



Cooper Medical School
of Rowan University

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Owner: James Bongiovanni: Director,
Technology Services (Camden)
Area: Communications; Info
Technology & Resources
References:

Acceptable Use Policy

CMSRU adheres to the [Rowan University Acceptable Use Policy](#)

POLICY:

Acceptable Use Policy

PURPOSE:

To establish rules of responsible electronics use in the classroom. This policy sets forth the acceptable uses regarding the access and use of Rowan University's (CMSRU's) electronic information and information systems.

SCOPE:

This policy applies to all members of the Rowan Community (CMSRU) who access and use the University's electronic information and information systems.

DEFINITIONS:

Refer to the [Rowan University Technology Terms and Definitions](#) for terms and definitions that are used in this policy.

PROCEDURE:

CMSRU recognizes the ubiquitous nature of electronic devices in universities. Ultimately the course director and teaching faculty members determine if the use of electronic devices is disruptive to the classroom environment, and may require the removal of such devices during instruction.

Cellular Phone Policy: The use of cell phones is prohibited during CMSRU classroom instruction, unless directed otherwise by the instructor. All cellular phones must be placed in silent mode before a student enters the classroom.

Laptop Computer Policy: Generally, the use of laptop computers to take notes during lectures, or perform other authorized tasks, is permitted in instructional settings. The instructor does retain the right to limit or refuse laptop use if the practice interferes with instruction. At no time should a laptop be used for entertainment purposes in classrooms. Entertainment purposes may include instant messaging, playing games, emailing, using social networking sites, online shopping or any other activity deemed inappropriate by

the instructor.

Electronic Academic Integrity Policy: At no time will CMSRU students be allowed access to electronic devices during didactic exams, except as approved accommodations for students with disabilities. Proctors who observe the use of electronics during exams shall confiscate the device as evidence of cheating, and report the incident as outlined in the Student Handbook.

1. The University (CMSRU) expects users will access and use the University's (CMSRU's) electronic information and information systems in a manner that:
 - a. Does not compromise the confidentiality, integrity or availability of those assets; and
 - b. Reflects the University's (CMSRU's) standards as defined in the **Code of Conduct** and **Statement of Principles** and its body of policies, and in accordance with all applicable federal, state and local laws governing the use of computers and the Internet.
2. These obligations apply regardless of where access and use originate: Rowan (CMSRU) office, classroom, public space, lab, at home or elsewhere outside the University (CMSRU).
3. The rules stated in this policy also govern the use of information assets provided by the State of New Jersey, other state and federal agencies and other entities that have contracted with Rowan to provide services to their constituents and/or clients.
4. Schools, units and departments may produce more restrictive policies. Therefore, users should consult with their department if there are any other restrictions in place that supplement this policy.
5. This policy and Rowan's (CMSRU's) Code of Conduct/Statement of Principles also govern access and use of the University's (CMSRU's) electronic information and information systems originating from non-Rowan (non-CMSRU) computers, including personal computers and other electronic devices. The access and use of electronic information provided by research and funding partners to Rowan (CMSRU) are also governed by this policy.
6. The use of information systems acquired or created through the use of University (CMSRU) funds, including grant funds from contracts between the University (CMSRU) and external funding sources (public and private), are covered by this policy. This includes University (CMSRU) information systems that are leased or licensed for use by members of the Rowan (CMSRU) Community. Users are given access to Rowan's electronic information and information systems specifically to assist them in the performance of their jobs and education. They are not provided for personal use. They are responsible for all activity conducted using their computer accounts. Access and use of the University's (CMSRU's) electronic information and information systems is a revocable privilege.
7. Rowan (CMSRU) recognizes that all members of the Rowan (CMSRU) Community have an expectation of privacy for information in which they have a substantial personal interest. However, this expectation is limited by Rowan's (CMSRU's) need to comply with applicable laws, protect the integrity of its resources and protect the rights of all users and the property and operations of Rowan University (CMSRU). As such, Rowan (CMSRU) reserves the right to access, quarantine or hold for further review any files or computing devices on Rowan's (CMSRU's) network or its information technology resources if there is just cause to believe that university (CMSRU) policies or laws are being violated or if such access is necessary to comply with applicable law or conduct university (CMSRU) business operations.
8. Information created, stored, or accessed using Rowan (CMSRU) information systems may be accessed and reviewed by Rowan (CMSRU) personnel for legitimate systems purposes, including but not limited to the following:

- a. Emergency Problem Resolution
 - b. To measure, monitor and address the use, performance or health of the University's (CMSRU's) information systems, or to respond to information security issues. Internet usage may also be monitored when using the University's (CMSRU's) network, including when using Rowan's (CMSRU's) remote access services.
 - c. To create data backups of electronic information stored on Rowan's (CMSRU's) information systems.
 - d. To respond to User Requests approved by the Office of General Counsel.
9. Information may be accessed, reviewed, and provided to an external party at the University's (CMSRU's) discretion without prior notification with adequate cause and subject to review of the Office of General Counsel to comply with applicable law and to conduct normal university (CMSRU) operations. Examples include, but are not limited to the following:
- a. Compliance with the New Jersey Open Public Records Act ("OPRA") which requires disclosure of electronic records and other data on the Rowan system subject to exemptions under OPRA. Requests will be reviewed by the Records Custodian/OPRA officer in conjunction with the Office of General Counsel.
 - b. Compliance with a valid subpoena, court order or discovery request. Requests will be reviewed by the Office of General Counsel.
 - c. Audits, investigations or inquiries undertaken by governmental entities or appropriate internal investigators or units. Requests will be reviewed by the Office of General Counsel.
 - d. To conduct necessary business operations.
10. All electronic information created, stored or transmitted by use of Rowan's (CMSRU's) information systems is the property of the University (CMSRU), unless otherwise explicitly noted.
11. Technicians and System Administrators have greater ability to access information stored on and transmitted through Rowan's information systems. As such, Technicians, Systems Administrators and others with privileged access shall not access such information unless such access is necessary for the purposes outlined above, for systems purposes or unless such access is supported by adequate cause and reviewed by the Office of General Counsel.
12. Prohibited Actions
- a. The list of prohibited actions is not intended to be comprehensive. The evolution of technology precludes the University (CMSRU) from anticipating all potential means of capturing and transmitting information. Therefore, users must take care when handling sensitive information. Refer to Rowan's [Information Classification](#) and [Data Governance](#) policies for types of information that are considered sensitive and/or contact Rowan's (CMSRU) Information Security Office for guidance.
 - b. Users, at minimum, will ensure that they do not:
 - i. Distribute information classified as Confidential or Private, or otherwise considered or treated as privileged or sensitive information, unless they are an authoritative University (CMSRU) source for, and an authorized University (CMSRU) distributor of that information, and the recipient is authorized to receive that information.
 - ii. Share their passwords with other individuals or institutions (regardless if they are affiliated with Rowan or not) or otherwise leave them unprotected.
 - iii. Attempt to uninstall, bypass or disable security settings or software protecting the University's

(CMSRU's) electronic information, information systems or computer hardware.

- iv. Engage in unauthorized attempts to gain access or use the University's (CMSRU's) electronic information, information systems or another user's account. Users with privileged access, such as Technicians and Systems Administrators, shall not engage in unauthorized access, use or review of information or data, without appropriate approvals.
 - v. Use third-party email services to conduct sensitive University (CMSRU) business or to send or receive Rowan information classified as Confidential, Private or Internal or otherwise considered privileged or sensitive information.
 - vi. Use email auto-forwarding to send University (CMSRU) information (regardless of classification) to non-Rowan email accounts (**see Restricted Services**).
 - vii. Distribute or collect copyrighted material without the expressed and written consent of the copyright owner or without lawful right to do so, such as in the case of fair use.
- c. User understands the HIPAA Privacy Security rules, especially with regard to Sensitive Electronic Information (SEI), Private Health Information (PHI) and Personally Identifiable Information (PII), and will abide by these rules including understanding that they will be held accountable for the use of personal devices for conducting University (CMSRU) business. (Refer to HIPAA policies located at www.rowan.edu/compliance).

13. Restricted Services

- a. This list of restricted services is not intended to be comprehensive. The evolution of technology precludes the University (CMSRU) from anticipating all potential means of storing, capturing and transmitting information. Therefore, when using third-party technology services not explicitly restricted in this policy, users must exercise care to not compromise sensitive Rowan information, particularly when confirmation of receipt or the identity of the recipient is required for business or legal purposes. Refer to Rowan's **Information Classification** and **Data Governance** policies for types of information that are considered sensitive and/or contact Rowan's Information Security Office for guidance.
- b. Restricted services include the following:
 - i. Social Media
 - 1. Social media tools or web content platforms cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan. Social media tools include, but are not limited to: Facebook, Twitter, LinkedIn, Instagram, Medium, Reddit, YouTube and Flickr.
 - 2. For additional requirements on the use of social media, see the [Social Media Policy](#).
 - ii. Professional Social Media
 - 1. Professional social media cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan (CMSRU).
 - 2. The use of professional social media tools, such as Doximity and Sermo, cannot be used:
 - a. To discuss patient cases in a manner that compromises patient identity or privacy, or otherwise represents a violation of HIPAA's Privacy or Security rules, state or local privacy laws or University (CMSRU) policies.

b. To communicate or post information that could potentially reveal information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan, or which compromises the privacy of a member of the University (CMSRU) community or its clients.

c. For additional requirements on the use of social media, see the [Social Media Policy](#).

iii. Cloud Services, Collaboration and Storage

1. Third-party cloud storage services cannot be used to store University (CMSRU) information classified as Confidential. Google Drive and OneDrive are approved for storing Rowan Confidential information. Rowan Confidential information may only be stored in the Rowan IRT-managed instances of these cloud services. It is not permissible to store Rowan Confidential information in personal cloud solutions nor those managed by other companies.
2. Non-approved third-party cloud storage services cannot be used to store University information classified as Confidential or Private or otherwise considered privileged or sensitive by Rowan. Cloud storage tools include, but are not limited to: iCloud, Carbonite, Box, Dropbox, Evernote, OpenDrive and SugarSync.

iv. Third Party Email Services

1. Third party email services cannot be used to communicate or store University (CMSRU) information classified as Confidential or Private or otherwise considered privileged or sensitive.

v. Email Auto-Forwarding

1. With the exception of current undergraduate and other non-medical students, members of the Rowan (CMSRU) Community are not permitted to automatically forward or redirect messages from a Rowan email address to a non-Rowan email address.

vi. Video Conferencing

- i. Video conferencing services are limited to Rowan business-use only and must be conducted using Rowan equipment. They are to be used strictly for business collaboration between members of the Rowan Community or outside entities, or for educational purposes. Users must ensure that video communications are done in a setting or configured to restrict the possibility of non-authorized individuals from viewing or listening to sensitive information.

vii. Chat/Texting Communication

1. Members of the University (CMSRU) community must use officially approved chat/instant messaging platforms for all University-related business, such as academic, administrative, and operational communications, to comply with the University's data discoverability obligations. This requirement does not extend to non-official University (CMSRU) activities, including informal faculty-student conversations outside the academic record and collaborative research with external entities responsible for their own Data Management Plans. No University business related chat/instant messaging communications may take place on any unapproved platform.
2. Confidential, Private, or otherwise privileged or sensitive data may only be communicated via officially approved chat/instant messaging platforms. This ensures compliance with the University's obligations for data security. No confidential, private or otherwise privileged or

sensitive data may be communicated on any platform not approved for that level of data.

3. A list of approved chat/instant messaging platforms for University-related business or the communication of confidential data is available in our [University Approved Chat Platforms article](#).

14. BitTorrent Software

1. BitTorrent software (or other file sharing software) used to download and share movies, music and other copyrighted media is strictly forbidden unless it is used for Rowan (CMSRU) business or academic purposes. The use of this software must be approved by the Dean or Department Head/Chair and the Information Security Office.

POLICY COMPLIANCE:

1. Violations of this policy may subject the violator to disciplinary actions up to or including termination of employment or dismissal from school, subject to applicable collective bargaining agreements and may subject the violator to penalties stipulated in applicable state and federal statutes. Students who fail to adhere to this Policy or the Procedures and Standards will be referred to the Office of Student Affairs and may be expelled. Affiliates, contractors and vendors who fail to adhere to this Policy and the Procedures and Standards may face termination of their business relationships with the University. Sanctions shall be applied consistently to all violators regardless of job titles or level in the organization.
2. University sanctions, penalties, fines and discipline for employees will be based on the severity of the incident per below:
 - a. *Low* – retraining and to be reviewed with the employee during annual appraisal. Also, any cost shall be borne by the Department. The Department Chair or VP will determine how these funds will be assigned.
 - b. *Medium* – retraining and to be reviewed with the employee during annual appraisal. Discipline will be considered up to and including dismissal from the University. Also, all costs will be borne by the Department. The Department Chair or VP will determine how these funds will be assigned.
 - c. *High* – retraining and to be reviewed with employee during annual appraisal. Discipline will be unpaid suspension for a minimum of three (3) days with a consideration of up to and including dismissal from the University. Civil and criminal penalties may apply. Also, all costs will be borne by the Department. The Department Chair or VP will determine how these funds will be assigned. The Deans of each College, Vice Presidents, and University President, with the assistance of the Department of Human Resources, will enforce the sanctions appropriately and consistently to all violators regardless of job titles or level within the University and in accordance with bargaining agreements for represented employees.

The general use of computers and campus technology is governed by the **Rowan University Acceptable Use Policy**.

ADDITIONAL INFORMATION

1. **Rowan University Statement of Principles**
2. **Breach Notification Policy**
3. **HIPAA Policy**

4. IT Acquisition Process (ITAP)
5. Information Classification Policy
6. Data Governance Policy

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | James Bongiovanni: Director, Technology Services (Camden) | 06/2025 |

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| References: | |

Administration of Surveys to CMSRU Students

POLICY:

Administration of Surveys to CMSRU Students

PURPOSE:

The purpose of this policy is to outline procedures to reduce the survey burden on students, maintain the effectiveness of surveys required of our student body, and ensure the integrity of survey data collection.

SCOPE:

This policy applies to all CMSRU medical students and those who serve as teacher, mentor or other CMSRU community members with whom students interact throughout all years and areas of the educational experience.

PROCEDURE:

CMSRU employs consistent procedures for **notification** and **processing** of surveys administered to medical students. Any member of the CMSRU community who intends to send surveys to medical students must do so in accordance with the procedures outlined in this policy.

Requests for survey approvals must be submitted in writing at least three weeks in advance of the proposed distribution date, and must include purpose and list of survey questions.

- Surveys require approval from the CMSRU Dean or designee. All surveys that require approval should be sent to the managing administrative assistants in the Office of the Dean.
- Surveys for **research** purposes require approval from the Rowan IRB. <https://research.rowan.edu/officeofresearch/compliance/irb/index.html>

Survey Participation: A professional expectation of students includes the provision of constructive input toward the ongoing improvement and development of programs. However, investigators who are part of the CMSRU community and are conducting surveys of CMSRU medical students may not force or compel users to participate. The survey requestor is responsible for initiating all publicity for their respective surveys.

Association of American Medical College (AAMC) Surveys: As a participating member of the AAMC, CMSRU allows students to participate in AAMC surveys. All survey guidelines as indicated by AAMC will be followed. Students are encouraged to participate in these surveys, the results of which are used to improve

processes and programming at CMSRU.

Non-sanctioned Surveys: Any member of the CMSRU community who administers a survey to students without obtaining the appropriate permission(s) may have their right to survey revoked or be subject to further disciplinary action.

Attachments

No Attachments

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References:

Copyright Infringement Policy

POLICY:

Copyright Infringement

PURPOSE:

CMSRU respects intellectual property and has made it a priority to ensure that all faculty, students and staff respect the copyrights of others. CMSRU faculty, students and staff are required to comply with copyright law and to adhere to the CMSRU copyright policy and guidelines. Copyright infringement through inappropriate copying or distribution of copyrighted content is a personal as well as medical school liability and will result in disciplinary action.

SCOPE:

All CMSRU medical students, faculty and staff.

DEFINITIONS:

Essential definitions and key terms are outlined within the policy.

PROCEDURE:

Important Information about Copyright

What is Copyright?

The purpose of copyright law is to provide authors and other creators with an incentive to create and share creative works by granting them exclusive rights to control how their works may be used. Among the exclusive rights granted to those authors are the rights to reproduce, distribute, publicly perform and publicly display a work. These rights provide copyright holders control over the use of their creations, and an ability to benefit, monetarily and otherwise, from the exploitation of their work. Copyright also protects the right to "make a derivative work," such as a movie from a book; the right to include a piece in a collective work, such as publishing an article in a book or journal; and the rights of attribution and integrity for "authors" of certain works of visual art. If you are not the copyright holder, you must ordinarily obtain permission prior to re-using or reproducing someone else's copyrighted work. Acknowledging the source of a work is not a substitute for

obtaining permission. However, permission generally is not necessary for actions that do not implicate the exclusive rights of the copyright holder, such as reviewing, reading or borrowing a book or photograph.

