, sponsoring of student organizations/activities and serving on thesis committees. Service outside the institution may include activities that promote the advancement of health care, reviewing journal articles, item writing for national or licensure boards, presenting public health-related seminars, serving on NBOME review panels, grant review panels, journal editorial boards, and serving as an officer or committee member of a scientific or medical society.

E. Annual Faculty Performance Evaluation:

The department chair will conduct an evaluation of the faculty member's progress with regard to the prior year's development plan and discuss this evaluation with the faculty member. The evaluation follows the university-approved Faculty Performance Evaluation form and is signed by both the faculty member and the chair, and is forwarded to the appropriate dean.

The Dean or Associate Dean of the Chicago College of Osteopathic Medicine is responsible for the annual performance evaluation of each department chair.

III. Academic Promotion in Rank and/or Tenure

A. Policy

To be considered a candidate for promotion in rank, a faculty member should meet the minimum eligibility criteria and qualification standards for the rank sought, as set forth in the University Faculty Handbook. However, the minimum time required for eligibility for promotion in rank may be reduced based on the applicant's previous faculty status. In such instances, the probationary period shall be stipulated in the initial appointment contract.

B. Tenure

Eligibility for tenure is described in the University Faculty Handbook

C. Application for promotion in rank and/or tenure

Refer to the University Faculty Handbook for the application procedure.

D. Letters supporting application for promotion in rank and/or tenure

The department chair's letter of support should be addressed to the CCOM Committee on Rank and Tenure, while letters from within and outside the university should be addressed to the department chair. The Committee on Rank and Tenure will make a recommendation to the Dean of the Chicago College of Osteopathic Medicine and to the Faculty Senate.

E. Promotion in Academic Rank

Promotion in rank and/or tenure is a carefully considered process where evaluation occurs on various levels and in a thoughtful manner. The following are guidelines of teaching, scholarly activity and service activities normally expected as minimum accomplishments in each area for consideration for promotion. In addition, professionalism is expected. Professional criteria for promotion in rank are described in the section on Academic Promotion and Tenure in the University Faculty Handbook for full-time, part-time, and adjunct faculty. In this document, references to the ranks from instructor to professor include equivalent ranks for all faculty titles (e.g. assistant professor refers to assistant professor, clinical assistant professor, research assistant professor, adjunct assistant professor, adjunct clinical assistant professor, and adjunct research assistant professor).

1. Instructor to Assistant Professor
2. Assistant Professor to Associate Professor

- a. Teaching

Evidence of excellence in teaching will be determined by the applicant's chair, colleagues, and student or trainee evaluations. The total number of teaching hours for which the average student evaluation score applies should be noted.

Applicants should provide a list of the number of lectures/lab/workshops given in all MWU colleges per quarter for each year. Teaching sections of dossiers can be strengthened by activities including, but not limited to development of new educational programs or new innovative approaches, service as director of team-taught course(s), development of web-based courses, and teaching in board reviews, continuing medical education courses, hospital education for residents and OMM certification courses.

- b. Scholarly Activity

Promotion to associate professor requires at minimum one peer-reviewed publication completed at Midwestern University since achieving the rank of assistant professor. Types of scholarship that satisfy publication requirements include but are not limited to those listed in part II, section C of this document.

- c. Service

Minimum service expectations for committee and non-committee work should be determined jointly by the faculty member and his/her department chairperson and outlined each year on annual faculty development plans. Evidence that the minimum annual service requirements have been met for each year since appointment as an assistant professor at MWU should be provided in the service section of the dossier. Examples of committee and non-committee service activities within and outside MWU are listed in Section II D of the CCOM subsection to the MWU Faculty Handbook and may be used as a guide in giving examples of how the minimum service requirements have been exceeded.

3. Associate Professor to Professor

The faculty member applying for promotion to professor should identify his/her area of outstanding and extensive accomplishment and provide evidence of such in their dossier. For the other areas, evidence that minimum requirements have been met and exceeded should be given.

Evaluation will be based on accomplishments made following the faculty member's appointment as associate professor at MWU.

a. Teaching

The evidence is the same as that for promotion from assistant to associate professor as indicated in section E.1.a. For student evaluation of teaching, only evaluations obtained since achievement of the rank of associate professor are to be used.

Additional teaching activities should be used to strengthen the teaching section of the dossier for a faculty member applying for promotion to professor. Examples are the same as those listed above for advancement from assistant to associate professor.

b. Scholarly Activity

Promotion to full professor requires at minimum two peer-reviewed publications completed at Midwestern University since achieving the rank of associate professor. Types of scholarship that satisfy publication requirements include but are not limited to those in part II, section C of this document.

c. Service

In addition to the minimum service expectations listed for promotion from assistant to associate professor, for promotion from associate professor to professor, leadership roles such as chair of committee(s), officer of scientific or medical society and/or participation on the MWU faculty senate are also expected.

Examples of other types of service activity to strengthen the service section of the dossier are the same as those for promotion from assistant to associate professor.

F. Responsibilities of the College Committee on Rank and Tenure. The CCOM Rank and Tenure Committee will consist of 7 members as dictated by the faculty handbook. The Rank and Tenure committee will follow Robert's Rules of Order, including the following:

1. A Rank and Tenure Committee member that has written a letter of support for a candidate must abstain from voting regarding the granting of that candidate's promotion and/or tenure.
2. A Rank and Tenure Committee member that is from the same department as a candidate must remove themselves from the room during the discussion of the candidate and must abstain from voting regarding the granting of that candidate's promotion and/or tenure.

3. If the Rank and Tenure Committee consists of multiple members from the same department from which a faculty member is being evaluated for promotion and/or tenure, an alternative committee member will be brought in to serve as a voting member to ensure that a quorum is present for consideration. This alternate member will be the candidate which received the next highest number of votes from the tenured faculty in the Rank and Tenure Committee selection process and is from a different department from the candidate for promotion and tenure. If more than one additional member is needed to meet quorum, the necessary number of alternate members will be pulled from the individuals with the highest number of votes from the tenured faculty in the Rank and Tenure Committee selection process.

IV. **CODE OF ETHICS**

CCOM has adopted and subscribes to the current AOA Code of Ethics.

<http://www.osteopathic.org/inside-aoa/about/leadership/Pages/aoa-code-of-ethics.aspx>

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or handicap. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients

directly or indirectly through the use of matters or activities which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.



Chicago College of Osteopathic Medicine

CLINICAL ROTATIONS POLICY MANUAL

Academic Year 2025-2026

Mission Statement

The Chicago College of Osteopathic Medicine (CCOM) teaches osteopathic medical students and offers training for the osteopathic medical community to provide compassionate, quality patient-centered care. The College promotes the practice of osteopathic medicine by fostering a culture of lifelong learning, supporting research, and encouraging service.