What is Protected by Copyright?

The rights granted under the U.S. Copyright Act (embodied in Title 17 of the U.S. Code) are intended to benefit "authors" of "original works of authorship," including literary, dramatic, musical, architectural, cartographic, choreographic, pantomimic, pictorial, graphic, sculptural and audiovisual creations. This means that virtually any creative work that you may come across in readable or viewable format, including books, magazines, journals, newsletters, maps, charts, photographs, graphic materials; unpublished materials, such as analysts' reports and consultants' advice; and non-print materials, including websites, computer programs and other software databases, sound recordings, motion pictures, video files, sculptures and other artistic works are almost certainly protected by copyright.

What is NOT Protected by Copyright?

Not everything is protected by copyright. This includes works published by the federal government and works for which copyright protection has expired. This also includes: works that are not fixed; titles, names, slogans; ideas, facts and data; listings of ingredients or contents; natural or self-evident facts; and public domain works (more on that below). Some of these things may, however, be protected under other areas of law, such as patent or trademark law, or by contract. It is important to be sure that no other form of protection restricts the use of such materials before using them.

How Long Does Copyright Protection Last?

In the U.S., a work created on or after January 1, 1978 is ordinarily protected for a term equal to the author's life span plus 70 years after the author's death. Works created by companies or other types of organizations have a copyright term of 95 years. For works created before 1978, the duration of protection depends on a number of factors.

Fair Use

Fair use is a defense under U.S. law that may be raised by the defendant in a copyright infringement case. Fair use recognizes that certain types of use of other people's copyright protected works do not require the copyright holder's authorization. The fair use doctrine is codified in Section 107 of the U.S. Copyright Act. Although there are no absolute rules around fair use, generally the reproduction (photocopy or digital) or use of someone's copyright-protected work is more likely to be found to be fair use if it is for one of the following purposes: criticism, comment, news reporting, teaching, scholarship or academic research. To determine whether a particular use qualifies as fair use, the statute requires a fact specific analysis of the use based upon four factors:

1. The purpose and character of the use (e.g., whether for commercial or nonprofit educational use)
2. The nature of the copyright-protected work (is it primarily factual or highly creative?)
3. The amount and substantiality of the portion used
4. The effect of the use upon the potential market for or value of the copyright-protected work

All four factors must be considered and balanced against the other factors as part of each fair use analysis.

Fair use requires an appropriate risk assessment as to whether re-use under certain circumstances may be

considered fair use. Permission procedures as set out in this policy should be followed and the advice of the CMSRU Library should be sought in instances where fair use determination may be necessary. Please be aware that all educational use is not automatically fair use.

Copyright and Digital Works

Any non-digital content that is protected by copyright is also protected in a digital form. For example, print books are protected by copyright law, as are electronic books. A print letter is protected by copyright law, as is an email letter. In both cases, the copyright is generally owned by the author, regardless of who has received the letter. Whenever you wish to use material found on a website, it is always important to review and understand the terms of use for that site because those terms will tell you what use, if any, you can make of the materials you find there.

Fact Finding Questions

Once you have identified the materials you want to use, ask yourself the following questions: is the work the type of work protected by copyright? If so, are you using the work in a manner that implicates the exclusive rights of the copyright holder? Is it likely the work is still protected? If the answer is YES to these questions, then you must locate the copyright holder. Is the name of the copyright holder on the materials? Does the Copyright Clearance Center represent that work? Locating the copyright holder may take some investigative and creative work. Consult with the CMSRU Library to see if they can offer any guidance. The U.S. Copyright Office at the Library of Congress (www.loc.gov) may be of assistance in locating a copyright owner.

Requesting Permission

Permission to use copyright-protected materials should be obtained prior to using those materials. It is best to obtain permission in writing, which may be by email. The time needed to obtain permission may vary. When possible, it is recommended to start the permission procedure well in advance of the time that you wish to use the materials. If you need a fast turnaround on a permission request, let the copyright owner know this and they may get back to you faster. The information you will need:

- ISBN or ISSN, if applicable
- Date of publication, if applicable
- Purpose for which you wish to reproduce the item (research, commercial, educational)
- How the material is to be reproduced (e.g., photocopied, digitized)
- Where the reproduced material will appear (including internal vs. external use) and for how long

Guidelines for the Appropriate Use of Copyrighted Materials

CMSRU Faculty, Student and Staff Obligations Under Copyright Law

No student, faculty member or staff may reproduce any copyrighted work in print, video or digital form in violation of the law. Works are considered protected even if they are not registered with the U.S. Copyright Office and are assumed to be copyrighted until proven otherwise. When a work is copyrighted, you must seek out and receive through a license or the express written permission of the copyright holder, the right to reuse the copyrighted work in order to avoid an infringement of copyright, unless it is determined in consultation with

the CMSRU Library and, if appropriate, legal counsel that the use would constitute a fair use.

CMSRU has negotiated licenses with publishers and other copyright holders that allow employees to use and share their materials. Faculty can point students to these materials or link to them. These licenses have restrictions and specific terms of use. As a result, it is critical that an employee investigate what the permitted uses are before copying or sharing any copyrighted materials. Similarly, students must investigate the permitted uses for a copyrighted material before distributing or sharing for any purpose. Please consult and implement the procedures outlined in this policy. Any employee or student who violates CMSRU copyright policy may be subject to disciplinary action. All questions should be directed to Susan Cavanaugh, MS, Director of the CMSRU Medical Library at 856-342-2523.

Attachments

No Attachments

Approval Signatures

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|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
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Area: Communications; Info
Technology & Resources
References:

Data Governance Policy

CMSRU Adheres to the Rowan University Data Governance Policy

POLICY:

Data Governance Policy

PURPOSE:

To set policy for assigning and detailing responsibilities for managing different classifications of university (CMSRU) data and to set forth a standard for custodianship of university (CMSRU) data. This policy establishes the framework for standards and guidelines to be followed in creation of data storage, destruction and access mechanisms including data architectures.

ACCOUNTABILITY:

Under the President, the Vice President for Information Resources and Chief Information Officer (CIO) shall ensure compliance with this policy. The Provost, Executive Vice President for Administration and Strategic Advancement, Vice Presidents, Deans, IR Directors and individual managers shall implement the policy.

APPLICABILITY:

1. This policy applies to all individuals accessing University (CMSRU) data, including students, faculty, visiting faculty, staff, volunteers, alumni, persons hired or retained to perform University (CMSRU) work, external individuals and organizations and any other person extended access and use privileges by the University (CMSRU) under contractual agreements and obligations or otherwise.
2. Data and records stored on University (CMSRU) systems are presumed to be the property of Rowan University (CMSRU). Proper stewardship and custodianship of University (CMSRU) data will facilitate access to data that supports the work of those with official educational or administrative responsibilities within the institution that is consistent with legal, ethical, competitive and practical considerations, and will inform users of data of their responsibilities.
3. Nothing in this policy precludes or addresses the release of University (CMSRU) Data to external organizations, governmental agencies, or authorized individuals as required by legislation, regulation or other legal vehicle.

DEFINITIONS:

1. *Access* – the right to read, copy or query data.
2. *Data* – the representation of discrete facts; any information in electronic or audio- visual format or any hardware or software that enables the storage and use of such information.
3. *Data Administration* – the function of applying formal guidelines and tools to manage the University's (CMSRU's) data resources
4. *Data Consumers* – employees or agents of the University (CMSRU) who access University (CMSRU) Data in performance of their assigned duties.
5. *Data Custodians* – University (CMSRU) officials and their staff who have operational-level responsibility for data capture, data maintenance and data dissemination.
6. *Data Dictionary* – a comprehensive repository that defines and categorizes University (CMSRU) Data.
7. *Data Stewards* – University (CMSRU) officials who have policy-level responsibility for managing a segment of the University's (CMSRU's) data resource.
8. *Information* – wherever possible, this document refers to data rather than information; Information is defined as a collection of data, ideas, thoughts or memories.
9. *University Data* – data that is created, acquired or maintained by University (CMSRU) employees in performance of official administrative job duties.
10. *University Data Governance Committee (DGC)* – the committee that establishes overall policy and guidelines for the management of and access to the University's University Data in accordance with existing University policies.
11. *University Data Model* – a framework that documents the data entities that comprise the University Database and the relationships among those entities.
12. *Metadata* – data about data that allows for the systematic definition of data and its elements.
13. *Metadata Management* – the process of updating and utilizing the Meta Data to control data related processes and define data in an ever-changing environment.
14. *Record* – data or information in a fixed form that is created or received in the course of individual or University (CMSRU) activity and set aside (preserved) as evidence of that activity for future reference
15. *Shared data* – a subset of University (CMSRU) Data; data that is maintained by more than one organizational unit.

POLICY:

1. Regulations, Statutes and Policies
Responsibility for and access to correspondence and documents created or received by University (CMSRU) personnel are governed by the following over-arching policies and legal statutes:
 - a. NJ Public Records Law General Statutes
 - b. Family Educational Rights and Privacy Act (FERPA)
 - c. Health Insurance Portability and Accountability Act (HIPAA) Security Rule
 - d. NJ Records Retention Schedule for Four Year College
 - e. Americans with Disabilities Act of 1990

- f. The Electronic Communications Privacy Act of 1986 (ECPA)
- g. FTC Red Flags Rules
- h. Gramm Leach Bliley Act (GLBA)
- i. Payment Card Industry (PCI) Data Security Standard
- j. General Data Protection Regulation (EU) 2016/679 (GDPR)
- k. Policy and Procedures on Ethics in Research
- l. Rowan University Information Security Policy and Standards
- m. Rowan University Policy on the Privacy of Electronic Information

2. University Data

- a. University (CMSRU) Data is a valuable asset at Rowan University (CMSRU). It involves all University (CMSRU) constituencies (students, faculty, staff, etc.) and resources (funds, space, technology, etc.) that are captured and used in the operations of the University (CMSRU). It serves as the basis for internal and external reports.
- b. University Data enables administrators to assess the needs of the University community and modify services accordingly. It is vital not only in the day-to-day operations of the University but to short-term and long-term planning as well.
- c. Rowan University (CMSRU) exercises control over and access to data even when it is technically open under the public records statutes and even though it requires effort and cost to create and maintain access controls. University (CMSRU) data is available only on a need-to-know-basis and requires those individuals seeking access to submit a public records request.
- d. To support all aspects of University (CMSRU) operations, University (CMSRU) data in print and electronic form will be managed as a strategic asset according to "data governance" policies and procedures. University (CMSRU) data is a subset of the university's (CMSRU's) information resources and administrative records, and includes any information in print, electronic or audio-visual format. This definition includes, but is not limited to, machine-readable data and data in electronic communication systems. It also includes back-up and archived data on all media, and any University (CMSRU) data that resides on internal systems or systems hosted outside the control of the University (CMSRU).
- e. University (CMSRU) data includes data, in any of the forms described above, that is:
 - i. Acquired and/or maintained by university (CMSRU) employees in performance of official administrative job duties;
 - ii. A public record according to the definition included in Federal and State laws;
 - iii. Relevant to planning, managing, operating or auditing a major function at the University (CMSRU);
 - iv. Referenced or required for use by more than one organizational unit; and
 - v. Included in official university (CMSRU) administrative reports.
- f. Access to University (CMSRU) data needs to be controlled by defining criteria for its governance and creating mechanisms for enforcing policies related to it. Rowan's Data Governance Committee (DGC), chaired by Rowan's Chief Information Officer (CIO), has policy oversight. Distribution of these and related policies, once approved, will be via the Rowan University Policies page on the

Rowan University website. This policy establishes the framework for standards and guidelines to be followed in creation of data storage, destruction and access mechanisms including data architectures.

- g. These data architectures will drive physical implementation of databases and be governed according to the provisions of this document.
- h. Data and records stored on University (CMSRU) systems may include data from one or more the following areas within Rowan University (CMSRU) and are described in Exhibit 1.

3. Governance Roles

- a. No one person, department, division, school or group "owns" the data used by the University (CMSRU), even though specific units bear the primary responsibility for some data. The University as an organization owns the data (or in some cases, such as with Social Security numbers, is the custodian of data), but a specific person in the role of the "Data Steward," will be designated with the ultimate responsibility to define how the assigned data is managed within the scope of the legal and regulatory obligations.
- b. The roles and responsibilities assigned to the Data Governance Committee (DGC), Data Stewards and Data Custodians are included in Exhibits X2, X3 and X4.

4. Responsibilities of Users

- a. Controlling access to University (CMSRU) Data is important to protecting the University (CMSRU) and its constituency from liability and acts of malice. All public records requests are routed through University Counsel. University (CMSRU) employees, faculty, students and/or agents will be able to access data only after being granted access according to the procedures specified by the Data Steward.
- b. Permission to access University (CMSRU) Data will be granted for legitimate University (CMSRU) purposes according to the classification of the data being requested and person making the request. Method of delivery, including email and fax, should be carefully considered to ensure data security and compliance. Requests for University (CMSRU) Data from an external source or a University (CMSRU) employee for non-University (non- CMSRU) purposes will be handled according to the appropriate Federal and New Jersey Public Records Request statutes and case law. Users shall respect the confidentiality and privacy of individuals whose records they may access, observe the ethical restrictions that apply to data to which they have access and abide by applicable laws and University policies with respect to access, use, protection, proper disposal and disclosure of data.
- c. To the extent that the law permits, as determined by the Office of University Counsel, the University (CMSRU) reserves the right to deny University (CMSRU) Data access to any person or organization that has demonstrated malicious intent or has violated any aspect of the Data Governance Policy.

5. Data Retention and Disposition

- a. Rowan University (CMSRU) is a state agency, and its offices and departments are obligated to follow the requirements of the Federal and New Jersey Public Records Law for retention and disposition of records. It should be noted here that University (CMSRU) Data might not be destroyed without an approved records retention and disposition schedule that authorizes destruction.
- b. Decisions governing data retention are made based on the content of the data and in conjunction with the department's approved records retention and disposition schedule. Some types of data may be retained for a long period of time by approved schedules, by policy or by law. Other types must be purged or destroyed after a certain period, again for reasons of preference, policy or statute. For any

circumstance in which data retention is an issue, specific requirements should be clearly documented and should include, at a minimum, the following:

- i. The rationale for the retention rule;
- ii. The timeframe of the retention rule; and
- iii. The method of either saving or disposing of the data according to the retention rule.

Attachments

-  [1: Data Classification Matrix](#)
-  [2: Rowan University Data and Records](#)
-  [3: Data Governance Committee](#)
-  [4: Data Stewards](#)
-  [5: Data Custodians](#)

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | James Bongiovanni: Director, Technology Services (Camden) | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 09/2013
Effective: 06/2025
Last Approved: 06/2025
Last Revised: 06/2020
Next Review: 06/2026

Owner: James Bongiovanni: Director,
Technology Services (Camden)
Area: Communications; Info
Technology & Resources

References:

Information Security Policy

CMSRU Adheres to the Rowan University Information Security Policy

POLICY:

Information Security Policy

PURPOSE:

The purpose of this policy is to establish a framework for the protection of University (CMSRU) information resources from accidental or intentional unauthorized access, modification, or damage in order to meet applicable federal, state, regulatory, and contractual requirements.

ACCOUNTABILITY:

Under the direction of the President, the Chief Information Officer and Director of Information Security shall ensure compliance with this policy. The Vice Presidents, Deans, and other members of management will implement this policy in their respective areas.

SCOPE:

This policy applies to all members of the Rowan Community (CMSRU) who access and use the University (CMSRU)'s electronic information and information systems.

DEFINITIONS:

Refer to [Rowan University Technology Terms and Definitions](#) for terms and definitions that are used in this policy.

POLICY:

1. Information security is the protection of information from threats to ensure business continuity, minimize risks, and maximize University (CMSRU) opportunities.
2. The Information Security Office (ISO) will manage the information security program at Rowan University (CMSRU) and is responsible for developing strategies for managing the processes, tools, and policies necessary to prevent, detect, document and counter threats to information.
3. The information security program will be advised by the Information Technology Security Board (ITSB)

which serves as the advisory board for information security governance at the University (CMSRU). The ITSB represents and advocates for the interest of the Rowan (CMSRU) Community during decisions that impact information security at the University (CMSRU).