CCOM Values

The achievement of education excellence through:

Leadership
Teamwork
Commitment
Integrity
Professionalism

*Revised
May 2025*

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OSTEOPATHIC OATH

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

*Developed in 1938 by a committee formed by the
Associated Colleges of Osteopathy headed by Frank E. MacCracken, DO.
In 1954, some amendments were adopted to create the current text.*

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I. **DRESS CODE:**

a. **Clinical Rotations**

- i. Clean, professional white lab coats that clearly identify that students are from MWU/CCOM and distinguishes them from physicians and other health care professionals must be worn by students when with the patient and/or on rotation, unless other dress is specified by the department or service (i.e., scrubs in surgery or obstetrics).
- ii. Students must dress in a professional manner and maintain a well-groomed appearance.
 1. Males are expected to wear a collared shirt and slacks.
 2. Females are expected to wear either a professional dress, skirt that is knee length or longer, or slacks with an appropriate professional top. Leggings should not be worn unless covered to mid-thigh.
 3. Hair is to be neat, clean, and properly maintained and must remain in a color naturally appearing in humans.
 4. Close-toed dress shoes with socks/nylons are required.
 5. Fragrances, T-shirts, sweatshirts, sleeveless shirts, halter tops, backless tops, midriff tops, jeans, fatigues, shorts, skirt shorter than knee length, short dresses, open-toed shoes, sandals, sneakers, visible body piercings (*other than in ears*), and visible tattoos are **NOT ACCEPTABLE**.
 6. Jewelry should remain at a minimum and not interfere with patient care.
 7. In general, fingernails should be neat, clean, trimmed, and follow individual hospital policies.
 8. The photo identification badges issued (MWU/CCOM and hospital), must be worn so that they are visible to anyone approaching. Students are expected to abide by the clinical sites' policy regarding badges.
- iii. Scrubs should only be worn in appropriately designated areas of the medical center, such as the OR, ER, ICU or labor and delivery unit. They should not be worn on the general medical floor unless specified as appropriate by the department/service and should not be worn in the cafeteria (except in an emergency and only if a white coat covers the scrubs). Scrubs must never be worn outside of the hospital or to another hospital, including Midwestern University.

b. **Lectures and/or Hospital meetings**

If a student is in a facility participating in patient care, no matter how briefly, he or she must comply with the rotation's dress code listed above.

*Failure to observe these dress code policies may result in the student being asked to leave the premises and could result in an unexcused absence. Habitual violators are subject to disciplinary action. **Individual sites may have dress code requirements that are more stringent than those outlined above which students will be required to follow.** Please review the site's dress code before beginning the rotation.*

II. PROFESSIONAL DEMEANOR

Behavior in the clinical settings must be respectful. A breach in professional behavior will result in referral to the Department Chair, or Dean's Office delegate.

III. ROTATIONS

a. Core Rotations

i. The following are core rotations occurring within our affiliated sites:

1. OMS-3 Year:

- a. Family Medicine (8 weeks)
- b. Internal Medicine (8 weeks)
- c. Obstetrics and Gynecology (4 weeks)
- d. Pediatrics (4 weeks)
- e. Psychiatry (4 weeks)
- f. Surgery (8 weeks)
- g. Selective (4 weeks)

2. OMS-4 Year

- a. Emergency Medicine (4 weeks)
- b. Osteopathic Manipulative Medicine (4 weeks)
- c. You will choose 8 weeks of Core FM, IM, or SX.

ii. All core rotations must be done at an approved core affiliated site. Please see the respective rotation syllabus and/or Canvas course for additional details.

iii. Requests to perform core rotations outside of MWU/CCOM core affiliated sites:

1. It is the educational policy of MWU/CCOM that all core rotations must be completed at one of the core affiliate sites. Requests for an exception from this requirement must be submitted in writing to the appropriate MWU/CCOM Clinical Coordinator for the Clinical Department Chair's consideration a minimum of **90 days prior to the rotation start date.** Permission will only be granted in exceptional circumstances.
2. Students making multiple requests for out-of-system core rotations will be referred to the MWU/CCOM Dean's Office.

iv. **Please do not contact any core site directly to schedule or change a core rotation. Always go through your MWU/CCOM Clinical Coordinator.** Students who contact a core site without prior MWU/CCOM department approval will not be approved for credit by the Department of Clinical Education and the rotation will be denied.

b. Elective Rotations

- i. Students must complete at least 24 weeks of elective rotations during their OMS-3 and OMS-4 years in order to meet graduation requirements.
- ii. Electives must be scheduled and approved through the Electives Coordinator and the Department of Clinical Education. Due to the amount of time required to process appropriate agreements, **elective rotation requests are required to be submitted a minimum of 120 days prior to the scheduled start of the rotation.** Final approval for elective rotations

rests with the Manager of Clinical Education. *Please see the Electives rotations syllabus and/or Canvas course for additional details.*

- iii. Students may schedule up to a total of 32 weeks of elective rotations during OMS-3 and OMS-4 years in any of these five (5) primary areas of practices:
 1. General Internal Medicine
 2. Family Medicine
 3. Pediatrics
 4. Obstetrics & Gynecology
 5. General Surgery
- iv. Students are permitted to schedule a maximum of 16 weeks of electives in all other specialties during OMS-3 and OMS-4 years. For example: Orthopedic Surgery or Cardiology specialty rotations may not exceed a total of 16 elective weeks in the OMS-3 and OMS-4 years. *This does not include core rotations.*
 1. Students will be approved for a maximum of 8 weeks of elective time in which they are not directly engaged in patient care throughout their OMS-3 and OMS-4 clinical rotations. Examples of this type of rotation include, but are not limited to, research and asynchronous electives.
 2. Students may not rotate with the same preceptor for more than a total of 4 weeks of elective rotation time.
 3. Students may initiate only one site rotation request for each elective rotation. Multiple requests for the same elective rotation will not be accepted by the Elective Coordinators and may result in the student being assigned to a rotation.
 4. Students who have not arranged an elective rotation at least **30 days prior to the scheduled start of that rotation** will be assigned to an elective rotation site, may be required to take vacation, or placed on Leave of Absence.
 5. **Please do not contact any core site directly when scheduling an elective rotation. Always go through the appropriate MWU/CCOM Clinical Coordinator for approval.** Once approval is received, students have **48 hours** to submit their elective request form to their Electives Coordinator to secure their spot.
 6. Students who contact a core site without prior department approval will not be approved for credit by the Department of Clinical Education and the rotation will be denied.

c. Research Elective- Online Portal

In order to receive approval for a Research Elective, students must:

- i. Fill out and submit an elective form to their MWU/CCOM Elective Coordinator. The Elective Coordinator will add the student to the online Research portal. The student will then be sent a link to the Research Portal.

- ii. All requirements must be successfully completed before approval will be given.
 - iii. Requirements:
 - 1. Completing Research Questionnaire
 - 2. Immunizations
 - 3. CITI Certificate
 - 4. CV of Research Mentor
 - 5. IRB/IACUC Approval letter
 - iv. Review/approval is needed by Dr. Ann Impens and IRB (Institutional Review Board).
- d. **International Rotations**
- i. One four (4) week elective may be used for an international rotation for both OMS-3 and OMS-4 years.
 - ii. International rotation requests must be submitted at least **90 days before the scheduled start date of the rotation.**
 - iii. Every international rotation request must be approved by the CCOM Dean and MWU University President.
 - iv. International rotation requests in countries with travel warnings are located on the site below:
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>.
 - v. Travel insurance is strongly encouraged. A rotation that has previously been approved may be denied at any point if conditions in that country change, resulting in an elevated level of travel warning.
 - vi. Students may not request an International Rotation during the block in which the NRMP Residency Match falls.
- e. **Military Rotations**
- i. Military students have the opportunity to complete a portion of their clinical rotations at military institutions. Only those military students with active duty orders may complete a **core** rotation at a military site. Elective rotations may be scheduled using the elective request process described above.