4. Information security requires a combination of policies and standards to manage information resources throughout its lifecycle.
 - a. Policy Development: Policies and standards are crucial to establishing, maintaining and monitoring proper information security practice and define responsibilities, shape processes and allow for oversight of critical information-related operations. At a minimum, the Information Security policies developed and enforced should include:
 - i. Acceptable Use;
 - ii. Access Control;
 - iii. Business Continuity Management;
 - iv. Change Management;
 - v. Data Backup;
 - vi. Electronic Media Disposal;
 - vii. Encryption;
 - viii. Information Classification;
 - ix. Incident Management Policy;
 - x. Mobile Computing and Removable Media;
 - xi. Physical Security for IT Network Resources;
 - xii. Privileged Account Management;
 - xiii. Remote Access;
 - xiv. Security Awareness and Training;
 - xv. Security Incident Management;
 - xvi. Security Monitoring;
 - xvii. Transmission of Sensitive Information;
 - xviii. User Password; and
 - xix. Workstation Use and Security.
 - b. Policy Approval - The Information Security Office will follow the documented process for creating, reviewing and updating policies with final approval from the ITSB.
 - c. Policy Exceptions - While exceptions to an information security policy or standard may weaken the protection of University (CMSRU) information resources, they are occasionally necessary and standard procedures and documents should be in place to manage the exception as well as review the need for the exception periodically.
 - d. Policy Sanctions - The ISO is responsible for coordinating and enforcing sanctions against Rowan Community members who fail to comply with the University (CMSRU)'s information security policies.
5. The Information Security Office (ISO) will develop and maintain an information security risk management program to frame, assess, analyze, respond, and monitor risk. Guidance for this program will be based on

the NIST 800-37 framework and security regulations such as HIPAA, PCI-DSS, FERPA, GLBA etc. Specific requirements under this program will include:

- a. Risk Analysis - In accordance with the Security Risk Analysis requirement under the Security Management Process of the HIPAA Security Rule (§164.308(a)(1)(ii)(A), Rowan University must conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of Electronic Protected Health Information (EPHI) held by the University via its role as a covered entity for Rowan Medicine. Based on guidance from Health and Human Service's (HHS) Office of Civil Rights (OCR), the risk analysis must at a minimum include the following nine elements:
 - i. Scope of the Analysis;
 - ii. Data Collection;
 - iii. Identification and Documentation of Potential Threats and Vulnerabilities;
 - iv. Assessment of Current Security Measures;
 - v. Determination of the Likelihood of Threat Occurrence;
 - vi. Determination of the Potential Impact of Threat Occurrence;
 - vii. Determination of the Level of Risk;
 - viii. Final Documentation; and
 - ix. Periodic Review and Updates to the Risk Assessment.
 - b. Risk Management Program - In accordance with the Risk Management requirement under the Security Management Process of the HIPAA Security Rule (§164.308(a)(1)(ii)(B), Rowan University must implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level. Accordingly, Rowan University should:
 - i. Ensure a thorough review of the risk analysis results are performed, and associated risk management plans are documented in the University risk register; and
 - ii. Appropriate risk owners and key stakeholders are involved in this process in order to ensure adequate prioritization of risk and implementation of security measures to reduce those risks identified are addressed within an established timeline.
6. Roles and Responsibilities - In addition to knowing the classification of each piece of University (CMSRU) information to which they have access as either "Sensitive Information" or "Public Information," users must be aware of whether, with respect to that information, they serve as an Owner/Steward, a Custodian, a Consumer/User or a User Manager as described within this Policy.
- a. Data Steward or Owner - is accountable for data assets from a business perspective and is the University (CMSRU) employee responsible for the approval of the creation of a collection of information or data or the primary user of that information or data. For example, the Registrar is the Steward for much of the University's (CMSRU's) student information. The Vice President for Human Resources is the Steward for much of the University's (CMSRU's) employee information.
 - b. Data Custodian - is accountable for data assets from a technical perspective and is the University (CMSRU) employee responsible for the processing and storage of information or data on behalf of the Steward or Owner of that information or data.
 - c. Consumer or User - A Consumer/User is any person authorized to read, enter, copy, query, download, or update information.

- d. User Managers - A User Manager is any University (CMSRU) administrator, faculty member, or staff member who supervises or sponsors consumer/users or who handles University (CMSRU) business unit administrative responsibilities. User Managers are responsible for overseeing their Consumer/ Users' access to Sensitive Information, including:
 - i. Reviewing and approving all requests for access authorizations and ensuring it accurately reflect each Consumer/User's role and required access;
 - ii. Ensuring that the approved procedures are followed for employee suspensions, terminations, and transfers, and that appropriate measures are taken to revoke access privileges;
 - iii. Revoking access privileges from students, vendors, consultants, and others when access is no longer necessary or appropriate;
 - iv. Providing the opportunity for training needed to properly use computer systems;
 - v. Reporting promptly to the Director of Information Security any potential or actual unauthorized access of University (CMSRU) Sensitive Information in accordance with the University's Protocol for Responding to Security Breaches of Certain Identifying Information;
 - vi. Initiating appropriate actions when Information Security Incidents are identified in accordance with the Incident Management Policy; and
 - vii. Ensuring that any Information Security requirements are followed for any acquisitions, transfers, and surplus of equipment that processes or stores electronic information, including but not limited to computers, servers, smartphones, mobile devices, fax machines, and copiers.
- e. Information Security Office - The Director of Information Security overseeing the staff of the Information Security Office is responsible for:
 - i. Developing an Information Security Strategy approved by the Chief Information Officer and the Information Technology Security Board (ITSB).
 - ii. Developing and maintaining the University Information Security Program to provide University services for:
 - 1. Security Governance and Oversight
 - 2. Information Security Policies, Procedures, and Standards
 - 3. Network Security Protection and Monitoring
 - 4. Endpoint Security Protection and Monitoring
 - 5. Vulnerability Management
 - 6. Information Security Incident Management
 - 7. Annual Security Risk Assessments
 - 8. Information Security Consulting
 - 9. Information Security Awareness
 - 10. Information Security Design and Architecture
 - 11. Technology Risk Management
 - 12. Third Party Security Reviews
 - iii. Serving as the University Security Officer for HIPAA, FERBA, GLBA, and PCI.
 - iv. Serving as the University Security Liaison to all Local, State, and Federal Government Agencies

and Law Enforcement.

POLICY COMPLIANCE:

Violations of this policy may subject the violator to disciplinary actions up to or including termination of employment or dismissal from school, subject to applicable collective bargaining agreements and may subject the violator to penalties stipulated in applicable state and federal statutes. Students who fail to adhere to this Policy or the Procedures and Standards will be referred to the Office of Student Affairs and may be expelled. Affiliates, contractors and vendors who fail to adhere to this Policy and the Procedures and Standards may face termination of their business relationships with the University (CMSRU). Sanctions shall be applied consistently to all violators regardless of job titles or level in the organization per the Acceptable Use Policy.

<https://confluence.rowan.edu/display/POLICY/Information+Security+Policy>

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | James Bongiovanni: Director, Technology Services (Camden) | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 01/2019
Effective: 05/2025
Last Approved: 05/2025
Last Revised: 06/2020
Next Review: 05/2026
Owner: James Bongiovanni: Director,
Technology Services (Camden)
Area: Communications; Info
Technology & Resources
References:

Recording Room Policy (Room 419)

POLICY:

Recording Room Policy (Room 419)

PURPOSE:

Cooper Medical School of Rowan University (CMSRU) offers a wide array of computing, networking, and instructional resources and services designed to enable high-quality services and maximize productivity while protecting the rights of all members of the community. The recording room, located in CMSRU MEB 419, supports teaching and learning at the Cooper Medical School of Rowan University.

SCOPE:

This policy applies to all CMSRU faculty (and staff, where appropriate). The policy outlines procedures and responsibilities of those faculty and staff use computing and instructional facilities or support in room 419 at CMSRU. Direct implementation of the policy will be enforced by the CMSRU Manager of Information and Technology Services or designee.

PROCEDURE:

1. The recording room is reserved for CMSRU faculty/academic use only.
2. No food or beverages are permitted in the recording room.
3. Room reservations will be given priority to course related requests such as lecture recordings.
4. Room reservation requests must be made with CMSRU IT.
5. Technical support is provided by CMSRU IT.
6. Replacement and upkeep of all IT/AV equipment will be facilitated by CMSRU IT.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | James Bongiovanni: Director, Technology Services (Camden) | 05/2025 |

COPY



Cooper Medical School
of Rowan University

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Last Approved: 06/2025
Last Revised: 08/2020
Next Review: 06/2026

Owner: Sharon Clark: Director of
Marketing & Public Relations
Area: Communications; Info
Technology & Resources

References:

Social Media Policy

CMSRU Adheres to the Rowan University Social Media Policy

POLICY:

Social Media Policy

PURPOSE:

This policy sets forth the acceptable uses regarding the access and use of social media for University-affiliated communications. It also includes professionalism requirements for the University's medical students who, as medical professionals in training, who must uphold the highest standards of the medical profession and protect the privacy and confidentiality of patients.

ACCOUNTABILITY

Under the direction of the Vice President of Student Life/Dean of Students, Social Media Officials and other University officials shall implement and ensure compliance with this policy.

SCOPE:

This policy applies to all members of the University (CMSRU) community who use social media for University-affiliated communication and those who use the University (CMSRU) name in association with social media accounts.

DEFINITIONS:

See Attachment 1 - Definitions

REFERENCES:

See Attachment 2 - References

PROCEDURE:

1. The University (CMSRU) expects members of the University (CMSRU) community will access and use social media in a manner that follows all guidelines below:
 - A. Does not compromise the confidentiality, integrity or accessibility of those assets;

- B. Complies with all applicable University (CMSRU) policies, procedures, and guidelines and is in accordance with all applicable federal, state and local laws and regulations governing the use of computers and the Internet;
 - C. Protects the University's (CMSRU's) reputation and promotes its educational mission;
 - D. Conforms to all policies and procedures set forth by the University (CMSRU). Nothing in this policy supersedes standards set forth by Information Resources & Technology, the Department of Public Safety, the Office of Emergency Management and Student Life/Student Affairs;
 - E. Recognizes the rights of the members of the University (CMSRU) community guaranteed by the Constitution of the United States and the State of New Jersey, including but not limited to freedom of speech, inquiry, and expression; and
 - F. Complies with all Terms set forth by each respective social media network.
- 2. These obligations apply regardless of where access and use originate.
 - 3. All University (CMSRU)-affiliated social media, including but not limited to the account itself, content and audiences, are the property of the University (CMSRU). Account creators and administrators have no ownership rights whatsoever.
 - 4. The content contained herein is not intended to be comprehensive, as the evolution of technology precludes the University (CMSRU) from anticipating all potential means of storing, capturing and transmitting information. This policy will be monitored and revised as deemed necessary.
 - 5. Requirements
 - A. University (CMSRU) affiliated social media account administration.
 - 1. Any member of the University (CMSRU) community engaging in University (CMSRU)-affiliated social media must do so using an administrative or resource University email address to which more than one member of the University community has access.
 - a. A unique email must be created expressly for this purpose by submitting a request at support.rowan.edu.
 - b. No member of the University (CMSRU) community should be required, asked or permitted to use a private, personal account for the purpose of creating social media account(s) on behalf of the University (CMSRU).
 - c. If, for any reason, a social media account is presently linked to an individual person's email account, that person relinquishes all rights to the account.
 - 2. Social media contacts shall acknowledge all of the following:
 - a. They have obtained permission from their supervisor/management to use social media in an official capacity for their unit;
 - b. They must maintain access to and security of all social media usernames and passwords;
 - c. They must monitor and maintain the account(s) on a weekly basis. Inactive accounts may be subject to deactivation or deletion;
 - d. Resources will be made available for their reference at www.rowan.edu/socialmedia;
 - e. Other social media users may have different interests, attitudes, and opinions than those of the University (CMSRU). Social media contacts reserve the right to remove content, block users, or refrain from interacting with anyone for content deemed to be unlawful. Social

media contacts do not reserve the right to remove content deemed to be a difference of opinion; and

- f. Social media contacts' administrative access to social media accounts will be terminated upon exit from the University (CMSRU) or assignment to another job.
3. All University (CMSRU)-affiliated social media should be explicit regarding the relationship of the platform to the University (CMSRU).
4. All social media graphics and naming conventions must abide by the University's (CMSRU's) Graphic Standards policy.
 - a. University (CMSRU) trademarks and logos, including but not limited to the University (CMSRU) seal, torch and athletics logo, may not be used without approval.
 - b. 'Rowan University (CMSRU)' or 'Rowan' should be used within the social media username and prepend any qualifiers. 'RU' and other acronyms should not be used within the username unless the expanded versions do not adhere to unique platform restrictions.
 - c. Units that have multiple social media accounts should use the same photo and name across all platforms.

B. Personal Use of Social Media

1. Members of the University (CMSRU) community may not use the University (CMSRU) name, email addresses or University (CMSRU) logos/trademarks on social media to post information in a manner that may be interpreted as representing an official position of the University (CMSRU), or which may misrepresent the University's viewpoint. All accounts and posts in which a user identifies him/herself as a member of the University (CMSRU) community should clearly communicate: "The views and opinions expressed are strictly those of the author. The contents have not been reviewed or approved by Rowan University (CMSRU)" or "Views/opinions are my own."
 2. Members of the University (CMSRU) community may not access social media in a manner that interferes with or delays completion of their professional responsibilities.
 3. The University (CMSRU) name and University (CMSRU) email addresses may not be used on social media sites and online forums for personal communication.
 4. Members of the University (CMSRU) community may be held legally liable for what they post on their personal social media site(s) and should therefore refrain from any communications considered punishable under state or federal law.
 5. Individual students and student organizations are expected to abide by the Student Code of Conduct. Students may be accountable to the University (CMSRU) for acts on personal social media site(s) that violate the Student Code of Conduct.
 6. Any attempt by a member of the University (CMSRU) community to obscure his/her identity as a means to circumvent the prohibitions listed herein by representing himself/herself as another person, real or fictitious, is strictly prohibited.
- C. All University (CMSRU)-affiliated social media may not be used for any commercial business, financial transactions or interactions that would otherwise be considered irrelevant.
- D. Rights and permissions must be secured before posting, sharing or distributing copyrighted materials, including but not limited to music, art, photographs, texts, portions of video or information considered proprietary by a University (CMSRU) partner, vendor, affiliate or contractor. This does not

include archives from University Relations, photos taken in a public venue and photos in which individuals are not clearly identifiable.

- E. Social media tools may not be used to communicate or store information classified as confidential, private or otherwise considered privileged or sensitive by the University (CMSRU); which compromises the privacy of a member of the University (CMSRU) community or its clients; or is considered confidential under applicable federal and state laws including HIPAA and FERPA.
- F. Social media does not replace or otherwise eliminate the need to use the University's (CMSRU's) existing recruitment systems and processes for posting positions, collecting applications, conducting background checks, making offers of employment and other related activities.

6. Crisis Management

- A. The catch-phrase, "If you see something, say something" should be a standard rule in social media monitoring. In the event that information surfaces on social media sites that is deemed as harassing or threatening in nature, or helpful in a crisis or investigation, it must be immediately reported to 911 and/or Public Safety at 856-256-4911 with the following if available:
 - 1. Screenshot(s) of and link to the communication.
 - 2. Username(s) of the person(s) involved in the communication.
 - 3. As much information about the incident as possible.
- B. In the event of a crisis on campus, emergency messaging will be issued through the Department of Public Safety, the Office of Emergency Management and/or the Office of the President, and distributed according to the University's Emergency Response Team Communication Protocol. These messages will also be distributed on official University (CMSRU) social media accounts as needed.
 - 1. Rowan University:
 - a. Facebook: <https://www.facebook.com/RowanUniversity/>
 - b. Instagram: <https://www.instagram.com/rowanuniversity/>
 - c. Twitter: <https://twitter.com/rowanuniversity>
 - 2. CMSRU:
 - a. Facebook: <https://www.facebook.com/coopermedschool>
 - b. Instagram: <https://www.instagram.com/cmsru/>
 - c. Twitter: <https://twitter.com/coopermedschool>
 - 3. RowanSOM:
 - a. Facebook: <https://www.facebook.com/RowanSOM/>
 - b. Instagram: https://www.instagram.com/rowan_som/
 - c. Twitter: <https://twitter.com/rowansom>
 - 4. Share verbatim only the messaging provided by the aforementioned accounts to ensure only the correct information is disseminated. Do not share any information that does not come from any of the aforementioned University (CMSRU) sources.
 - 5. Postpone/delete any previously scheduled social media content and refrain from posting unrelated information on social media until after the crisis.

6. If any social media messages could be used to help in a crisis, alert 911 or the Department of Public Safety immediately.

7. Additional Requirements for Medical School Communities

- A. Misrepresentation in any social media by any member of the CMSRU or RowanSOM communities, regarding the status of his/her credentials as a medical student or medical professional, is strictly prohibited.

B. Specific Restrictions under HIPAA and FERPA for Medical Students

1. Posting PHI on social media by any individual within the CMSRU or RowanSOM communities is strictly prohibited under the HIPAA regulations, which apply to any information related to patients.
 - a. Never post a photograph or image of a patient to any electronic media, other than the patient's electronic medical record unless directly requested by a CUHC attending physician. Use of cameras or cell phone cameras in the patient care setting shall be for the sole purpose of assisting in the care and education of the patient for educational purposes. Any photographs taken in the patient care setting must be posted to the patient's electronic medical record.
 - b. Removal of an individual's name does not constitute proper de-identification of PHI. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from medical outreach trips) may still allow the reader to recognize the identity of a specific individual.
 - c. Never post derogatory or defamatory remarks about any patient (either current or past) to any social media, including any social media deemed to be "private."
2. Posting of any student records on social media by any individual within the CMSRU or RowanSOM community is strictly prohibited under the FERPA regulations.
 - a. FERPA-protected academic information of another medical student or trainee might include, but is not limited to, course or clerkship grades, narrative evaluations, examination scores or adverse academic actions.
3. All individuals within the CMSRU and RowanSOM communities must take steps to ensure compliance with all federal and state laws and regulations, including HIPAA and FERPA, by ensuring that their social media has the appropriate privacy settings to avoid the inadvertent dissemination of confidential information, with the understanding that even if they limit the number of people who can see their personal information, others who have access to this information may share it more broadly.
4. It is inappropriate for a CMSRU or RowanSOM medical student to accept "friend" requests from patients, unless the physician-patient relationship has ended. Even after the physician-patient relationship has ended, it would be inappropriate to discuss health-related information on social media.
5. The public disclosure or negative information about CMSRU, RowanSOM or affiliated clinical rotation sites on social media increases the risk of liability to the University (CMSRU) and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality at a medical facility.
6. The specific sanctions to be imposed for non-compliance with HIPAA or FERPA laws and

regulations, illegal activities, or violation of University/CMSRU/RowanSOM policies and procedures, will depend upon the severity and legal implications of the activity under review. Action will be initiated as appropriate in accordance with the classification of an individual (i.e., faculty, staff, medical student, resident, house staff, etc.) and, if necessary, the requirements of the individual's licensing boards, as set forth in the applicable disciplinary procedures within the medical schools' student handbooks. Discipline may range from simple counseling/guidance up to the risk of civil and/or criminal liability under applicable federal and state laws and regulations.

8. Non-Compliance and Sanctions

- A. Violations of this policy may result in the revocation of social media contact and account privileges.
- B. A disciplinary or other review may be initiated if any member of the University (CMSRU) community's social media activity violates law or University (CMSRU) policy or otherwise subjects the University (CMSRU) to potential liability for such acts.
- C. The purpose of this section is not intended to provide for the investigation of, or disciplinary action against, members of the University (CMSRU) community for the legal exercise of their First Amendment rights.

Attachments

-  [1: Definitions](#)
-  [2: References](#)

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | Sharon Clark: Director of Marketing & Public Relations | 06/2025 |



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Last Approved: 06/2025
Last Revised: 06/2025
Next Review: 06/2026
Owner: James Bongiovanni: Director,
Technology Services (Camden)
Area: Communications; Info
Technology & Resources
References:

Transmission of Sensitive Information Policy

CMSRU Adheres to the Rowan University Policy on the Transmission of Sensitive Information

POLICY:

Transmission of Sensitive Information Policy

PURPOSE:

This policy is required to comply with legal requirements regarding the protection of sensitive information in transit including, but not limited to Protected Health Information (PHI) and Personal Identifying Information (PII) from unauthorized access and to protect against data breaches. This policy sets forth requirements for the transmission or receipt of sensitive information on the Rowan University (CMSRU) network.

ACCOUNTABILITY:

Under the direction of the Vice President for Information Resources and Chief Information Officer, the Chief Information Officer and the Director of Information Security shall implement and ensure compliance with this policy. The Vice Presidents, Deans and other members of management will also implement this policy in their respective areas.

APPLICABILITY:

This policy applies to all Users accessing the Rowan (CMSRU) network or University (CMSRU) information through computing devices owned or managed the University (CMSRU). All University (CMSRU) faculty, students, staff, temporary employees, contractors, outside vendors and visitors to campus who have access to University (CMSRU)-owned or managed information through computing systems or devices are "Users."

DEFINITIONS

Refer to the [Rowan University Technology Terms and Definitions](#) for terms and definitions that are used in this policy.

POLICY:

1. All sensitive information including Protected Health Information (PHI) and Personal Identifying Information (PII) (as defined below) that is transmitted or received by Rowan University's (CMSRU's) computer systems, including mobile devices, must be encrypted when transmitted over wireless or Public Networks, including when transmitted via FTP and electronic mail.
2. Examples of when encryption is required include, but are not limited to:
 - a. A University (CMSRU) employee, student, contractor, or vendor sending or receiving the University's (CMSRU's) PHI or PII using his/her home's Internet Service Provider (ISP) connection (e.g. cable company or DSL), unless both (a) using a VPN connection, and (b) transmitting only to a destination within the campus network;
 - b. Any transmission of PHI or PII sent over any home, public, hotel, or the unsecured campus wireless network, unless both (a) using a VPN connection, and (b) transmitting only to a destination within the campus network. Use of the UNC-Secure campus wireless network does not require VPN as long as one is transmitting to a destination within the campus;
 - c. A University (CMSRU) employee, student, contractor, or vendor sending or receiving the University's (CMSRU's) PHI or PII to a destination address outside the campus network. (Encryption is required in this case, even if a VPN connection is used);
 - d. Any vendor transmissions of PHI or PII sent over the Internet; and
 - e. Use of a PDA to transmit PHI or PII over a Public Network.
3. Encryption is not *required* for a University (CMSRU) employee who uses an on-campus workstation, with a wired connection to the University (CMSRU) network, to transmit a document to another University (CMSRU) User or to save a document containing PHI or PII to his/her University (CMSRU)-managed network folder.

NON-COMPLIANCE AND SANCTIONS

Violation of this policy may subject the violator to disciplinary actions, up to or including termination of employment or dismissal from a school and may subject the violator to penalties stipulated in applicable state and federal statutes.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | James Bongiovanni: Director, Technology Services (Camden) | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 03/2016
Effective: 06/2025
Last Approved: 06/2025
Last Revised: 08/2023
Next Review: 06/2026

Owner: James Bongiovanni: Director,
Technology Services (Camden)
Area: Communications; Info
Technology & Resources

References:

University Mass Notification Systems Policy

CMSRU Adheres to the Rowan University Policy on Mass Notifications

POLICY:

University Mass Notification Systems

PURPOSE:

The purpose of this policy is to define and limit when administrative and academic officials at Rowan University (CMSRU) can use Rowan Alert and Rowan Connect to send SMS text messages, voice over phone and email.

ACCOUNTABILITY:

Under direction of the President, the Vice President of University Relations, and the Assistant Vice President for the Department of Public Safety, shall be responsible for utilization of Rowan Mass Notification System and shall implement and ensure compliance with this policy.

SCOPE:

This policy is applicable to all Rowan Alert and Rowan Connect communications utilizing the Rowan University (CMSRU) network.

DEFINITIONS:

SMS - Short Message Service. SMS is a message system designed for cellular phones. Unlike email, SMS messages, commonly referred to as text messages, are sent to phone numbers, not addresses. They are routed through a gateway, which connects directly to the carrier's network. SMS is also identified as SMPP - Short Message Peer to Peer Protocol.

REFERENCES

1. IRT Rowan Connect website: <https://confluence.rowan.edu/x/PAN0Aw>
2. Rowan Emergency Information website: <http://www.rowan.edu/emergency/>

POLICY:

1. Rowan University (CMSRU) recognizes that communication to students and employees is critical to the success of the University (CMSRU), and that additional mediums of communication are needed to supplement electronic mail in situations that require rapid notification and response. Based on the increasing reach of mobile phones, Rowan Alert is utilized by the Department of Public Safety, Office of Emergency Management and University Relations solely for use in emergent situations, and Rowan Connect is utilized when an important deadline requiring action is approaching.
2. Subscriptions
 - a. Rowan Mass Notification System is a subscription in which all students and employees with mobile numbers in Banner are opted-in to ensure their receipt of emergent and/or time-sensitive communications. All individuals are asked to update their mobile contact information via id.rowan.edu on a periodic basis pursuant to user password reset guidelines to ensure receipt of communications.
 - b. Rowan Mass Notification System is the University's primary emergency alert notification system, maintaining a subscription process managed by the Department of Public Safety (DPS), Office of Emergency Management and University Relations. All faculty, staff, administrators, and students are required to provide their cell numbers to be used by the DPS for immediate and emergency notifications (Rowan Alerts). Students will not be allowed to opt out of Rowan Mass Notification System. Faculty will be allowed to opt out of Rowan Mass Notification System only with the approval of the Provost. Staff will be allowed to opt out only with the approval of the Chief Human Resources Officer.
3. Acceptable Use Policy:
 - a. All communications to be sent via Rowan Alert or Rowan Connect will meet the following criteria:
 - i. Short Message System (SMS) should not be used for information the user will need to reference later, such as receipts or confirmation codes, and any information sent by SMS should be readily actionable in a short timeframe.
 - ii. SMS is designed to supplement the communication methods currently used and should not be used as the sole source of messaging.
 - iii. All SMS messages will be targeted to the appropriate subset(s) of these populations for effectiveness, based on the content and applicability to the target audience(s).
 - iv. The Department of Public Safety uses several message systems to deliver information to the Rowan Community, i.e., SMS, email, voicemail, social media, or a Rowan Announcer. Selection of the message delivery used is dependent on whether the incident is currently occurring and poses an imminent threat to the Rowan community, or an incident that has already occurred, but requires timely notification.
 1. Rowan Alerts (Immediate and Emergency Notification) are sent through the University's Mass Notification System, using SMS, email, Rowan Announcer, and/or through other methods deemed appropriate. Rowan Alerts will only be used for an event that is currently occurring when there is an emergency or significant threat to campus safety in accord with Department of Public Safety procedures. All Rowan Alerts will be prefaced with "ROWAN ALERT" to clearly identify the emergency message. Rowan Alert notifications will also include updates and/or follow-up messages.
 2. Rowan Timely Warnings are sent through the University's Mass Notification System using

the email feature, SMS, the Rowan Announcer and/or through other methods deemed appropriate for events that have already occurred on or directly adjacent to campus property but still require notification to the Rowan community in a reasonable period in accord with Department of Public Safety procedures. All Rowan Timely Warning messages sent will be prefaced with "ROWAN TIMELY WARNING" to distinguish them. Rowan Timely Warnings are required by applicable law to the campus community for a specific set of crimes that represent a serious or continuing threat to the students and employees of the university.

3. Rowan Advisory messages are sent through the University's Mass Notification System, using the email feature, and/or SMS. All Rowan Advisory messages sent will be prefaced with "ROWAN ADVISORY" to distinguish them. Rowan Advisory messages are used to communicate important information in non-emergency situations and/or which do not require a Rowan Alert or Rowan Timely Warning under applicable law. Examples include but not limited to:

- Power outage, pattern of thefts, weather closure, assailant in custody.
- Pattern of minor arson, drink spiking, remote operations, police activity in an area, assisting law enforcement, and phone outage.

4. Complaints/Additional support – Rowan Alert, Rowan Timely Warning, or Rowan Advisory: When a student or employee believes that Rowan Alert, Rowan Timely Warning, or Rowan Advisory, has not been used in accordance with this policy, they are encouraged to initiate a formal complaint or seek to resolve that concern informally by communicating their concern directly to the office which has sent the communication, e.g.: Department of Public Safety, Office of Emergency Management or University Relations.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner - Review and determine if changes are needed; Add collaborators as needed | James Bongiovanni: Director, Technology Services (Camden) | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 05/2016
Effective: 06/2025
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Last Revised: 06/2025
Next Review: 06/2026
Owner: Pratima Pandey: Clerical Support
Area: Diversity, Equity and Inclusion
References:

Protection of Minors

CMSRU Adheres to [Rowan University's \(CMSRU's\) Protection of Minors Policy](#)

POLICY :

Protection of Minors

PURPOSE:

To provide guidelines for all Rowan University (CMSRU) employees, faculty, staff, student employees, contractors, representatives, agents and volunteers of the appropriate protection and supervision of Minors participating in Rowan University (CMSRU)-sponsored Programs, or in Programs operated by external entities that are held in or at Rowan University (CMSRU) facilities/locations, and to ensure compliance with New Jersey's mandatory reporting obligations under N.J.S.A. 9:6-8.10, which requires any person having reasonable cause to believe that a minor child has been subjected to child abuse, including sexual abuse, or acts of child abuse to report the same immediately to the New Jersey Division of Child Protection and Permanency.

SCOPE:

This policy applies to all Rowan University (CMSRU) employees, faculty, staff, student employees, contractors, representatives, volunteers and agents, all of whom have a duty to follow this policy to ensure appropriate protection and supervision of Minors participating in Rowan University (CMSRU)-sponsored programs.

REFERENCES

- A. Whistleblower Policy ("Reporting Compliance & Ethics Concerns")
- B. United Educator's On-Line Training Module, "Protecting Children: Identifying and Reporting Sexual Misconduct"
- C. N.J.S.A. 9:6-8.10 ("Reports of Child Abuse")
- D. N.J.S.A. 9:6-8.14 ("Violations Including Failure to Report; Disorderly Person")
- E. New Jersey's Code of Criminal Justice
- F. Laboratory Safety Policy

DEFINITIONS:

This policy is subject to the following definitions:

- A. *Abuse* – the physical, sexual or emotional harm or risk of harm to a child under the age of eighteen (18) caused by a parent or other person who acts as a caregiver for the child.
- B. *Neglect* – when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.
- C. *Minor* – A person under the age of eighteen (18) participating in a Rowan University (CMSRU)-sponsored Program or a Program operated in or at Rowan University (CMSRU) facilities/locations. While all suspected instances of Abuse or Neglect of a Minor must be reported under the State of New Jersey's Mandatory Reporting Requirements and Rowan University's (CMSRU'S) Protection of Minors Policy, other policy requirements are not applicable to Rowan students under the age of 18 who are enrolled in the Rowan University undergraduate program, including Summer/Winter Session courses.
- D. *Authorized Adult* – Individual(s), paid or unpaid, who is (are) authorized to supervise or regularly chaperone Minors. An Authorized Adult must be at least eighteen (18) years of age.
- E. *Direct Contact Position or Job Title* – Position or job title that includes responsibility to exercise direct supervision, guidance, or control of Minors, which may include, but is not limited to, counselors or volunteers.
- F. *Mandatory Reporting Requirements* – New Jersey is a mandatory reporting state. This means that any person having reasonable cause to believe that a Minor has been subjected to Abuse or Neglect, must report the same immediately to the New Jersey Division of Child Protection and Permanency ("DCP&P").
- G. *One-on-one Contact* – Interaction between any Authorized Adult and a Minor without at least one other Authorized Adult, parent or legal guardian present.
- H. *Programs* – Programs, events and activities offered by any Rowan University (CMSRU) academic, administrative or athletic unit, or by external entities using Rowan University (CMSRU) facilities/locations.
- I. *Rowan University (CMSRU)-sponsored Program* – Any Program that (a) involves the use of Rowan University (CMSRU) funds to pay (or reimburse) expenses for all or part of the Program; (b) is being led in whole or in part by a Rowan University (CMSRU) employee; and/or (c) is sponsored by (not just arranged through) a Rowan University college, school, or department.
- J. *Sponsoring Unit* – The Rowan University (CMSRU) academic, administrative or athletic unit that is offering or sponsoring a Program.

POLICY:

1. Rowan University (CMSRU) is committed to the appropriate supervision and protection for all Minors participating in Rowan University (CMSRU)-sponsored Programs on its campus and all Minors participating in Programs operated in or at Rowan University (CMSRU) facilities/locations. As a New Jersey State entity, Rowan University (CMSRU) adopts the policies and procedures mandated by New Jersey state law to protect minor children and the Mandatory Reporting Requirements of Abuse and Neglect.
2. At the very minimum, and regardless of whether or not Rowan University (CMSRU) is sponsoring the Program at which the observation is made, New Jersey's Mandatory Reporting Requirements require all Rowan University (CMSRU) employees, student employees, contractors, representatives, agents, and

volunteers having reasonable cause to believe that a Minor has been subjected to Abuse or Neglect, to report the same immediately to the New Jersey Division of Child Protection and Permanency ("DCP&P"). Rowan University (CMSRU) has the responsibility to ensure that all reports can be submitted without fear of retaliation or reprisal. Reports of Abuse or Neglect must be submitted immediately pursuant to the process set forth below in Section VI.7 (Mandatory Reporting Requirements).