Requests for military rotations must be confirmed and submitted in writing to the appropriate MWU/CCOM Clinical Coordinator, a minimum of **90 days prior to the start of the rotation.**

Students completing training courses (e.g., BOLC) may be able to receive elective rotation credit for a portion of the course. Contact your electives coordinator for more information.

IV. **SCHEDULE CHANGES**

a. **Block Switch Requests**

- i. Block Switch Requests are a departmental collaboration based on availability. Please email the department directly to check for availability.
- ii. Requests must be initiated a minimum of **60 days before the scheduled start date of the rotation.**

- iii. Requests are reviewed and considered for approval on case-by-case basis and will only be approved in exceptional circumstances. Documentation showing proof of necessity is mandatory and should be submitted with all block switch requests. Once all documentation is received, the request will be presented to the involved departments for review.
- iv. Students contacting the department directly, without following the above process will be redirected to the online form.
- v. Please note that core site availability may impact the approval process as well as site placement for any rotations that have been changed.
- vi. MS-3 students will be considered for block switches in case of academic issues communicated by the Dean's office.

b. Requests to Switch Sites:

- i. Students who wish to change the site of their core rotation may do so through a body-for-body switch with a classmate.
 - 1. Exchanged core rotations must be of the same specialty and subtype: (Family medicine for family medicine; subspecialty medicine for general internal medicine; subspecialty medicine for subspecialty medicine, etc.)
 - 2. Family medicine rotations are 8 weeks in length and cannot be divided into 4-week groupings to swap part of the rotation.
- ii. Rotation sites to be exchanged must occur within the same rotation block/time frame.
- iii. Both students involved in the switch must independently submit an email to the appropriate MWU/CCOM Clinical Coordinator, this email should include:
 - 1. Your assigned rotation site and the dates of the rotation
 - 2. The name of the other student requesting this switch
 - 3. The site where they are assigned to rotate.
- iv. Requests to switch rotation sites must be received a minimum of **60 days prior to the scheduled first day of the rotation involved in the request.**
- v. Switches are subject to approval by the rotation sites.
- vi. Switches are not official until both students receive email approval of the switch from the MWU/CCOM Coordinator.
- vii. **In order to respect the privacy of our students, the clinical education department or its coordinators will not provide schedules or lists of students at any given rotation sites.**

V. DUTY HOURS

Medicine is a 24/7 profession, and patients require care 24 hours a day and on weekends and holidays. The following considerations apply to MWU/CCOM students while on clinical rotations.

- a. Duty hours will vary depending on the specialty and the location.
 - i. Varying start and end times
 - ii. Students are likely to be scheduled to work clinically on weekends and holidays.

- iii. **CCOM does not consider the day before the COMAT as an excused absence. Therefore, students may be scheduled to work clinically the day before and, in the days, following the COMAT Exam.**

VI. VACATION/ALLOWED TIME OFF

- a. Winter break at Midwestern University/CCOM
 - i. This occurs during late December and early January each year, commencing at the end of block 7. Duration of this break varies from 2-3 weeks, depending upon the university calendar.
- b. Vacation
 - i. During the 3rd or 4th years, students are allowed to take vacation in one (1) two (2), three (3), or four (4) week increments **only during an elective block and cannot exceed 8 weeks in total.**
 - ii. Students may not schedule more than 4 weeks of vacation in a single quarter.
 - 1. First quarter includes blocks 1, 2, 3.
 - a. MS4 Students cannot take **any** vacation in the first quarter.
 - 2. Second quarter includes blocks 4, 5, 6.
 - 3. Third quarter includes blocks 7, 8, 9.
 - 4. Fourth quarter includes blocks 10, 11, 12.
 - iii. OMS-4 students are not scheduled to be on rotations during block 1 to allow adequate time for board study. **Vacation requests will not be granted during first quarter for any OMS-4 students. Block 12 is a 4-week block, which will require you to use 4 weeks of vacation.**
 - iv. Students are encouraged to use an elective block as a vacation during the residency interview season (Late September through Late January) in order to maximize their learning during clinical rotations and accommodate travel to the highest number of residency interviews possible.

VII. ATTENDANCE

EXPECTATION OF 100% ATTENDANCE

- a. The requirements and schedule of each rotation dictate the amount of time students spend on service. The site faculty, in conjunction with the MWU/CCOM Clinical Coordinator, create a schedule to maximize student learning opportunities. Some rotations require students to remain later into the evening or overnight. Students required to stay overnight are provided with a room in which to sleep.
- b. 100% attendance is expected during each rotation for all clinical hours, core lectures (on-campus and remote), and all other required academic activities as defined by the MWU/CCOM Clinical Education Department. Please refer to the specific course syllabus for further information.
- c. ***Any unexcused absence*** will result in a **10 percentage point reduction per occurrence** in the final rotation grade and may result in an appearance before the **MWU/CCOM Promotions Committee**.
- d. **Tardiness may also result in percentage reduction off the final grade.**

- i. For your tardiness to be excused, you must call your CCOM Clinical Coordinator- explain that you'll be late, why you'll be late and an estimated time of arrival.
- ii. If you don't call, your tardiness will count as unexcused with the following reductions:
 - 1. 15-30 minutes late will result in a 2.5% reduction.
 - 2. 31-60 minutes late will result in a 5% reduction.
 - 3. 60 minutes or more will result in a 10% reduction.

VIII. ABSENCES

The MWU/CCOM Clinical Coordinator responsible for the specialty department/elective must be notified of any requests for absence, late arrival, or early departure from any rotation activity. Please see the Excused Absences section within the document. This applies to all Core, Selective, and Elective rotations.

Any absence not reported to the MWU/CCOM Clinical Coordinator will be considered unexcused. You will not be given an excused absence if you have only notified your preceptor or rotation site administrator/coordinator.

a. Unexcused Absences:

- i. The student has 48 hours from the date of the absence to provide documentation to the MWU/CCOM Coordinator to explain their absence. If these 48 hours pass, and your MWU/CCOM Coordinator doesn't hear from you, the absence is considered unexcused. An MWU/CCOM administrator will notify the student when they become aware of an absence that was not previously requested or for which they were not appropriately notified. The absence is considered unexcused.
- ii. **Any unexcused absence** will result in a **10-percentage point reduction per occurrence** in the final rotation grade.

b. Requesting an Excused Absence

- i. Absence from a rotation is highly discouraged, but if necessary, requests must be submitted at least **30 days prior to the start date of the rotation.** To obtain an excused absence for **any reason**, the following procedures must be followed:
 - 1. Submit an email to the appropriate MWU/CCOM Clinical Coordinator and explain the reason for the request.
 - 2. The MWU/CCOM Clinical Coordinator will submit the request for time off to the appropriate Department Chair for consideration.
 - 3. The MWU/CCOM Clinical Coordinator will inform the student that either:
 - a. The request is granted with or without makeup work or:
 - b. The request is declined.
 - 4. A maximum of three (3) days off may be (*approved*) during a 4-week rotation. With the exception of residency interviews, in which case a maximum of five (5) days, including travel time, will be approved during a 4-week rotation. Some sites have exceptions to the maximum number of interview days that can be taken, in

which case students will be expected to adhere to the site's guidelines.

5. Block 12 of the OMS-4 year is abbreviated to three (3) weeks to accommodate graduation activities. As such, no more than two (2) days of excused absences will be approved during this rotation. The process of requesting an excused absence is described above. No two (2) week rotations during the second half of Block 12 will be approved, and 4 weeks of vacation is required for use in Block 12.