3. Other than the Mandatory Reporting Requirements under this policy, the remaining requirements under this policy shall not apply to Rowan University's traditional academic activities involving enrolled students who are under the age of eighteen (18).
4. Other than the Mandatory Reporting Requirements under this policy, and the requirement to register the Program with University Events, the remaining requirements under this policy shall not be applicable to Programs that are open to the public, nor to Programs where Minors will be chaperoned by their parent(s)/guardian(s), or an adult chaperone who is not affiliated with Rowan University (CMSRU) (i.e., school teacher), during their presence in or at Rowan University (CMSRU) facilities/locations.
5. Rowan University (CMSRU) shall make its best efforts to ensure that external entities sponsoring Programs in or at Rowan University (CMSRU) facilities/locations are aware of the requirements to protect Minors under this policy. However, Rowan University (CMSRU) is not responsible for ensuring that external entities comply with this policy or applicable law. It is Rowan University's (CMSRU's) expectation that external entities shall make reasonable efforts to implement best practices similar to those set forth in this policy if Minors will be present at their events in or on Rowan University's (CMSRU's) facilities/locations. The external entity is solely responsible for all individuals the external entity retains to staff or supervise the Program, to include but not be limited to all employees, volunteers, independent contractors, and agents of the external entity. Nothing in this paragraph shall be construed as discharging Rowan University (CMSRU) employees, student employees, contractors, representatives, agents, or volunteers from their legal duty to submit a report to DCP&P when they have reasonable cause to believe that a Minor has been subjected to Abuse or Neglect.
6. Rowan University operates an early childhood educational program which is subject to additional statutory and regulatory requirements for the provision of childcare and education. Nothing stated herein is intended to limit Rowan University's ability to implement additional policies for its early childhood educational program.

7. Mandatory Reporting Requirements

- a. All Rowan University (CMSRU) employees, student employees, contractors, representatives, volunteers, and agents having reasonable cause to believe that a Minor has been subjected to Abuse or Neglect, are required by law to report the same immediately to the Division of Child Protection and Permanency ("DCP&P") (formerly the Division of Youth and Family Services ("DYFS")). DCP&P operates a statewide child abuse hotline 24 hours per day, every day of the year. The telephone number is 1-877-NJ ABUSE (1-877-652-2873). A concerned caller does not need proof to report an allegation of Abuse or Neglect and can make the report anonymously. Any person who, in good faith, makes a report of Abuse or Neglect is immune from any criminal or civil liability as a result of such action. The report should include whatever information may be helpful, such as the identity of the alleged perpetrator, the names and addresses of the Minor and his/her parent or other guardian or caretaker, the Minor's age and the nature and extent of the Minor's injury, abuse or mistreatment.

In addition to making a report to DCP&P, the following internal Rowan University (CMSRU) procedures must be followed by an individual having reasonable cause to believe that a Minor has

been subjected to Abuse or Neglect, and their supervisor:

- i. The individual should immediately notify their supervisor of the situation. An initial verbal report to their supervisor is acceptable, with written documentation of the report to follow within 24 hours. For Athletics staff, a copy of this report must also be made provided to the Director of Athletics within the same period.
 - ii. The individual and their supervisor should immediately notify the Rowan University (CMSRU) Department of Public Safety and Emergency Management at (856) 256-4922. Anonymous reports can be made using this number or via the 24 hour/7 days per week Integrity Hotline at (855) 431-9967, or via the web at <https://rowan.alertline.com>.
 - iii. The individual and their supervisor should notify the Dean of Students at (856) 256-4283 within 24 hours.
 - iv. Within forty-eight (48) hours of submitting a completed and approved report to DCP&P, a copy must be submitted to the Department of Public Safety Assistant Vice President/Emergency Management Coordinator and the Dean of Students for recordkeeping. In cases where Rowan University's (CMSRU's) Department of Public Safety and Emergency Management cannot or is not involved, the Dean of Students shall be the designated Rowan University (CMSRU) official for purposes of the reporting and recordkeeping obligations hereunder.
- b. When a report made to DCP&P indicates that a Minor may be at risk, an investigator from DCP&P will promptly investigate the allegations of child abuse or neglect within twenty-four (24) hours of receipt of the report.
 - c. Pursuant to N.J.S.A. 9:6-8.14(a), any person who knowingly fails to report an act of child abuse, having reasonable cause to believe that an act of child abuse has been committed, is a disorderly person. Penalties for disorderly persons can include fines not to exceed \$1,000 and/or imprisonment not to exceed six months.
 - d. Pursuant to N.J.S.A. 9:6-8.14(b), any person who knowingly fails to report an act of sexual abuse against a child, who has reasonable cause to believe that an act of sexual abuse has been committed, is guilty of a crime of the fourth degree. Penalties for fourth degree crimes can include fines not to exceed \$10,000 and/or imprisonment not to exceed 18 months.
 - e. All Rowan University (CMSRU) employees, student employees, contractors, representatives, volunteers, and agents who may come into contact with Minors through any Rowan University (CMSRU)-sponsored Program and/or become aware of a Minor participating in any Program that is engaging in self-injurious behavior, expressing suicidal ideation, plan or intent or homicidal ideation, plan or intent, or any other behavior that puts their own or other individual's health and safety at risk must contact the Police immediately at 911. Rowan University's (CMSRU'S) Department of Public Safety & Emergency Management will be contacted for emergency response and/or transport to the nearest emergency room.
 - i. The immediate supervisor should then contact the Dean of Students, in consultation with the Director for Student Health Services, to develop an appropriate plan of action.
 - ii. At a minimum, the Minor's legal guardian(s) will be notified by the Dean of Students, or his/her designee, and the identified concern over health and safety will be communicated to the legal guardian.
 - iii. The Division Leader of the Sponsoring Unit and/or the individual responsible for running the Rowan (CMSRU)-sponsored Program will consult with the Dean of Students to determine

whether it would be appropriate for the Minor to continue participation in the Rowan-sponsored Program.

- f. Rowan University (CMSRU) shall not retaliate or engage in adverse employment action against any individual who reports a reasonable belief that a Minor has been subjected to Abuse or Neglect, or is engaging in self-injurious behavior or homicidal ideation. Rowan University (CMSRU) prohibits retaliation against any individual who in good faith files a report in accordance with this section of the policy or participates in any investigation related to same. Retaliation is a serious violation of this policy and, like a policy violation itself, will be subject to disciplinary action.

8. Procedures for Rowan (CMSRU)-sponsored Programs Involving Minors – Sponsoring Units operating a Rowan (CMSRU)-sponsored Program involving Minors (not including minors matriculated as undergraduate students) must operate the Rowan (CMSRU)-sponsored Program in accordance with the following guidelines:

a. Registration / Compliance

- i. Sponsoring Units holding a Rowan (CMSRU)-sponsored Program involving Minors must register that Program with University Events. To register the Program, Sponsoring Units shall complete the Form at <http://go.rowan.edu/eventform> at least thirty (30) days before the Program.
- ii. Following submission of the Event Registration Form, the Sponsoring Unit will be informed as to whether or not the “Compliance Requirements” below (i.e., sex offender registry checks, criminal background checks, training) apply to the Program. For some programs involving Minors, the Compliance Requirements may not apply, such as those open to the public or where the Minors will be chaperoned by a parent/guardian, or other adult not affiliated with Rowan (CMSRU) (i.e., teacher). However, if the Compliance Requirements apply, the Sponsoring Unit must then submit a Compliance Form with University Events (via email at universityevents@rowan.edu), confirming compliance with the Compliance Requirements and this policy, by no later than fifteen (15) days prior to the Program.
- iii. Please note, even if it is determined that the Compliance Requirements in this policy do not apply to the Program, the Mandatory Reporting Requirements will always be applicable.
- iv. If the Compliance Requirements apply, Sponsoring Units should have parents/guardians execute a Rowan University (CMSRU) Release and Waiver – “Parent/Guardian Approval for Minor Child to Participate in Rowan (CMSRU) Activity or Event Form.” for all Minors participating in the Program. A link to the form can be found here: <https://sites.rowan.edu/generalcounsel/forms-templates.html>. Questions regarding waivers can be directed to the Office of General Counsel at legalreview@rowan.edu or 856-256-5110.

b. Compliance Requirements

- i. All Rowan University (CMSRU) Authorized Adults and those in a Direct Contact Position or Job Title who will participate in a Rowan University (CMSRU)-sponsored Program involving Minors must undergo the following:
 - 1. Sex offender registry check must be completed within the twelve (12) month period preceding the start of the Program, conducted by the Sponsoring Unit via the Dru Sjodin National Sex Offender Public Website at <http://www.nsopw.gov/en-US>. The Sponsoring Unit is also responsible for maintaining these records.
 - 2. Criminal Background Check within at least the last four (4) years preceding the start of the

Program, administered by Human Resources. Any inquiries can be directed to Human Resources at hr@rowan.edu with "Protection of Minors Policy – Background Check(s)" in the subject line. NOTE: Rowan (CMSRU) student volunteers who participate in the Rowan University (CMSRU)-sponsored Program under the supervision of a Rowan University (CMSRU) faculty or staff member are not required to have a Criminal Background Check performed.

3. Training on the conduct requirements of this policy, on protecting Minors from abuse, and on required reporting of incidents of improper conduct to the proper authorities. Training must have been completed within the twelve (12) month period preceding the start of the Program. Training will be administered by the Department of Risk Management and Insurance, and all related training needs and questions should be directed to Risk Management at (856) 256-4370 or (856) 256-4128. Risk Management will work with the Sponsoring Unit to enroll individuals into the training program, but is the responsibility of each Sponsoring Unit to ensure training is completed in compliance with this policy.
- ii. Criminal Background Checks will be administered and records maintained by Human Resources, but it is the responsibility of each Sponsoring Unit to ensure Criminal Background Checks are conducted in compliance with this policy. If the Criminal Background Check reveals a record of a sexually based offense or a crime against Minors, Human Resources and/or the Office of General Counsel will notify the individual and the Sponsoring Unit that the individual is unable to participate in the Program. If other offenses are revealed by the Criminal Background Check, Human Resources, in consultation with the Office of General Counsel, will determine whether the individual is able to participate in the Program. If it is decided the individual is not permitted to participate in the Program, Human Resources and/or the Office of General Counsel will notify the individual and the Sponsoring Unit. The cost of Criminal Background Checks is the responsibility of the Sponsoring Unit.
 - iii. If a sex offender registry check indicates a record of sexually based offenses or crimes against Minors, the Sponsoring Unit shall immediately notify the Office of General Counsel. The Office of General Counsel will notify the individual that participation in the Program will not be permitted.
 - iv. All records related to Criminal Background Checks are confidential and will be treated as such. These records will be maintained in accordance with applicable law.
- c. Measures to Prevent Abuse of Minors
- i. All persons must make all reasonable efforts to remove Minors from dangerous or potentially dangerous situations.
 - ii. All persons subject to this policy are required to notify Rowan University (CMSRU) (through the Department of Human Resources) immediately upon conviction of any crime. Failure to do so may result in the imposition of sanctions up to and including termination for cause.
 - iii. Authorized Adults and individuals in Direct Contact Positions or Job Titles participating in Programs covered by this policy must not, unless required by exigent circumstances:
 1. Have contact with Minors in one-on-one situations. When feasible, there should be two or more Authorized Adults and/or individuals in Direct Contact Positions or Job Titles present during activities when Minors are present. Where not feasible, an Authorized Adult may supervise a group of Minors.
Private one-on-one instruction is the accepted standard in limited educational settings,

such as music lessons. In those situations, the Program shall take reasonable and appropriate measures to ensure the safety of Minors. Such measures shall include at a minimum, notification to the parents or guardians of the Minors of the intended educational setting and a signed acknowledgment of same.

2. Enter a Minor's bedroom, bathroom facility, or similar area when that Minor is staying overnight in Rowan University housing without another Authorized Adult or individual in Direct Contact Positions or Job Titles in attendance.
 3. Share accommodations with Minors, with the exception of a Minor's parents or guardians sharing accommodations with their own children.
 4. Engage in abusive conduct of any kind toward, or in the presence of, a Minor.
 5. Strike, hit, administer corporal punishment to, or touch in an inappropriate or illegal manner any Minor.
 6. Provide vehicular transportation to Minors at any location, other than the driver's child(ren), except as specifically authorized in writing by the Minors' parent or legal guardian.
 7. Provide alcohol or illegal drugs to any Minor. Authorized Adults or individuals in Direct Contact Positions or Job Titles must not provide prescription drugs or any medication to a Minor unless specifically authorized in writing by the parent or legal guardian as being required for the Minor's care or the Minor's emergency treatment.
- iv. If an allegation of inappropriate conduct has been made against an Authorized Adult or person in a Direct Contact Position or Job Title participating in a Program, that person shall not be permitted to participate in the Program until such allegation has been satisfactorily resolved by Rowan University (CMSRU).
- d. Measures to Maintain Adequate Supervision of Minors
- i. Whenever feasible, all activities involving Minors should be supervised by at least two or more Authorized Adults or individuals in Direct Contact Positions or Job Titles, or by the Minor's parent(s) or legal guardian(s) at all times.
 1. "Adequate supervision" will depend upon the number and age of Minor participants; the activity(ies) involved; the type of housing, if applicable; and age and experience of the supervisors.
 - ii. Students who are at minimum 18-years-old and are participating in the Program as either employees or volunteers may supervise Minor participants, subject to the same policy requirements provided herein.
 - iii. Where Rowan University Housing is provided, Programs must adopt and implement rules and regulations for proper supervision of Minors while in housing. The following minimum standards must be included:
 1. All Programs involving housing of minors must register with University Events and receive advance permission of the Program.
 2. Guidelines on adequate number of staff for supervision of Minors in particular activities.
 3. Written permission signed by the parent/guardian for the Minor to reside in University housing, including contact information for parents and emergency medical authorization. This permission form should be maintained by University Events and a copy shall be provided to the Office of Risk Management.

4. Guests of participants, if allowed (other than a parent/legal guardian and other Program participants), are restricted to visitation in common areas only of the building, and only during approved hours specified by the Program.
 5. The Program must comply with all security measures and procedures specified by Residential Learning.
 6. Pre-enrollment visit programs for High School students housed overnight in residence halls must be registered with the Office of Residence Life.
- e. Measures to Address Medical and Emergency Situations involving Minors
- i. Authorization of and Access to Emergency Medical Services
 1. An authorization for medical treatment, release of medical information (HIPAA), emergency treatment and general medical liability waiver form must be completed, as applicable, by the parent or guardian of each participant. University Events will notify the Sponsoring Unit which forms are necessary.
 2. Programs must arrange for access to emergency medical services at all locations. Medical care appropriate for the nature of the Programs, expected attendance and other variables should be taken into consideration. In case of emergency, individuals must call 9-1-1.
 - ii. Distribution or Administration of Medications
 1. Medication may be distributed to the Minor by Program staff only in accordance with written authorization from the Minor's parent or legal guardian, as applicable. University Events will notify the Sponsoring Unit when authorization is necessary. All such medication must be provided in its original pharmacy container labeled with the Minor's name, name of the medication, dosage and timing of consumption. Over-the-counter medications must be provided in the manufacturers' original container.
 2. Staff shall keep medication in a secure location, and at the appropriate time for distribution shall meet with the Minor, as appropriate given the nature of the Program.
 3. Any medication which the Minor cannot self-administer must be stored and administered in accordance with the fully executed medication permission form signed by the parent or guardian.
 - iii. Safety Measures for Laboratory or Research Activities - All programs which include laboratory or research activities must follow appropriate safety measures approved by the Rowan University Office of Environmental Health & Safety.
 - iv. Notification Provided to Parents/Guardians in an Emergency - Programs must establish a procedure for the notification of the Minor's parent/legal guardian in case of an emergency, including medical or behavioral problems, natural disasters, or other significant Program disruptions.
9. **Minors Not Participating in a Rowan University (CMSRU)-sponsored Program** - Rowan University (CMSRU) is a university campus and is generally not a proper environment for Minors who are not directly accompanied by a parent or guardian unless they are registered in a Program planned for Minors, and adequately supervised by adults who have the appropriate training and credentials. Accordingly, the following rules shall apply:
- a. Rowan University (CMSRU) students who have a Minor relative, friend or other guest visiting them and/or staying overnight in Rowan University housing must comply with all applicable policies and

procedures in the Student Handbook.

- b. Rowan University students may not babysit Minors in their campus housing, including but not limited to dormitory rooms. This prohibition applies even if the student is not being paid for babysitting.
- c. Pursuant to other Rowan University (CMSRU) policies and/or Federal and/or State laws and regulations, Minors should not be present in certain facilities/locations and environments. If a parent or guardian brings his or her Minor child to work, the parent or guardian is responsible for the Minor's welfare and must ensure that the Minor does not visit such restricted facilities/locations or environments.
- d. Minors must not be left unsupervised on Rowan University's (CMSRU's) campus. It is the responsibility of those who bring Minors to campus to ensure appropriate and continuous supervision.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Pratima Pandey: Clerical Support | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 12/1999
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 06/2020
Next Review: 07/2026
Owner: Pratima Pandey: Clerical Support
Area: Engagement and Community Impact
References:

Policy Prohibiting Discrimination in the Workplace and Educational Environment (Formerly: Policy Prohibiting Discrimination in the Workplace)

CMSRU Adheres to the Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment

POLICY:

Policy Prohibiting Discrimination in the Workplace and Educational Environment
(formerly: Policy Prohibiting Discrimination in the Workplace)

PURPOSE:

Rowan University (CMSRU) is committed to providing every Rowan University (CMSRU) employee, prospective Rowan employee, and student with a work and educational environment free from prohibited discrimination or harassment. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated.

ACCOUNTABILITY:

Supervisors and Managers are responsible for maintaining a discrimination and harassment-free work and educational environment. The Office of Employee Equity in Human Resources and the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion are responsible for the promotion and implementation of this policy, as well as responding to any and all complaints of violations of this policy.

SCOPE:

As a New Jersey state institution, Rowan University (CMSRU) is subject to state legislation prohibiting discrimination, described more fully at **N.J.A.C. 4A:7-3**. This Policy, modeled after the New Jersey State Policy Prohibiting Discrimination in the Workplace, is applicable to all Rowan University (CMSRU) employees, prospective employees and students bringing forth complaints against university (CMSRU) employees for alleged discrimination.

As a recipient of Federal financial assistance, Rowan University (CMSRU) is also subject to Title IX of the

Education Amendments of 1972. Title IX is a federal law that prohibits sex discrimination in the University's (CMSRU's) programs and activities. It reads: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." Student complaints of sexual misconduct against students and University (CMSRU) employees raise Title IX concerns and are therefore governed by the University's (CMSRU's) Policy Prohibiting Sexual Misconduct and Harassment. (<https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy>).

Student Discrimination Complaints Against Other Students: Complaints by students against other students for all forms of discrimination based on protected classifications should be reported to the Associate Vice President of Diversity, Equity and Inclusion, who retains discretion to determine the most appropriate avenue of response, including but not limited to, coordination with other University resources such as Residential Learning, the Office of Community Standards, or the Dean of Students/CMSRU Office of Student Affairs. (See: [Office of Student Equity and Compliance](#), Complaint Form: https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16). Not all such allegations will warrant a full investigation, but the University (CMSRU) reserves the right to investigate any matter in which discrimination based on a protected class is asserted.

DEFINITIONS:

1. *Discrimination/Harassment in the Workplace or Educational Environment* means any employment or educational practice or procedure that treats an individual less favorably based upon any of the protected categories referred to below or as provided under applicable law. It is also a violation of this policy to use derogatory or demeaning references regarding the protected categories listed below or as provided under applicable law.
2. *Sexual Harassment in the Workplace* means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
 - b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
3. *Sexual Misconduct in the Educational Environment* means the forms of sexual misconduct set forth in the Policy Prohibiting Sexual Misconduct and Harassment. (<https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy>). All of the definitions and procedures set forth in that policy apply to such complaints. Prohibited conduct includes Non-Consensual Sexual Intercourse or Penetration (Rape), Non-Consensual Sexual Contact (Fondling), Sexual Exploitation, Intimate Partner Violence, Stalking, and Sexual/Gender-Based Harassment.
4. *Third Party Harassment* means unwelcome behavior involving any of the protected categories referred to in the policy below that is not directed at an individual but exists in the workplace and interferes with an individual's ability to do his or her job.
5. *Retaliation* means adverse employment or educational consequences based upon that employee or student bringing forth a complaint, providing information for an investigation, testifying in any proceeding

under this policy, or engaging in any other protected activity under this policy or under applicable law.

STANDARD OF EVIDENCE:

A finding under this policy will be based on the preponderance of the evidence standard. In other words, a finding will be made if the evidence as a whole shows that is more likely than not that a violation of the policy occurred.

POLICY STATEMENT:

1. Protected Categories

Rowan University (CMSRU) is committed to providing every employee, prospective employee and student with a work and educational environment free from prohibited discrimination or harassment. Under this policy, forms of discrimination or harassment based upon the following protected categories are prohibited and will not be tolerated: race, creed, color, national origin, nationality, ancestry, age, sex/ gender (including pregnancy), marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, disability or any other protected classification (**N.J.A.C. 4A:7-3.1**).

To achieve the goal of maintaining a work and educational environment free from discrimination and harassment, Rowan University (CMSRU) strictly prohibits the conduct that is described in this policy. This is a zero tolerance policy. This means that the University (CMSRU) reserves the right to take either disciplinary action, if appropriate, or other corrective action, to address any unacceptable conduct that violates this policy, regardless of whether the conduct satisfies the legal definition of discrimination or harassment.

2. Applicability

Prohibited discrimination/harassment undermines the integrity of the employment relationship, compromises equal employment opportunity, debilitates morale and interferes with work productivity. Thus, this policy applies to all employees and applicants for employment at Rowan University (CMSRU). Similarly, discrimination/harassment undermines the integrity of the educational relationship and compromises a student's ability to participate in and enjoy the benefits of the University's (CMSRU's) education program. Thus, this policy applies to student complaints alleging discrimination against University (CMSRU) employees, with the exception of sexual misconduct allegations, which are governed by the Policy Prohibiting Sexual Misconduct and Harassment.

The University (CMSRU) will not tolerate harassment or discrimination by anyone in the workplace or educational environment, including supervisors, co-workers, professors, adjunct faculty or persons doing business with the University (CMSRU), including vendors and third party consultants. This policy also applies to both conduct that occurs in the workplace or educational environment and conduct that occurs at any location which can be reasonably regarded as an extension of the workplace or educational environment (any field location, any off-site business-related social function, or any facility where Rowan University (CMSRU) business is being conducted and discussed).

This policy also applies to third party harassment. Third party harassment, or hostile environment harassment, is unwelcome behavior involving any of the protected categories referred to in section above that is not directed at an individual but exists in the workplace or educational environment and interferes with an individual's ability to do his or her job or to participate in and enjoy the benefits of the education

program. Third party harassment based upon any of the aforementioned protected categories is prohibited by this policy.

3. Prohibited Conduct

- a. It is a violation of this policy to engage in any employment or educational practice or procedure that treats an individual less favorably based upon any of the protected categories referred to above. This policy pertains to all employment practices such as recruitment, selection, hiring, training, promotion, transfer, assignment, layoff, return from layoff, termination, demotion, discipline, compensation, fringe benefits, working conditions, and career development and to all educational practices such as grading student work, providing educational opportunities, and discipline.

It is also a violation of this policy to use derogatory or demeaning references regarding a person's race, gender, age, religion, disability, affectional or sexual orientation, ethnic background, or any other protected category set forth above. A violation of this policy can occur even if there was no intent on the part of an individual to harass or demean another.

- b. Examples of behaviors that may constitute a violation of this policy include, but are not limited to:
 - i. Discriminating against an individual with regard to terms and conditions of employment or education because of being in one or more of the protected categories referred to above;
 - ii. Treating an individual differently because of the individual's race, color, national origin or other protected category, or because an individual has the physical, cultural or linguistic characteristics of a racial, religious, or other protected category;
 - iii. Treating an individual differently because of marriage to, civil union to, domestic partnership with, or association with persons of a racial, religious or other protected category; or due to the individual's membership in or association with an organization identified with the interests of a certain racial, religious or other protected category; or because an individual's name, domestic partner's name, or spouse's name is associated with a certain racial, religious or other protected category;
 - iv. Calling an individual by an unwanted nickname that refers to one or more of the above protected categories, or telling jokes pertaining to one or more protected categories;
 - v. Using derogatory references with regard to any of the protected categories in any communication;
 - vi. Engaging in threatening, intimidating, or hostile acts toward another individual in the workplace or educational environment because that individual belongs to, or is associated with, any of the protected categories; or
 - vii. Displaying or distributing material (including electronic communications) in the workplace or educational environment that contains derogatory or demeaning language or images pertaining to any of the protected categories.

4. Romantic Relationships with University (CMSRU) Employees

- a. Romantic/sexual relationships that occur in the context of employment supervision or evaluation present special problems. These types of romantic/sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a supervisor and a subordinate, or a senior and junior colleague in the same unit. Therefore, the University (CMSRU) strongly discourages romantic/sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions, which may

affect the standing or employment or career of the other. A subordinate's "voluntary" participation in a romantic/sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. A supervisor's display of a romantic interest in a subordinate may constitute sexual harassment. Employees in romantic/sexual relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the employee with whom they are romantically involved. Those in a position of power who engage in a romantic or sexual relationship deemed unwelcome at any time by the other party may be in violation of this Policy and subject to investigation and possible disciplinary action.

- b. Romantic/sexual relationships that occur in the student-professor context present special problems. These types of romantic/sexual relationships are especially vulnerable to exploitation due to the difference in power and the respect and trust that are often present between a professor and a student. Therefore, the University (CMSRU) strongly discourages romantic/sexual relationships between individuals where there is an imbalance of power where one individual is in a position to make decisions, which may affect the educational opportunities or standing of the other. A student's "voluntary" participation in a romantic/sexual relationship with an individual in a position of power or authority does not alone demonstrate that the conduct was welcome. Therefore, the attempts of a professor to show a romantic interest in a student may constitute sexual harassment. University (CMSRU) employees in romantic/sexual relationships must recuse themselves from decision making when the decisions at issue may have an impact, either direct or indirect, on the student with whom they are romantically/sexually involved. Those who abuse their power in such circumstances may be found to have violated this Policy. An abuse of power may be, but is not limited to, inflating a student's grade, or providing preferential academic opportunities to an individual based on a romantic or sexual relationship.
- c. Any individual who engages in a consensual romantic or sexual relationship with someone over whom he or she has supervisory responsibility in the employment context, or educational responsibility in the educational context, must inform his or her immediate supervisor of the consensual relationship, so that the University (CMSRU) can take appropriate action to make changes that eliminate the conflict of interest. Failure to give proper notice to the appropriate supervisor may result in the denial of legal representation and indemnification in the event that a lawsuit based on the relationship is filed. In addition, failure to give proper notice to the appropriate supervisor may result in disciplinary action.

5. Sexual Harassment in the Workplace

- a. It is a violation of this policy to engage in sexual (or gender-based) harassment of any kind, including hostile work environment harassment, quid pro quo harassment, or same-sex harassment. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:
 - i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
 - ii. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
- b. Examples of prohibited behaviors that may constitute sexual harassment and are therefore a

violation of this policy include, but are not limited to:

- i. Generalized gender-based remarks and comments;
- ii. Unwanted physical contact such as intentional touching, grabbing, pinching, brushing against another's body or impeding or blocking movement;
- iii. Verbal, written or electronic sexually suggestive or obscene comments, jokes or propositions including letters, notes, e-mail, text messages, invitations, gestures or inappropriate comments about a person's clothing;
- iv. Visual contact, such as leering or staring at another's body; gesturing; displaying sexually suggestive objects, cartoons, posters, magazines or pictures of scantily-clad individuals; or displaying sexually suggestive material on a bulletin board, on a locker room wall, or on a screen saver;
- v. Explicit or implicit suggestions of sex by a supervisor or manager in return for a favorable employment action such as hiring, compensation, promotion, or retention;
- vi. Suggesting or implying that failure to accept a request for a date or sex would result in an adverse employment consequence with respect to any employment practice such as performance evaluation or promotional opportunity; or
- vii. Continuing to engage in certain behaviors of a sexual nature after an objection has been raised by the target of such inappropriate behavior.

6. Student Responsibilities

Any student who believes that she or he has been subjected to any form of prohibited discrimination/harassment by an employee, or who witnesses other students being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion. (Complaint Form: https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16).

7. Employee Responsibilities

Any employee who believes that she or he has been subjected to any form of prohibited discrimination/harassment, or who witnesses others being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to a supervisor or directly to the Office of Employee Equity in Human Resources. (Complaint Form: Civil Service Employees – https://sites.rowan.edu/equity/_docs/discrimination_complaint_form.pdf; non-Civil Service Employees – https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf).

Any employee who receives a complaint from a student that she or he has been subjected to any form of prohibited discrimination/harassment by an employee, or who witnesses students being subjected to such discrimination/harassment, is encouraged to promptly report the incident(s) to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion. (Complaint Form: https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16).

All employees are expected to cooperate with investigations undertaken pursuant to the Procedures for Internal Discrimination/Harassment Complaints below. Failure to cooperate in an investigation may result in administrative and/or disciplinary action, up to and including termination of employment.

8. Supervisor Responsibilities

Supervisors shall make every effort to maintain a work or educational environment that is free from any form of prohibited discrimination/harassment. Supervisors shall immediately refer allegations of prohibited

discrimination/harassment made by employees to the Office of Employee Equity in Human Resources and allegations made by students to the Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion.

A supervisor's failure to comply with these requirements may result in administrative and/or disciplinary action, up to and including termination of employment. For purposes of this Policy, a supervisor is defined broadly to include any manager or other individual who has authority to control the work environment of any other staff member (for example, a project leader).

9. Dissemination

The University (CMSRU) shall annually distribute the policy described in this section, or a summarized notice of it, to all of its employees and students, including part-time and seasonal employees. The policy can be accessed on the Rowan University website <https://sites.rowan.edu/equity/policies.html> or a hardcopy can be obtained from the Office of Employee Equity in Human Resources. Rowan University (CMSRU) will distribute the policy to vendors/contractors with whom it has a direct relationship.

10. Complaint Process

Rowan University (CMSRU) follows the Model Procedures for Processing Internal Discrimination Complaints with regard to reporting, investigating, and where appropriate, remediating claims of discrimination/harassment (See Procedures for Internal Discrimination / Harassment Complaints, below, and **N.J.A.C. 4A:7-3.2**).

The Office of Employee Equity in Human Resources is responsible for receiving and investigating complaints of discrimination/harassment made by employees against employees and third parties. The Office of Student Equity & Compliance in the Division of Diversity, Equity and Inclusion is responsible for receiving and investigating complaints of discrimination/harassment made by students against employees and third parties.

All investigations of discrimination/harassment claims shall be conducted in a way that respects, to the extent possible, the privacy of all the persons involved. The investigations shall be conducted in a prompt, thorough and impartial manner. The results of the investigations of complaints against employees shall be forwarded to the Rowan University Vice President of Human Resources (or his/her authorized designee) to make a final decision as to whether a violation of the policy has been substantiated.

Where a violation of this policy is found to have occurred, Rowan University (CMSRU) shall take prompt and appropriate remedial action to stop the behavior and deter its reoccurrence. The University (CMSRU) shall also have the authority to take prompt and appropriate remedial action, such as moving two employees or employees and students apart, before a final determination has been made regarding whether a violation of this policy has occurred.

The remedial action taken may include counseling, training, intervention, mediation, and/or the initiation of disciplinary action up to and including termination of employment.

Rowan University (CMSRU) shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate.

11. Prohibition Against Retaliation

- a. Retaliation against any employee or student who alleges that she or he was the victim of

discrimination/harassment, provides information in the course of an investigation into claims of discrimination/harassment in the workplace or educational environment, or opposes a discriminatory practice, is prohibited by this policy. No employee or student bringing a complaint, providing information for an investigation, or testifying in any proceeding under this policy shall be subjected to adverse employment or other consequences based upon such involvement or be the subject of other retaliation.

b. Following are examples of prohibited actions taken against an employee or student because the employee or student has engaged in activity protected by this subsection:

- i. Termination of an employee;
- ii. Failing to promote an employee;
- iii. Altering an employee's work or a student's course assignment for reasons other than legitimate business or educational reasons;
- iv. Imposing or threatening to impose disciplinary action on an employee or student for reasons other than legitimate business or educational reasons;
- v. Ostracizing an employee or student (for example, excluding an employee or student from an activity or privilege offered or provided to all other employees or students); or
- vi. Imposing a poor grade or evaluation of a student for other than legitimate educational reasons.

12. **False Accusations and Information:** An employee who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to administrative and/or disciplinary action, up to and including termination of employment. Similarly, a student who knowingly makes a false accusation of prohibited discrimination/harassment or knowingly provides false information in the course of an investigation of a complaint, may be subjected to discipline under the Student Code of Conduct. Complaints made in good faith, however, even if found to be unsubstantiated, shall not be considered a false accusation.

13. **Confidentiality:** All complaints and investigations shall be handled, to the extent possible, in a manner that will protect the privacy interests of those involved, and the University (CMSRU) will strive to prevent any unnecessary disruption to the work or educational environment. To the extent practical and appropriate under the circumstances, confidentiality shall be maintained throughout the investigatory process. In the course of an investigation, it may be necessary to discuss the claims with the person(s) against whom the complaint was filed and other persons who may have relevant knowledge or who have a legitimate need to know about the matter. All persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others in light of the important privacy interests of all concerned. Failure to comply with this confidentiality directive may result in administrative and/or disciplinary action, up to and including termination of employment or student discipline in accord with the Student Code of Conduct.

14. **Administrative and/or Disciplinary Action:** Any employee found to have violated any portion or portions of this policy may be subject to appropriate administrative and/or disciplinary action which may include, but which shall not be limited to – referral for training, referral for counseling, written or verbal reprimand, suspension, reassignment, demotion or termination of employment. Referral to another appropriate authority for review for possible violation of State and Federal statutes may also be appropriate.

15. **Training:** Rowan University (CMSRU) shall provide all new employees with training on the policy and procedures set forth in this section within a reasonable period of time after each new employee's

appointment date. Refresher training shall be provided to all employees, including supervisors, within a reasonable period of time. The University (CMSRU) shall also provide supervisors with training on a regular basis regarding their obligations and duties under the policy and regarding procedures set forth in this section.