Students are advised NOT to purchase airline tickets or book hotel rooms prior to receiving approval from you MWU/CCOM Clinical Coordinator.

c. Types of Excused Absences

i. Personal Requests:

1. Reasons for this type of request include weddings, doctor appointments, and other major family/life events.
2. Requests of this nature will be considered for approval on a case-by-case basis.

ii. Conference/Events Requests:

1. Students **may not attend more than two (2)** medical conferences/advocacy events in a single academic year. An exception to this will be made for a student serving in a leadership position.
2. Students must be in good academic and professional standing to receive approval to attend.
3. Students who are presenting research, or case presentations, should provide documentation confirming this with their request for absence.
4. Students representing a committee or serving in a leadership capacity must provide evidence to support this when requesting approval.
5. Students who are requesting to attend a conference who are not presenting or serving in an official capacity must provide evidence that there is programming directed specifically at students and/or residents (such as a brochure/website description of same) at the conference.
6. If approved, a maximum of 3 days will be excused for each conference attendance. This includes travel time. *(Reminder only 2 conferences allowed per academic year.)*
7. Upon return, all students will be expected to provide proof of attendance to their MWU/CCOM Clinical Coordinator. Such proof includes conference registration receipt, airline tickets, and hotel bills.

iii. COMLEX Exam Requests:

1. All requests for time off to take COMLEX examinations must be submitted **30 days before the start of the rotation** and accompanied by proof of scheduled examination date and location.
2. Students will be granted one day off of scheduled rotation for COMLEX-USA Level 1, and COMLEX-USA Level 2 if they must be scheduled during a rotation.
3. Students are encouraged **not** to schedule their exams during the first or last week of any clinical rotation.

Students must pass COMLEX Level 1 and COMLEX Level 2, CE in order to graduate. For additional information regarding eligibility and procedures to take COMLEX, refer to the MWU catalog and the NBOME website.

<https://www.nbome.org/assessments/comlex-usa/>

iv. Religious Holidays

1. As with all other requested absences, requests must be made a minimum of **30 days in advance of your rotation** and must follow the process previously outlined for requesting time off.
 - a. [Religious Absence Request Guidelines](#)
 - b. [Religious Absence Request Form](#)

v. Residency Interview Requests:

1. It is recommended that students **do not** schedule interviews on the first day of rotation or a day in the first week that may interfere with orientation. Some sites may not allow students to begin a rotation unless the student participates in the site-specific orientation.
2. Request should include a copy of the residency interview invitation including the date the invitation was received. If an invitation is received **30 days or more in advance of the start of the rotation,** the request must be submitted to the appropriate MWU/CCOM Clinical Coordinator. If an invitation is received **less than 30 days prior to the start of the rotation,** an excused absence may still be requested by following the process previously outlined for requesting time off.
3. Students are allowed excused absence(s) for a **maximum of five (5) days, including travel time,** per 4-week block for residency interviews. These five (5) missed days must be requested in advance. Failure to do so may result in an unexcused absence.

vi. Absence Due to an Emergency, Illness, or Weather:

1. Students must submit notification of their absence to the appropriate MWU/CCOM Clinical Coordinator, preceptor, and

rotation site coordinator as soon as they are able to communicate with them.

2. If an emergency occurs outside of normal business hours (7:30am-4:00pm, M-F) or during a holiday, students should call the emergency helpline at 630-515-7480 and someone will respond as soon as the message is received within normal waking hours. The student should also contact the appropriate MWU/CCOM Clinical Coordinator, preceptor, and rotation site coordinator via email or voice message as soon as possible.
3. Students may need to provide a signed “return to work” note from a physician. The required documentation must be received by the MWU/CCOM Clinical Coordinator within 48 hours of the request.

Illness that results in missing clinical duties for three (3) or more consecutive days require a signed “**return to work**” note. Some sites will require you to go through Employee Health for respiratory illness. It may also require makeup time or makeup work for every day over three days missed.

vii. Leave of Absence (LOA)

1. A Leave of Absence is typically required if a student is absent from a 4-week rotation for greater than 5 consecutive days. Requests for Leave of Absence should be made to the MWU/CCOM Dean’s Office.

IX. MEDICAL STUDENTS

a. Supervision of Medical Students

Supervision of medical students will be governed by the Illinois Medical Practice Act or the Medical Practice Act of the state in which the student is rotating.

- i. IL MEDICAL PRACTICE ACT (225 ILCS 60/13) (from Ch. 111, par. 4400-13)
- ii. Sec. 13 Medical students. Candidates for the degree of doctor of medicine, doctor of osteopathy, or doctor of osteopathic medicine enrolled in a medical or osteopathic college, accredited by the Liaison Committee on Medical Education of the Commission on Osteopathic College Accreditation of the American Osteopathic Association or its successor, may practice under the direct, on-premises supervision of a physician who is licensed to practice medicine in all its branches in Illinois and who is a member of the faculty of an accredited medical or osteopathic college. (Source: P.A. 98-1140, eff. 12-30-14.) www.ilga.gov

Any licensed physician, as defined above, who is designated as a teacher for MWU/CCOM students is recognized to be a member of the teaching faculty.

b. Privileges of Medical Students:

- c. The purpose of the Medical Student Privileges Guidelines is to define the permitted activities of medical students participating in education rotations.
 - i. MS III & IV
 - 1. May participate in care and management under the direct supervision of the preceptor.
 - 2. May document on the physician progress notes and only if strictly following Medicare rules and regulations.
 - a. Medicare does not pay for any services furnished by a medical student.
 - b. The Teaching Physician may only refer to the student's documentation of an evaluation and management service that is related to the review of systems and/or past family and/or social history only after personally performing the physical examination and medical decision-making activities of the evaluation and management service being billed. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4068C.P.pdf>
 - 3. May enter data or change patient information in an electronic medical record (EMR) only if strictly following Medicare rules and regulations.
 - a. Each person entering information into a medical record must do so logged in under their own password.
 - b. Direct supervision does not preclude the MS III & IV from the gathering of clinical information.
 - c. The preceptor is responsible for all required components of the medical record.
 - 4. May assist in surgery only if approved by the surgeon of record and facility. The student must be able to document education on aseptic technique prior to assisting in surgery.
 - 5. May **not** dictate H&Ps, Op Reports or Discharge Summaries.

X. ROTATION GRADING

The following is general information regarding rotation grading. Students are expected to review individual rotation syllabi for full details as to the grading rubric for that rotation. **All grades are final as recorded by the department and cannot be appealed or changed, but if a failing grade is received on any graded component a student must meet with the Department Chair.**

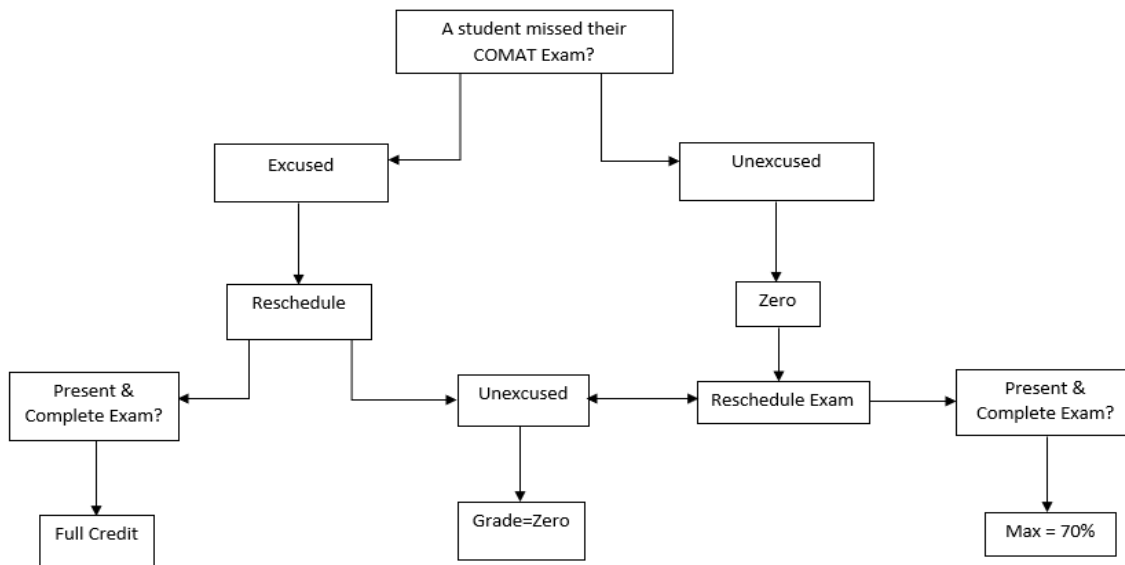
- a. Elective rotation grades are recorded as Pass/Fail and the student must have completed and passed a minimum of 24 weeks of elective rotations to graduate.
 - i. To pass an elective rotation, a student must achieve a passing score on their performance evaluation and must complete any required components as designated by the rotation site.
 - ii. Asynchronous elective rotations do not require a performance evaluation.

- b. Selective rotation grades are recorded as Pass/Fail and the student must have completed and passed 4 weeks of selective rotation to graduate.
 - i. To pass a selective rotation a student must successfully complete all components as listed in the syllabus.
- c. Core rotations receive letter grades. Each Clinical Department has established criteria for evaluating student performance and the criteria is described in the syllabus for the rotation. There are some components that are consistent across core rotations. These are described below:

END OF ROTATION EXAM: Comprehensive Osteopathic Medical Achievement Test (COMAT):

- i. The NBOME Subject (COMAT) exams are administered at the end of OMS-3 core rotations; Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry and Surgery as well as the OMS-4 Emergency Medicine and OMM Rotations
 - 1. The COMAT uses an electronic format and consists of 125 multiple choice questions with some images and/or charts. The COMATs are administered in the Testing Center with 2 ½ hours allotted for each exam.
 - 2. **Students will not be given time off from their clinical rotations to study for the COMAT.** Absence from the rotation site the day prior to a COMAT will be considered an unexcused absence and therefore subject to the unexcused absence penalties described in Section VIII of this manual.
 - 3. Students are expected to demonstrate appropriate respect and professionalism to all exam proctors.
 - 4. All students must adhere to all NBOME regulations regarding test administration and exam content confidentiality.
- ii. Students may be required to return to the rotation site or participate in rotation activities after the COMAT.
- iii. Students arriving late for a COMAT will not be granted additional time to take the exam. Students who are ill on the day of a scheduled COMAT must promptly notify the appropriate MWU/CCOM Clinical Coordinator prior to the start of the exam. With supporting documentation (i.e. a physician note documenting such illness) the exam will be rescheduled.
- iv. The NBOME web site; www.nbome.org/comat provides resources to prepare for a COMAT; blueprints, content outlines, assessment objectives and a practice exam for each subject.

Please follow the algorithm below to understand the rescheduling of a missed COMAT Exam.



- v. Grading Rubric for COMAT Exam within the final rotation grade:
1. The method to calculate the COMAT score is:
 - a. **(NBOME Score – 100)/10 = Converted Score, then**
 - b. **(Converted Score * 7.5)+85 = Final Score**
 2. Passing on first attempt (final score of 70% or greater):
Exam component = Earned exam score x 55% of overall grade
 3. Failing on first attempt results in score of 0 for the exam until the student reexamines by taking another COMAT in the same specialty. This retest will be scheduled by the appropriate MWU/CCOM Clinical Coordinator within 30 days of the original test date.
 4. Passing on Reexamination: Students who achieve 70% or greater on reexamination will receive a recorded exam grade of 70%.
 5. Failing on Reexamination: Results in an exam grade of zero, course failure and a Promotion Committee referral.

XI. ACADEMIC HONESTY

Matters related to academic honesty will follow Midwestern University guidelines as they have been outlined in the MWU Student Handbook.

XII. STUDENT EVALUATION FORM

The preceptors will complete an electronic and/or written evaluation for the student's performance following each core, and elective rotation. The evaluation should be submitted electronically or directly to the appropriate MWU/CCOM Clinical

Coordinator via fax, scan/email, or mail. All evaluations should be received within 2 weeks from the last day of the rotation and should be completed by an attending physician.

Physicians who are supervising students on rotation, may not submit an evaluation of student's performance if the physician has either:

- a. A family relationship to the student
- b. A current or a past patient-physician relationship with the student involving the provision of health services.

Students or physicians in this situation must contact the rotation or elective MWU CCOM Clinical Coordinator (as appropriate) or the Clinical Education Support Manager to discuss alternative arrangements for student evaluation.

The student evaluation form assesses the student's ability to perform within the established core competencies described by AACOM. A sample of the evaluation form is available in Canvas under the Clinical Education course for your review: <https://midwestern.instructure.com/courses/845>

XIII. PATIENT ENCOUNTER LOGS AND ROTATION RELATED ASSIGNMENTS

On all core rotations, students are expected to create logs that document the patients that they are seeing either in-person or virtually through a telemedicine appointment, indicating their diagnoses and any procedures that the students are observing, assisting with, or performing. The logs should also be used to indicate procedures that occur in a simulation setting, on rotation, or within departmental didactics. Logs are due on the final day of a rotation. **Completion of logs is worth 5% of the overall rotation grade.** Additionally, some departments have minimum case and/or procedure requirements for their rotation. These are indicated in the syllabi for each course.

A screenshot of your Patient Logs must be uploaded to canvas in order to get full credit.

All rotation related assignments, including logs, should be uploaded to Canvas by 11:59p.m. on the last day of rotation. Failure to submit/upload by deadline without prior permission from the Department will result in a grade of ZERO for each assignment. No exceptions will be made. (Evaluations are excluded from this policy).

XIV. STUDENT EVALUATION OF THE PRECEPTOR AND ROTATION

Students are required to complete online evaluations for each core clinical rotation. This information is collected through RMS and will remain anonymous to the site and preceptor. The information is used to assess teaching effectiveness and educational quality. Using this data, MWU/CCOM can modify the rotation experience for the enhancement of the student's learning. Your final rotation grade will not be released until the evaluation has been submitted.

XV. REPORTING CLINICAL ROTATION ISSUES

All questions regarding clinical rotations are to be directed to the appropriate MWU/CCOM Clinical Coordinator. The clinical coordinator will direct each concern to the appropriate pathway for resolution.

XVI. CLINICAL EDUCATION CANVAS COURSES

The Department of Clinical Education maintains a Canvas course for rotation information. In addition, all Clinical Departments maintain individual Canvas courses, which are linked to the department pages/course. Both resources contain specific rotation information. The Canvas courses are useful for current and future rotations. Rotation sites, lecture schedules, contact people, rotation syllabi, and required forms are posted. Both resources are maintained and updated regularly by the department.