PROCEDURES FOR INTERNAL DISCRIMINATION/HARASSMENT COMPLAINTS:

The following procedures are adapted from the New Jersey Model Procedures for Internal Complaints Alleging Discrimination in the Workplace, **N.J.A.C. 4A:7-3.2**. Rowan University (CMSRU) will follow the procedures below in the receipt and investigation of discrimination complaints.

- a. All employees, applicants for employment, and students have the right and are encouraged to immediately report suspected violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment (as adapted from **N.J.A.C. 4A:7-3.1**).
- b. Complaints of prohibited discrimination/harassment made by employees against employees should be reported to the Assistant Vice President of Employee Equity & Labor Relations and/or HR Investigation Manager in Human Resources, or to any supervisory employee of Rowan University (CMSRU). (Complaint Form: Civil Service Employees – https://sites.rowan.edu/equity/_docs/discrimination_complaint_form.pdf; non-Civil Service Employees – https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf). Complaints of prohibited discrimination/harassment made by students against employees should be reported to the Associate Vice President of Diversity, Equity and Inclusion or the DEI Investigation Manager in the Division of Diversity, Equity and Inclusion. (Complaint Form: https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=16).
- c. Every effort should be made to report complaints promptly. Delays in reporting may not only hinder a proper investigation, but may also unnecessarily subject the victim to continued prohibited conduct.
- d. Supervisory employees shall immediately report all alleged violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment. Complaints made by employees shall be reported to the Assistant Vice President of Employee Equity & Labor Relations and/or HR Investigation Manager in Human Resources. Complaints made by students shall be reported to the Associate Vice President of Diversity, Equity and Inclusion or DEI Investigation Manager in the Division of Diversity, Equity and Inclusion. Such a report shall include both alleged violations reported to a supervisor, and those alleged violations directly observed by the supervisor.
- e. If reporting a complaint to any of the persons set forth in paragraphs b. or d. above presents a conflict of interest, Civil Service employees can file the complaint directly with the Division of EEO/AA, P.O. Box 315, Trenton, NJ 08625, and non-Civil Service employees can file a complaint directly with the Associate Vice President of Human Resources. An example of such a conflict would be where the individual against whom the complaint is made is involved in the intake, investigative or decision-making process.
- f. In order to facilitate a prompt, thorough and impartial investigation, all employee complainants are encouraged to submit a Complaint Form, which can be found at: Civil Service Employees – https://sites.rowan.edu/equity/_docs/discrimination_complaint_form.pdf; non-Civil Service Employees – https://sites.rowan.edu/equity/_docs/policies/non-discrimination-complaint-form.pdf. Student complainants are encouraged to submit a Complaint Form, which can be found at <https://cm.maxient.com/>

reportingform.php?RowanUniv&layout_id=16. An investigation may be conducted whether or not the form is completed.

- g. To the extent required, Rowan University (CMSRU) shall maintain a written record of the discrimination/harassment complaints received. Written records shall be maintained as confidential records to the extent practicable and appropriate. A copy of all complaints (regardless of the format in which submitted) must be submitted to the Civil Service Commission, Division of EEO/AA, by the University's Office of Employee Equity, along with a copy of the acknowledgement letter(s) sent to the person(s) who filed the complaint and, if applicable, the complaint notification letter sent to the person(s) against whom the complaint has been filed. If a written complaint has not been filed, the Office of Employee Equity must submit to the Division of EEO/AA a brief summary of the allegations that have been made. Copies of complaints filed with the New Jersey Division on Civil Rights, the U.S. Equal Employment Opportunity Commission, or in court also must be submitted to the Division of EEO/AA.
- h. During the initial intake of a complaint, the representative of the Office of Employee Equity or representative from the Office of Student Equity & Compliance, or an authorized designee, will obtain information regarding the complaint, and determine if interim corrective measures are necessary to prevent continued violations of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment.
- i. At the discretion of the Assistant Vice President of Employee Equity & Labor Relations or Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place.
- j. An investigatory report will be prepared by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her designee, when the investigation is completed. The report will include, at a minimum:
 - i. A summary of the complaint;
 - ii. A summary of the parties' positions;
 - iii. A summary of the facts developed through the investigation; and
 - iv. An analysis of the allegations and the factsThe investigatory report will be submitted to the President's designee, the Vice President of Human Resources (or his/her authorized designee), who will issue a final letter of determination to the parties.
- k. The President's designee (or his/her authorized designee) will review the investigatory report issued by the Assistant Vice President of Employee Equity & Labor Relations or the Associate Vice President of Diversity, Equity and Inclusion, whichever is applicable, or his or her authorized designee, and make a determination as to whether the allegation of a violation of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment has been substantiated. If a violation has occurred, the President's designee (or his/her authorized designee) will refer the matter to the Assistant Vice President of Employee Equity & Labor Relations to determine the appropriate corrective measures necessary to immediately remedy the violation.
- l. The President's designee (or his/her authorized designee) will issue a final letter of determination to both the complainant(s) and the person(s) against whom the complaint was filed, setting forth the results of the investigation and the right of appeal as set forth in the Paragraphs below. To the extent possible, the privacy of all parties involved in the process shall be maintained in the final letter of determination. The Civil Service Commission, Division of EEO/AA shall be furnished with a copy of the final letter of determination.

- i. The letter shall include, at a minimum:
 - 1. A brief summary of the parties' positions;
 - 2. A brief summary of the facts developed during the investigation; and
 - 3. An explanation of the determination, which shall include whether:
 - a. The allegations were either substantiated or not substantiated; and
 - b. A violation of the Rowan University (CMSRU) Policy Prohibiting Discrimination in the Workplace and Educational Environment did or did not occur.
 - ii. The investigation of a complaint shall be completed and a final letter of determination shall be issued no later than 120 days after the initial intake of the complaint is completed.
 - iii. The time for completion of the investigation and issuance of the final letter of determination may be extended by Rowan University (CMSRU) for up to 60 additional days in cases involving exceptional circumstances. When applicable, the Office of Employee Equity shall provide the Division of EEO/AA and all parties with written notice of any extension and shall include in the notice an explanation of the exceptional circumstances supporting the extension.
- m. A complainant who is in the career, unclassified or senior executive service, or who is an applicant for employment, who disagrees with the determination of the President's designee (or his/her authorized designee), may submit a written appeal to the New Jersey Civil Service Commission ("NJCSC"), Division of Merit System Practices and Labor Relations, Written Record Appeals Unit, P.O. Box 312, Trenton, NJ 08625-0312, postmarked or delivered within 20 days of the receipt of the determination from the President's designee (or his/her authorized designee). The appeal shall be in writing and include all materials presented by the complainant at the University level, the final letter of determination, the reason for the appeal and the specific relief requested. Please be advised that there is a fee for appeals. Please include a check or money order along with the appeal, payable to NJCSC. Persons receiving public assistance and those qualifying for NJCSC Veterans Preference are exempt from this fee.
- i. Civil Service employees filing appeals which raise issues for which there is another specific appeal procedure must utilize those procedures. The Civil Service Commission may require any appeal, which raises issues of alleged discrimination and other issues, such as examination appeals, to be processed using the procedures set forth in this section or a combination of procedures as the Commission deems appropriate. See **N.J.A.C. 4A:2-1.7**.
 - ii. If an appeal under this policy raises issues concerning the employee not receiving an advancement appointment, the Commission shall decide those issues in the course of its determination.
 - iii. The Civil Service Commission shall decide the appeal on a review of the written record or such other proceeding as it deems appropriate. See **N.J.A.C. 4A:2-1.1(d)**.
 - iv. The appellant shall have the burden of proof in all discrimination appeals brought before the Civil Service Commission.
- n. In a case where a violation has been substantiated, and no disciplinary action recommended, the party(ies) against whom the complaint was filed, and who are in the career, unclassified or senior executive service, may appeal the determination to the Civil Service Commission at the address indicated above, within 20 days of receipt of the final letter of determination by the President's designee (or his/her authorized designee).
- i. The burden of proof shall be on the appellant.
 - ii. The appeal shall be in writing and include the final letter of determination, the reason for the appeal,

and the specific relief requested.

- iii. If disciplinary action has been recommended in the final letter of determination, the party(ies) charged, who are in the career, unclassified or senior executive service may appeal using the procedures set forth in **N.J.A.C. 4A:2-2** (Major Discipline) and 3 (Minor Discipline and Grievances)
- o. A complainant or respondent (an individual against whom the complaint was filed) who is NOT in the career, unclassified or senior executive service, or who is NOT an applicant for employment, or who is a student of Rowan University (CMSRU), who disagrees with the determination of the President's designee (or his/her authorized designee), may submit a written appeal to the Chief of Staff, postmarked or delivered within 20 days of the receipt of the determination from the President's designee (or his/her authorized designee). The appeal shall be in writing, presented by the complainant or respondent to the Chief of Staff, with a copy to the Assistant Vice President of Employee Equity & Labor Relations in Human Resources, as set forth below. The Chief of Staff (or his/her authorized designee) may or may not elect to review a decision. The Chief of Staff (or his/her authorized designee) shall respond to a request for review within 15 days.
 - i. The complainant or respondent may request an appeal of the determination only if the complainant or respondent is able to produce new information not previously submitted or can produce information demonstrating that the determination was arbitrary and capricious. This means that the determination will be considered for review only if new information exists or if information exists demonstrating that the determination was invalid because it was made on unreasonable grounds or without consideration of the circumstances.
 - ii. The complainant or respondent should send either the new information or a brief explanation of why they believe the finding is arbitrary and capricious based upon the facts presented to the Chief of Staff (with a copy to the Assistant Vice President of Employee Equity & Labor Relations in Human Resources) within 20 days of receipt of the determination letter. The appeal shall be in writing and shall include only those materials supporting the request for review and the specific relief requested. You need not include the original materials submitted with the complaint or in response to the complaint as these documents will be provided by the original office to whom the complaint was submitted. The Chief of Staff (or his/her authorized designee) may elect to review the materials only if it is believed the determination is arbitrary and capricious, or if the new materials were not previously considered in the original determination.
 - iii. The appellant shall have the burden of proof in all discrimination appeals brought before the Chief of Staff (or his/her authorized designee).
- p. When required, the Division of EEO/AA shall be placed on notice of, and given the opportunity to submit comments on, appeals filed with the Civil Service Commission of decisions on discrimination complaints, regardless of whether or not the complaint was initially filed directly with the Division of EEO/AA.

EXTERNAL AGENCIES

Any employee or applicant for employment can file a complaint directly with external agencies that investigate discrimination/harassment charges in addition to utilizing this internal procedure. The timeframes for filing complaints with external agencies indicated below are provided for informational purposes only. An individual should contact the specific agency to obtain exact timeframes for filing a complaint. The deadlines run from the date of the last incident of alleged discrimination/harassment, not from the date that the final letter of determination is issued by the President's designee (or his/her authorized designee).

Division on Civil Rights

N.J Department of Law & Public Safety (Within 180 days of the discriminatory act)

Trenton Regional Office
140 East Front Street
6th Floor, P.O. Box 090
Trenton NJ 08625-0090
(609) 292-4605

Newark Regional Office
31 Clinton Street, 3rd floor
P.O. Box 46001
Newark, NJ 07102
(973) 648-2700

Atlantic City Office
26 Pennsylvania Avenue
3rd Floor
Atlantic City, NJ 08401
(609) 441-3100

Camden Regional Office
One Port Center, 4th Floor
2 Riverside Drive, Suite 402
Camden, NJ 08103
(856) 614-2550

Paterson Regional Office
100 Hamilton Plaza, Suite 800
Paterson, NJ 07505-2109
(973) 977-4500

United States Equal Employment Opportunity Commission (EEOC)

(Within 300 days of the discriminatory act)

National Call Center – 1 800-669-4000

Newark Area Office
Two Gateway Center
Suite 1703
283-299 Market Street
Newark, NJ 07102
1-800-669-4000

The Newark Area Office has jurisdiction over the State of New Jersey Counties of Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union and Warren.

Philadelphia District Office
801 Market Street, Suite 1300
Philadelphia, PA 19107-3127
1-800-669-4000 / 267-589-9700 / or email PDOContact@eeoc.gov.

The Philadelphia District Office has jurisdiction over the State of New Jersey Counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem.

REFERENCES

1. [N.J.A.C. 4A:7 Equal Employment Opportunity and Affirmative Action](#)
2. [New Jersey Policy Prohibiting Discrimination in the Workplace](#)
3. [New Jersey Model Procedures for Internal Complaints Alleging Discrimination in the Workplace](#)
4. [Non-Civil Service Employee Discrimination Complaint Processing Form](#)
5. [Civil Service Employee Discrimination Complaint Processing Form](#)
6. [Student Discrimination Complaint Processing Form](#)

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Pratima Pandey: Clerical Support | 07/2025 |



Cooper Medical School
of Rowan University

Origination: 05/2012
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 06/2020
Next Review: 07/2026
Owner: *Pratima Pandey: Clerical Support*
Area: *Engagement and Community Impact*
References:

Religious Observance

POLICY:

Religious Observance Policy

PURPOSE:

CMSRU respects the diversity of faiths and spiritual practices in its community and recognizes the right for students to observe religious holidays.

SCOPE:

This policy applies to all CMSRU medical students and visiting medical students.

DEFINITIONS:

Observance in this policy means a student being absent from a CMSRU class/activity in order to observe a religious holiday.

PROCEDURE:

CMSRU recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, CMSRU will not penalize a student who must be absent from a class, examination, study or work requirement for a religious observance. Students who anticipate being absent because of a religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, inform their course/ clerkship director, preceptor, education coordinator and Chief Student Affairs Officer as soon as possible, but not less than seven days prior to the scheduled day of observance. CMSRU recognizes that travel intended for religious observances may be required in limited circumstances. Excused absences for travel related to a religious observance will be evaluated on a case by case basis by the Assistant Dean for Student Affairs.

Whenever feasible, faculty should avoid scheduling examinations and assignment deadlines on religious holidays. A student absent from a class because of religious observance shall not be penalized for any class, examination, or assignment deadline missed on that day or days and a reasonable accommodation shall be made. In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted to make up an examination or to extend any assignment deadline missed. No adverse or prejudicial effect shall result to any student who takes advantage of the

provisions of this policy.

If a student believes they are not being granted the full benefits of the policy, and has not been successful resolving the matter with the course director, the student may confer with the Senior Assistant Dean for Student Affairs. For your convenience, please follow the link to an interfaith calendar of religious holidays.

<http://www.interfaith-calendar.org/>

Attachments

No Attachments

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|--|---|---------|
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Area: *Engagement and Community Impact*
References:

Student Mistreatment

POLICY:

Cooper Medical School of Rowan University ("CMSRU") is committed to promoting student success in an atmosphere dependent upon mutual respect, collegiality, fairness, trust, and accountability within its respective community. Student mistreatment, abuse, harassment, intimidation, or bullying will not be tolerated. If a student alleges mistreatment or becomes aware of an incident of mistreatment by a member of the CMSRU community, they are encouraged to follow this policy. CMSRU adheres to the standards described in the Association of American Medical Colleges ("AAMC") Teacher-Learner Compact (see Teacher-Learner Interaction Policy located in the Student Handbook, the Faculty Handbook, and the CMSRU Compendium of Policies for Faculty, Residents, and Staff). Students are expected to abide by the tenets of the CMSRU Professional Conduct Policy.

PURPOSE:

The purpose of this policy is to outline expectations of behaviors that promote a positive learning environment for CMSRU medical students, to provide mechanisms and procedures for students to report alleged mistreatment, and to identify procedures to address alleged violations. This policy defines these expectations, provides examples and definitions of unacceptable treatment of medical students, describes the procedures available to report incidents of mistreatment, and informs what actions will be taken to monitor, investigate, and respond to reports.

SCOPE:

This policy applies to all CMSRU medical students and those who serve as teachers, mentors or other CMSRU community members with whom students interact throughout all years and areas of the educational experience.

DEFINITIONS:

Discrimination: An educational practice or procedure that treats an individual less favorably based upon any of the following protected categories: race, creed, color, national origin/ethnicity, nationality, ancestry, age, sex/gender, pregnancy, marital status, civil union status, domestic partnership status, familial status, religion, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States, disability, or any other protected classification (N.J.A.C. 4A:7-3.1).

Mistreatment: The Liaison Committee on Medical Education (LCME) states, "Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others or unreasonably interferes with the learning process." It can take the form of physical punishment, harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age, or sexual orientation or any other protected class. The CMSRU End Mistreatment Task Force determined and compiled a list of mistreatment never behaviors. The following behaviors represent mistreatment of patients, colleagues, or learners and should never occur.