The Canvas courses MUST be used to complete requirements. Be sure to have the Canvas Email notifications turned on.

XVII. COMMUNICATION

All MWU/CCOM Clinical Coordinators will use the MWU email system and Canvas to communicate with students regarding clinical rotations. It is required that students check their MWU email, and if applicable, the appropriate clinical rotation Canvas site regularly. Non MWU email addresses are often discarded by the campus SPAM filter. MWU/CCOM clinical Coordinators are not responsible for emails that are not read or not received because the student has forwarded their MWU email to a secondary address.

XVIII. HEALTH INSURANCE

MWU/CCOM requires all students be covered under a health insurance plan. Many institutions require proof of insurance before students are allowed to do clinical rotations. The MWU Centralized Office of Experiential Education monitors student health insurance compliance. Students who elect to drop their health insurance will be suspended from clinical rotations until they provide proof of reinstatement. Such evidence must include a current member enrollment card and written verification from the carrier. Medical insurance is available to students through MWU. For information, contact Student Services at 630-515-7203.

XIX. IMMUNIZATION COMPLIANCE

Students are required to maintain and update proof of current immunizations before beginning and while participating in clinical rotations. All documentation regarding immunizations must be uploaded to the student's portal and verified by the Student Services Compliance Specialist in order to be considered compliant. **Students who are not in compliance with MWU/CCOM or the Clinical Site's immunization policies will not be allowed to start and/or continue clinical rotations, which will result in an unexcused absence for each day a student is not compliant.**

- a. Dates of immunization and proof of immunity via blood titer levels are necessary for varicella, hepatitis, rubella, rubeola, and mumps.
- b. Students must also submit results of a hepatitis B surface antigen test.
- c. Proof of a tetanus vaccination (less than 10 years old)
- d. Annual Flu Shot
- e. COVID Vaccination, as required by a clinical rotation site.
- f. Students must provide results of tuberculosis testing annually, either in the form of a 2-step PPD Mantoux test or the QuantiFERON(QFN) Gold Standard Test.
 - i. If a student has had a positive PPD in the past, he/she will be required to provide proof of a negative chest x-ray (CXR).
 - ii. 2-step PPD's and the QuantiFERON (QFN) Gold Standard Test are considered current for one year. Chest x-rays are current for two years.
- g. Students should always keep a copy of any documentation for their personal file. Please be aware that any charge pertaining to immunizations will be the responsibility of the student unless otherwise stated.
- h. It is the student's responsibility to assure the record on the MWU student portal is current.
- i. Rotation sites that require additional immunizations beyond MWU/CCOM requirements must be complied with and documented as complete prior to the start of any rotation.
- j. All documentation **MUST** be submitted electronically by uploading documents as PDF files via the student portal as follows:
 - i. Log in to the **Midwestern University Student Portal**
 - ii. Click on the heading for **Student Services**
 - iii. Under the **General Information** tab select **Forms and Information**
 - iv. Select **Documentation Upload**
 1. This will take you to the place where you upload your documentation.
 2. The instructions for uploading your documents are located on this page. Information for the category will appear when hovering a cursor over the category.
 3. Create a separate PDF file for each immunization requirement:
 - a. Flu Shot
 - b. Student Health Status Form
 - c. TB Testing
 - d. Tdap/Tetanus
 - e. Titers
 - f. Vaccines

The Student Services Compliance Specialist will then enter the immunization documentation into the tracking system. Allow at least one (1) week from the date of upload before contacting the Student Services Compliance Specialist. If there is an issue with any of the documentation the student will receive an email explanation. Once all requirements are complete, a confirmation email is sent. Monitor your immunization compliance by doing the following.

- v. Log in to the **Midwestern University Student Portal**

- vi. Click on the heading for **Student Services**.
 - vii. Under the **General Information** tab select **Immunizations**
- k. Review the **Notes** section on the bottom of the page as this will be where the Student Services Compliance Specialist will indicate any outstanding requirements. Due dates for boosters, titers, and the expiration date for TB Testing are all listed here. All uploaded immunization documents will be noted as an attachment under the **Document Type** section. The attachments can be opened and printed by the student when documentation is needed. There is no need to contact the Student Services Compliance Specialist to get copies of the documentation as it will all be available on the immunization page.

XX. OTHER MANDATORY TESTING

- a. Many rotations now require drug screening. MWU/CCOM provides drug screening on an as-needed basis for approved rotations.
- b. MWU/CCOM completes fingerprinting and background checks upon matriculation and at the beginning of both the OMS-3 and OMS-4 year.
- c. All students will be fitted with an N-95 respirator mask annually. Students will be instructed on proper usage of the mask at the time of the fit-testing procedure. Students may need to be refitted if they have significant shifts in weight, other circumstances that alter their facial shape after the initial testing has been performed, or if the clinical rotation site requests and updated fitting. **Failure to comply will result in an unexcused absence for each day a student is not compliant.**
- d. BLS and ACLS testing will be conducted by the MWU Simulation Center for all students at the beginning of the OMS-3 and OMS-4 academic years. Students will be required to successfully pass each class as they have been outlined by the American Heart Association. Failure to maintain up-to-date CPR certifications will prohibit students from being allowed to participate in their clinical rotations, **which will result in an unexcused absence for each day a student is not compliant.**

XXI. HOSPITAL RULES AND REGULATIONS

Each hospital/health care system has unique rules and regulations. Medical students should familiarize themselves with and adhere to these protocols during clinical rotations.

Students must respect and follow all policies regarding the use of hospital facilities, dress codes, housing, and any other hospital resources. All hospital equipment including identification badges, pagers, keys and library materials must be returned before leaving a clinical rotation. Students are financially responsible for any damage to or loss of hospital property.

XXII. INCIDENT REPORTS

Procedure for Exposure Incident:

Students exposed to a patient's blood or potentially infectious body fluid via needlestick or splash to mucous membrane should proceed as follows:

- a. Go immediately to the nearest hospital emergency department.
- b. Seek treatment and follow-up in accordance with appropriate medical standards.
- c. Notify the preceptor of the occurrence.
- d. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned.
- e. Students who incur expenses related to treatment of an accidental needlestick or exposure should seek reimbursement first through their health insurance company. Any unpaid expenses thereafter should be referred to the Midwestern University Risk Manager, at 630-515-6340 or riskmanagement@midwestern.edu

Within 5 days, students must forward a copy of the injury and treatment forms to their preceptor and the Midwestern University Risk Management Department. When making an injury report for an exposure incident, the student and/or preceptor must give the name of the source individual and medical record number if known or available. If an exposure occurs, the following information should be recorded in the student's confidential medical record:

- a. Date and time of exposure
- b. Job duty being performed by the student.
- c. Whether protective equipment (gowns, gloves, masks, protective eyewear) or engineering controls were used (i.e., recapping device or a needle disposal device or mechanical pipette)
- d. Details of exposure, including amount and type of fluid or material, and severity (e.g., depth of percutaneous exposure and whether fluid was injected; extent and duration of skin or mucous membrane contact)
- e. Description of source material, including HIV, HBV, HCV status if known. In the event the source individual is a dialysis patient, a current HBsAg report should be provided.

Student Consent

The consent of the student must be given, according to the directives of the rotation hospital/clinic and/or physician's office, before his/her blood is drawn and before serologic testing can be performed.

Source Individual

The source individual is defined as any individual whose blood or other potentially infectious materials may be a source of exposure to the health care worker. Illinois and Arizona state statutes indicate "when a health care provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source individual (patient) to perform an HIV test is not required." The source individual should be identified by the student. Situations when it is not feasible to identify the source individual include incidents of needle sticks or cuts from sharp or unknown sources, e.g., unmarked needle or blood sample. The source individual should be tested for hepatitis B,

hepatitis C, and HIV in accordance with the directives of the rotation hospital/clinic or physician's office where exposure occurred.

XXIII. STUDENT SERVICES

All services available to students in the first and second years are also made available in the third and fourth years. Please refer to the Student Handbook for detailed information on the services provided. Student Services can be reached at (630) 515-6470.

XXIV. CAREER RESOURCES

The Dean's Office, MWU/CCOM faculty members and the Division of Postdoctoral Education are the most valuable resources for information on career direction and knowledge of postdoctoral programs. To receive additional career counseling, please contact an MWU/CCOM Clinical Coordinator for further assistance in scheduling a meeting.

XXV. MEDICAL STUDENT PERFORMANCE EVALUATIONS (MSPE)

Medical Student Performance Evaluations (MSPE) is a letter from the Dean's office that will include a summary of both academic performance and professional attributes. These are derived from student evaluations during medical school, including classroom, clinical and other relevant settings. The MSPE is not a letter of recommendation, but a letter of evaluation and is prepared early in the student's 4th year. This letter of evaluation becomes part of the residency application.

XXVI. RESIDENCY APPLICATIONS

Students interested in learning more about postdoctoral opportunities should go to FREIDA: the Online Fellowship and Residency Database (<https://www.ama-assn.org/life-career/search-ama-residency-fellowship-database>). Students are strongly encouraged to become proactive in their career planning activities. For information related to **Ophthalmology**, students should visit: <https://sfmatch.org/Default.aspx>.

For information related to **Urology**, students should visit:

<https://www.auanet.org/education/auauniversity/for-residents/urology-residency-and-fellowship-programs/>

For information related to residency programs participating in the National Resident Matching Program (NRMP), students should visit: <https://students-residents.aamc.org/applying-residency/applying-residencies-eras/>

For information related to the **Military** match, students should visit :

<https://amops.org/>

ERAS application link <https://students-residents.aamc.org/applying-residencies-eras/applying-residencies-eras>

XXVII. NATIONAL RESIDENT MATCH INFORMATION

Match information can be found online (<http://www.nrmp.org/>). For further assistance, please contact the MWU/CCOM Dean's Office.

XXVIII. LETTERS OF RECOMMENDATION (LoR)

The Dean's Office cannot upload LoRs for students on behalf of letter writers. Therefore, all letter writers must upload their LoRs to ERAS and the other application services. If your preceptor has any questions or needs assistance while uploading the letter, please contact Ms. Helen Chong at 630-515-7122.

XXIX. REGISTRAR'S OFFICE

- a. The Registrar's office must be notified of all address and phone number changes as soon as they occur. All name changes should be submitted through the MWU intranet.
- b. All transcript release requests should also be submitted through the MWU intranet. Telephone requests cannot be honored. Please allow at least one week for processing each request.

XXX. PROMOTIONS COMMITTEE

- a. The committee meets monthly to review the academic and professional progress of MWU/CCOM students. Students with COMLEX failures, rotation failures, and/or academic deficiencies may be required to meet with the committee. Students who have not met the professional standards set forth in the Osteopathic Oath may also be required to meet with the committee. Details regarding Promotions Committee procedures, decisions, and appeals can be found in the MWU/CCOM student catalog.
- b. Rotation Failure – your course remediation plan will be at the discretion of the CCOM Department Chair.
- c. The Promotions Committee also recommends students who have successfully completed all graduation requirements to the Faculty Senate to be approved for graduation.

XXXI. CODE OF ETHICS

MWU/CCOM has adopted the AOA Code of Ethics.



American Osteopathic Association Copyright 2003-2008

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic and allopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the AOA has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless she/he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his osteopathic or allopathic credentials in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

I. *AOA Interprets Sections of the Code of Ethics*

Interpretation of Section 3

This section notes that a physician-patient relationship must be founded on mutual trust, cooperation and respect—a patient must have complete freedom to choose his or her physician, and a physician must have complete freedom to choose patients whom he or she will serve.

Section 3 does not address a patient's discriminating against a physician based on the physician's race, creed, color, sex, national origin, sexual orientation, gender identity or disability; and a patient may express a desire to not be treated by a particular physician or by a physician with certain characteristics.

Therefore, the AOA interprets section 3 of its code of ethics to permit but not require an osteopathic physician to treat a patient when the physician reasonably believes the

patient is experiencing a life- or limb-threatening event, even though the patient may have previously expressed a desire to not be treated by a physician based on the physician's race, creed, color, sex, national origin, sexual orientation, gender identity or disability. (July 2014)

Interpretation of Section 7

This section is designed to discourage practices, which would lead to false, misleading, or deceptive information being promulgated.

Section 7 does not prohibit advertising, so long as advertising is designed as making proper factual information available to the public. People seeking health care are entitled to know the names of osteopathic physicians, the types of practices in which they engage, their office hours, place of their offices, and other pertinent factual information. On the other hand, the public should be protected from subjective advertising material designed to solicit patients, which is essentially misleading. Such material would include attempts to obtain patients by influence or persuasion, employing statements that are self-laudatory and deceptive; the result of which is likely to lead a patient to a misinformed choice and unjustified expectations. (July 1985)

Guide to Section 8

This guide applies to AOA members' professional (as opposed to organizational) stationery, office signs, telephone directories, and to other listings referred to by the general public. (July 2016)

Part I – Indications of Specialty Practice

Osteopathic physicians who are certified by the AOA or who devote themselves exclusively to a specialty may designate such specialty in one of the following ways:

- a. Practice Limited to Internal Medicine (or other practice area)
- b. Internal Medicine

The listing of terms in each of the two categories is illustrative and should act as a guideline.

Part II – Membership in Professional Organizations

The public has little or no knowledge of what membership in various professional organizations entails. Accordingly, use of the names or initials of such organizations tends to indicate unusual professional competence, which is usually not justified. Professional stationery should contain no indication whatever of membership in professional organizations or of any present or past office held in any professional organization.

Designation of membership in various professional organizations is permissible on organizational stationery (AOA, divisional and district society, practice organizations, etc.) provided the organizational stationery is not used in practice correspondence.

The above guidelines apply with respect to written signatures of physicians. For example, a physician should not use FACOI or other appropriate fellowship designation in signing a letter or other communications that will go to a patient. The physician may use such designation in correspondence with other physicians or third parties.

Part III – Osteopathic Identification

The following, in order of preference, are considered proper on practice stationery and office signs:

- a. John Doe, DO
- b. John Doe, Osteopathic Physician & Surgeon
- c. John Doe, Doctor of Osteopathic Medicine

The following are not considered proper on practice stationery or office signs:

- d. Dr. John Doe (this is considered improper even if the doctor signs his name John Doe, DO). The osteopathic identification should be printed.
- e. Dr. John Doe, Specialist in Osteopathic Medicine. The term specialist should be avoided in this circumstance.

Part IV – Degrees (other than DO)

It is strongly recommended that only the degree DO appear on professional stationery. However, the following additional guides are offered: No undergraduate degree (BA, BS, etc.) should be used.

Graduate degrees (MA, MS, PhD, etc.) should not be used unless the degree recognizes work in a scientific field directly related to the healing arts. Therefore, advanced degrees in scientific fields such as public health, physiology, anatomy, and chemistry may be used but their use is not recommended.

Honorary degrees relating to scientific achievement in the healing arts or other achievements within the osteopathic profession (such as administrative excellence or educational achievement) may be used if the honorary nature of the degree is indicated by use after the degree of the abbreviation “Hon.”

Law degrees may be used if the physician carries on medical-legal activities.

Part V – Telephone Directory Listings

- a. It is desirable for divisional societies to have an established program to implement these guidelines and, where necessary, to meet with representatives of the telephone companies in furtherance of that objective.
- b. In classified directories, it is recommended that DOs be listed under the heading “Physicians and Surgeons-(DO)” and that there be a cross-reference to that heading from the heading “Physicians and Surgeons-Osteopathic.” This latter heading is also acceptable as the main listing if it has long been the heading customarily used in the community.
- c. In telephone directory listings of doctors, it is recommended that the doctor’s name be followed by the abbreviation DO.

- d. The abbreviation “Dr” is not recommended because it is misleading. “Dr” can refer to dentists, doctors of medicine, etc. “Phys” is also misleading because it can refer to MDs.
- e. In telephone directories, no indication of certification or membership in any osteopathic professional organization should appear by initials or abbreviations, because such would generally be confusing.
- f. In classified telephone directories it is not improper to indicate “Practice limited to” or simply to name the field of specialty.

Interpretation of Section 17

Section 17 relates to the interaction of physicians with pharmaceutical companies.

- a. Physicians’ responsibility is to provide appropriate care to patients. This includes determining the best pharmaceuticals to treat their condition. This requires that physicians educate themselves as to the available alternatives and their appropriateness so they can determine the most appropriate treatment for an individual patient. Appropriate sources of information may include journal articles, continuing medical education programs, and interactions with pharmaceutical representatives.
- b. It is ethical for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as, side effects, clinical effectiveness and ongoing pharmaceutical research.
- c. Pharmaceutical companies may offer gifts to physicians from time to time. These gifts should be appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are generally inappropriate. The use of a product or service based solely on the receipt of a gift shall be deemed unethical.
- d. When a physician provides services to a pharmaceutical company, it is appropriate to receive compensation. However, it is important that compensation be in proportion to the services rendered. Compensation should not have the appearance of a relationship to the physician’s use of the employer’s products in patient care.

Position Papers/Ethical Content

Position papers adopted by the AOA House of Delegates define official AOA policy. Many of the position papers further clarify issues with ethical content. Specific areas and papers related to them are:

- a. Responsibilities to the patient:
 - i. Confidentiality of patient records
 - ii. Counseling female patients on reproductive issues
 - iii. Death: Right to die
 - iv. Physician treating minors without parental consent
 - v. Patient confidentiality
 - vi. Patient’s bill of rights
 - vii. Patient- physician relations
- b. Responsibilities to society:
 - viii. Abused persons
 - ix. Ethical and sociological consideration for medical care

- x. Health care institutional responsibilities
- xi. Impaired physician, assistance
- xii. Medicare and Medicaid Abuse
- xiii. Medicare and Medicaid - ethical physician arrangements
- xiv. Substance abuse
- c. Responsibilities to the AOA:
 - xv. Active institutional membership - AOHA
 - xvi. Dual degrees
 - xvii. Industry gifts to physicians
 - xviii. Professional association by D.O.s
- d. Responsibilities to others involved in health care:
 - xix. Acupuncture
 - xx. Osteopathic medicine in foreign countries
- e. Responsibilities to self:
 - xxi. Medicare - physician coverage
 - xxii. Osteopathic Manipulative Treatment (OMT) programs
 - xxiii. Physician administered OMT.

**Chicago College of Osteopathic
Medicine CLINICAL ROTATIONS POLICY
MANUAL Academic Year 2025-2026**

I, _____, a student enrolled at
MWU/CCOM, acknowledge receipt of the 2025-2026 Clinical Rotations Policy Manual. I
understand that I am responsible for reading this material and agree to comply with all policies
and procedures as written. In addition, I acknowledge and understand that I am representing
MWU/CCOM while participating in all clinical and non-clinical rotations and will conduct
myself in a professional manner at all times.

Student Signature: _____

Date: _____

Date of Clinical Rotations Policy Manual: May 2025



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Gifts and Gratuities from Vendors of the University		
Issue Date: 1/15/2026	Supersedes: 10/04/2024; 08/10/2023; 08/01/2022; 07/17/2021; 07/17/2020; 06/22/2015, 11/09/2003	Pages: 1
Division: University	Campus: Downers Grove and Glendale	
Approved by: Joshua Baker, O.D., M.A., President, and CEO		

PURPOSE

To provide guidance to employees of Midwestern University, concerning the receiving of gifts and/or gratuities from vendors of the University

POLICY

1. A gratuity is defined as a gift, favor, personal loan, entertainment, or other special consideration given by any individual or business organization doing past, present or future business with Midwestern.
2. It is the policy of Midwestern that gifts, favors or gratuities, as defined above, are not to be solicited or accepted by employees who have direct or occasional contact with suppliers or vendors.
3. Associations with supplier representatives at luncheons, dinners, or business organization meetings are helpful in establishing a professional business understanding and relationship. These events are neither questionable nor unethical, provided the University remains free of obligation. To do so, University personnel should offer to cover the cost of expenses of University personnel attending such events.
4. Items of nominal value of a distinctly advertising nature or occasional business luncheons are not considered gratuities, provided recipients exercise good judgment as to cost, frequency, or intent to influence.
5. No employee shall permit any influence which could conflict with the best interest of Midwestern or prejudice its reputation.
6. Any employee who is offered or receives a gratuity of more than \$100 shall report it to the President on the Conflict of Interest form. The giver is to be informed of this policy and its occurrence shall be reported to the Controller.
7. Employees violating this policy shall be subject to appropriate disciplinary action up to and including termination of employment.



MIDWESTERN UNIVERSITY STANDARD POLICY

Title: Industry-Funded Speaking Relationships		
Issue Date: 03/27/2024	Supersedes: 02/16/2022; 4/21/2020, 8/16/2018	Pages: 1
Division: University and Clinics	Campus: Arizona and Illinois	
Approved by: Kathleen H. Goepfing, Ph.D., President and CEO		

PURPOSE

To ensure that faculty speaking engagements are educational in nature.

POLICY

1. It is the policy of Midwestern University that its faculty members are prohibited from participating in speaker's bureaus, engaging in long-term speaking arrangements, and undertaking speaking engagements that are purely commercial in nature for pharmaceutical and medical device companies. Presentations that require FDA approval are considered predominantly commercial in nature and, accordingly, are prohibited.
2. Faculty members may participate in events accredited by the ACCME, the AOA Council for Continuing Medical Education, or other accrediting organizations with similar accreditation criteria, provided that the content of any presentation reflects the faculty member's own independent opinion.
3. Midwestern University faculty members may participate in industry-funded events that are not accredited by the ACCME, the AOA Council for Continuing Medical Education, or other accrediting organizations with similar accreditation criteria if:
 - such participation is approved by, the Dean of the college, or a designee thereof after conducting a review of the event to ensure that each faculty member controls the content of his or her presentations; and each faculty member certifies in writing that the content of his or her presentations reflects his or her own independent opinion.