Never Behaviors:

- Never make disparaging comments to or about other professionals.
- Never make disrespectful comments to or about patients, their friends, or family members.
- Never belittle, humiliate, harass, or bully a learner.
- Never subject anyone to physical harm or threat of physical harm.
- Never require learners to perform non-team-centric, non-patient-centric personal services.
- Never require learners to perform tasks intended to punish, belittle, humiliate, or control the learner.
- Never subject learners to discriminatory exclusion from learning opportunities, a hostile learning/working environment, or intentional neglect.
- Never subject learners to offensive, sexist remarks or subject them to unwanted sexual advances (physical or verbal).
- Never ask anyone to exchange sexual favors for rewards.
- Never engage in an intimate relationship with a learner one is responsible for supervising, evaluating, mentoring, or coaching.
- Never deny learners opportunities for training or rewards because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never subject anyone to negative or offensive comments or behaviors because of gender, age, race, disability, ethnicity, sexual orientation, or religion.
- Never pressure a learner to perform a medical procedure for which they are insufficiently trained or insufficiently supervised.
- Never subject anyone to inappropriate comments about their appearance.
- Never subject learners to retaliation or threats of retaliation for making a good-faith report of mistreatment or unprofessional behavior.

Retaliation: Adverse action taken against an individual in response to, motivated by, or in connection with an individual's complaint of mistreatment, participation in an investigation of such complaint, and/or opposition to reported mistreatment in the educational or workplace setting.

STUDENT REPORTING PROCEDURE:

It is strongly suggested that students submit an electronic Mistreatment Report in real-time for all alleged mistreatment-related events to ensure proper follow-up and resolution. A student can report an incident by using any of the following methods/venues of reporting:

- Office of Student Affairs
 - Douglas Reifler, MD; Senior Associate Dean for Student Affairs, reifler@rowan.edu
 - Marion Lombardi, EdD; Assistant Dean for Student Affairs, lombardim@rowan.edu
- Office of Engagement and Community Impact
 - Guy Hewlett, MD; Associate Dean for Engagement and Community Impact, hewlett@rowan.edu
 - Kristyn Kent Wuillermin, Assistant Director of Community Affairs, kentk@rowan.edu

- Taruna Chugeria, MEd, Director of Engagement, chugeria@rowan.edu
- CMSRU Ombuds Office
 - Debrah Meislich, MD; Ombudsperson, <http://cmsru.rowan.edu/students/ombuds/>
- Title IX Coordinator
 - Marion Lombardi, EdD; Assistant Dean for Student Affairs, lombardim@rowan.edu
- Disabilities/Accommodations
 - Marion Lombardi, EdD; Assistant Dean for Student Affairs, lombardim@rowan.edu
- Via Course and Clerkship Evaluations
 - Issues of mistreatment can be voiced through the course and clerkship evaluations distributed at the end of the course/clerkship
- Deans and Directors
 - To provide easier access to reporting, students may report an incident to any Dean or Director they feel comfortable approaching
 - The Dean or Director will then convey the complaint to the Senior Associate Dean for Student Affairs or designee

CONFIDENTIALITY OF REPORTING MECHANISMS

- As set forth above, CMSRU provides several mechanisms for both informally discussing and/or reporting allegations of mistreatment. These mechanisms, whenever possible, are designed to respect the student's wishes in deciding how to report and respond to the incident. However, CMSRU cannot guarantee confidentiality when there is a concern for the immediate safety of the student or the community. Students are strongly encouraged to ask any questions about confidentiality before revealing details they prefer to keep private.
- While there are several anonymous and confidential ways to report inappropriate treatment of students, full disclosure of the persons involved and the behaviors witnessed can lead to more effective action to correct the problem. Therefore, CMSRU encourages full reporting of incidents of inappropriate treatment of students and people involved in them. However, anonymous reports will also be investigated to the extent that specific information is provided. A student can report anonymously by utilizing the CMSRU Student Mistreatment Form. https://cmsruapps.rowan.edu/surveys/report_mistreatment
- If a student chooses not to remain anonymous, CMSRU will discuss with the reporting student whether they want their name shared with the mistreatment source and the timing of contact (e.g., delay until relevant course/clerkship has been completed). However, if the report concerns the safety of the student or the community, it will need to be addressed immediately. Retaliation is prohibited at CMSRU and can result in significant consequences for faculty members.
- CMSRU will keep confidential all records of complaints and investigations to the extent permitted by law. However, behaviors that violate Title IX of the 1972 Education Amendments to the Higher Education Act, which include discrimination or harassment based on sex or gender, must be reported by a CMSRU official so that they can be promptly acted upon to be compliant with Federal Law.
- Behaviors that pose an immediate danger to others (e.g., violence or threats of physical violence, illegal drug use by caregivers in a clinical setting, deliberate violation of patient safety procedures) or are illegal (e.g., stealing narcotics, falsifying patient records) must also result in immediate reporting so that action can be taken. These behaviors will be investigated, via Rowan University/CMSRU (RU/CMSRU) and Cooper University Health Care (CUHC) policies and protocols (e.g. RU/CMSRU Anti-Violence, Impaired Student Process, Professional Conduct, Student Code of Conduct, (CUHC) Prevention and Suspected Drug Diversion, Theft, Loss, and Reporting Policy and Violence Prevention Plan).

- The Office of Student Affairs and the Office of Medical Education are responsible for the oversight of mistreatment of students. After a mistreatment report is filed, the appropriate parties will review the complaint and determine the course of action based on the severity and circumstances of the incident. If the event is reported via a course or clerkship evaluation, it will be addressed with the respective departments and faculty. In the event of an electronic mistreatment submission, the student, where identified, will be contacted within three (3) business days confirming receipt of the complaint. The student, when self-identified, will participate in the investigatory process. An action plan will be formulated within fourteen (14) days from the filing.

RETALIATION:

Threats, other forms of intimidation, and retaliation against a student for bringing a complaint of mistreatment or for assisting another in bringing a complaint are prohibited. Reporting mistreatment will have no impact on a student's performance assessment. Retaliation against those reporting mistreatment or participating in an investigation of mistreatment is also regarded as a form of mistreatment. Complaints of retaliation will be investigated by OME or OSA, or if applicable, may be forwarded to the appropriate CMSRU and/or CUHC administrator for investigation.

MALICIOUS ACCUSATIONS:

A complainant or witness found to have been dishonest or malicious in making allegations at any point during the investigation process may be subject to disciplinary action.

ADDITIONAL NOTES:

1. This process does not apply to the student's personal preferences regarding the faculty/professional staff members' physical appearance, personal values, sexual orientation, or the right to academic freedom or freedom of expression.
2. To the extent possible, the student will be responsible for documentation of their allegations in all grievance matters.
3. All students, faculty, professional staff, department chairs, supervisors, deans, and directors are expected to follow the steps outlined in this policy.

If not reported anonymously, the reporting student will be notified of the outcome of the investigation when a remediation plan has been made, and the general approach that is being taken; however, the specific details of those plans are generally protected in nature.

OTHER APPLICABLE POLICIES

CMSRU recognizes that this Mistreatment Policy is only one of several grievance procedures that may be used by a student depending on the nature of their complaint. Depending on the circumstances, a student may choose to pursue a remedy by alternative pathways for the alleged abusive conduct by filing a complaint as follows:

- Complaints of Sexual Harassment/Sexual Assault are referred to the Office of Student Equity and Compliance at Rowan University to be reviewed in accordance with:
 - i. Title IX Sexual Harassment/Sexual Assault Policy at:
<https://confluence.rowan.edu/pages/viewpage.action?pagelD=132646706> (addresses allegations of sexual misconduct that meet the definition of Title IX sexual harassment/sexual assault occurring

within a University program or activity); or

- ii. Student Sexual Misconduct and Harassment Policy at:

<https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy>

(applies to forms of sexual misconduct against a student that does not fall within the scope of the Title IX Sexual Harassment/Sexual Assault policy).

- Complaints of Discrimination are referred to the Office of Student Equity & Compliance to be reviewed in accordance with:

- i. Policy Prohibiting Discrimination in the Workplace and Educational Environment

[https://confluence.rowan.edu/display/POLICY/](https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment)

[Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment](https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment)

(reaffirms the principles that students have the right to an educational environment free from prohibited discrimination or harassment and provides recourse for those individuals whose rights have been violated).

- ii.

Attachments

 [CMSRU Mistreatment Tip Sheet including graphic UPDATED 6.2025.pdf](#)

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Pratima Pandey: Clerical Support | 06/2025 |



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Last Revised: 04/2024
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Owner: *Pratima Pandey: Clerical Support*
Area: *Engagement and Community Impact*
References:

Technical Standards

POLICY:

Technical Standards required for admission to and completion of the MD Degree

PURPOSE:

To delineate the technical and behavioral requirements essential to the successful completion of the MD program at CMSRU.

SCOPE:

This policy applies to all applicants and medical students at CMSRU.

PROCEDURE:

1. TECHNICAL STANDARDS

Technical Standards delineate the essential abilities and characteristics required for completion of the MD degree and are not intended to deter any students for whom reasonable accommodation will allow them to fulfill the requirements of the program. They consist of certain minimum physical and cognitive abilities and emotional characteristics to assure candidates for admission, promotion, and graduation are able to participate fully in all aspects of medical training with or without reasonable accommodation. The technical standards are annually approved by the Executive Council acting on behalf of the faculty. Each year students, by signing the CMSRU Student Handbook attestation, will review and attest to their continued ability to meet the technical standards with or without reasonable accommodations.

CMSRU applicants and students shall have the following abilities and skills:

a. **Observation:**

Students should be able to obtain information from demonstrations and experiments in the basic sciences. Students should be able to assess a patient and evaluate findings accurately. These skills require the use of vision, hearing, and touch or the functional equivalent.

b. **Communication:**

Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity, and to establish a therapeutic relationship. Students should be able to communicate effectively and sensitively with patients and all members of the health care team both in person and in

writing.

c. **Motor:**

Students should, after a reasonable period of time, possess the capacity to perform a physical examination and perform diagnostic maneuvers. Students should be able to execute some motor movements required to provide general care to patients and provide or direct the provision of emergency treatment of patients. Such actions require some coordination of both gross and fine muscular movements, balance, and equilibrium.

d. **Intellectual-Conceptual, Integrative and Quantitative Abilities:**

Students should be able to assimilate detailed and complex information presented in both didactic and clinical coursework and engage in problem solving. Candidates are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students should be able to comprehend three-dimensional relationships understand the spatial relationships of structures, and adapt to different learning environments and modalities.

e. **Behavioral and Social Attributes:**

Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff. Students should be able to tolerate physically taxing workloads and function effectively under stress. They should be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education process.

f. **Ethics and Professionalism:**

Students should maintain and display ethical behaviors commensurate with the role of a future physician in all interactions with patients, faculty, staff, students, and the public. The candidate is expected to understand the legal and ethical aspects of the practice of medicine and function within the law and ethical standards of the medical profession.

2. COMMITMENT TO EQUAL ACCESS:

CMSRU is committed to diversity and to attracting and educating students who will make the population of healthcare professionals representative of the national population, including those with disabilities. As such, CMSRU actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful and accountable culture through our confidential and specialized disability support. Admitted students with disabilities are accommodated individually, on a case-by-case basis. We are committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

3. REASONABLE ACCOMMODATIONS

- a. CMSRU is committed to making reasonable accommodations for qualified students with disabilities who are able to fulfill the essential requirements and technical standards of CMSRU's program. We wish to ensure that access to our facilities, programs, and services is available to students with disabilities. CMSRU provides reasonable accommodations to students on a nondiscriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments ACT (ADAAA) of 2008, and the Rehabilitation Act of 1973.
- b. Admitted candidates with disabilities are confidentially reviewed by the Office of Student Affairs to

determine whether there are any reasonable accommodations or alternative mechanisms that would permit the candidate to satisfy the standards. This process is informed by the knowledge that students with varied types of disability have the ability to become successful health professionals. If you are an applicant with a disability who may require accommodations in our program we encourage you to contact Dr. Marion Lombardi at lombardim@rowan.edu or (856) 361-2805 for a confidential consultation.

Attachments

No Attachments

Approval Signatures

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|--|---|---------|
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Area: *Engagement and Community Impact*
References:

Title IX Student Sexual Harassment/Sexual Assault Policy

CMSRU Adheres to [Rowan University Title IX Sexual Harassment/Sexual Assault Policy](#)

POLICY:

Title IX Student Sexual Harassment/Sexual Assault Policy

PURPOSE:

Students/Employees of the Rowan University community have the right to access and benefit from the University's Education Programs or Activities, free from any form of Sexual Harassment/Sexual Assault. The University does not tolerate Sexual Harassment/Sexual Assault of any kind. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated.

SCOPE:

This policy applies to all Rowan University students from the time of their acceptance and admission until the date of their graduation or formal withdrawal. This policy also applies to all employees of the University. This policy shall not apply to allegations of sexual misconduct which do not constitute Sexual Harassment/Sexual Assault as defined herein. Notwithstanding, such behavior may be addressed by the University under other policies such as the [Student Sexual Misconduct and Harassment Policy](#), [Student Code of Conduct](#), or [Procedure for Resolving Student v. Student Discrimination Complaints](#) (for student Respondents); [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) (for employee Respondents), or other applicable policy.

INTRODUCTION

[Title IX of the Education Amendments of 1972](#) is a federal law that prohibits sex discrimination (which throughout this policy includes discrimination based on sex, sexual orientation and gender identity) in the University's programs and activities. It reads: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." As a recipient of Federal financial assistance, Rowan University has jurisdiction over complaints alleging sex discrimination, including Sexual Harassment/Sexual Assault.

The University will respond to Reports or Formal Complaints (as defined below) of conduct prohibited under

this policy with measures designed to stop the prohibited conduct, prevent its recurrence, and remediate any adverse effects of such conduct on campus or in University-related programs or activities.

The University will not deprive an individual of rights guaranteed under federal and state law (or federal and state anti-discrimination provisions; or federal and state law prohibiting discrimination on the basis of sex) when responding to any claim of Title IX Sexual Harassment/Sexual Assault.

Conduct that is prohibited under this policy may also constitute a violation of federal, state or local law and a student/employee may be charged in the criminal justice system, as well as under this policy. Alternatively, charges can occur for violations of this policy which may not be violations of the law. The criminal justice system is different from this Title IX process. The University reserves the right to reach its own determination on violations of this policy, independently of the outcome of any civil or criminal proceeding. The University retains the right to hear a Sexual Harassment/Sexual Assault matter before, after, or during the pendency of a civil or criminal matter related to the same incident/conduct. If a matter is going through the criminal justice system, and a Report or Formal Complaint has also been made to the University, the Title IX process at the University may proceed normally during the pendency of the criminal proceedings. As the Title IX process is an educational disciplinary process, the legal rules related to evidence, criminal procedure, civil procedure and administrative procedure do not apply to this process.

STANDARD OF EVIDENCE

A finding under this policy will be based on the preponderance of the evidence standard. In other words, a finding will be made if the evidence as a whole shows that it is more likely than not that a violation of the Title IX Sexual Harassment/Sexual Assault Policy occurred. Under this policy, there is a presumption that the Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or the Respondent admits responsibility.

DEFINITIONS:

- A. ACTUAL KNOWLEDGE – Notice of Sexual Harassment/Sexual Assault or allegations of Sexual Harassment/Sexual Assault made to the University's Title IX Coordinator or any official of the University who has authority to institute corrective measures on behalf of the University (such as the Investigator, or Dean of Students). This standard is not met when the only official of the University with Actual Knowledge is also the Respondent. In addition, the mere fact that a third party who works for the University (such as a Responsible Employee) may become aware of allegations of Sexual Harassment/Sexual Assault, or that such individuals have the ability or obligation to report Sexual Harassment/Sexual Assault, or to inform another about how to report Sexual Harassment/Sexual Assault, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the University.
- B. COMPLAINANT – An individual who is alleged to be the victim of conduct that could constitute Sexual Harassment/Sexual Assault, or on whose behalf the Title IX Coordinator has filed a Formal Complaint.
- C. CONSENT – Consent is informed, knowing, voluntarily and freely given permission to engage in mutually agreed upon sexual activity. The University will apply a reasonable person standard in determining whether or not consent was given, unless otherwise required by law.
 - 1. The person giving consent must be capable of doing so freely, with the ability to understand what they are doing and the specific details (who, what, when, where, and how) of the sexual contact to which they are consenting.

2. Consent may be given by words or actions, as long as those words or actions create mutually understandable permission regarding the conditions of sexual activity.
 3. It is the obligation of the person initiating sexual contact to obtain clear consent for the specific type of sexual contact sought. A person's use of alcohol and/or drugs shall not diminish such person's responsibility to obtain consent.
 4. Lack of protest does not constitute consent. Silence or passivity without words or actions that communicate mutually understandable permission cannot be assumed to convey consent.
 5. Use of violence, threats, coercion or intimidation invalidates any consent given.
 6. A verbal "no," even if it may sound indecisive or insincere, constitutes lack of consent.
 7. Consent for one form of sexual contact does not imply consent to other forms. For example, consent to oral sex does not imply consent to vaginal/anal sex.
 8. It is expected that once consent has been established, a person who changes their mind during the sexual act or sexual contact will communicate through words or overt actions their decision to no longer proceed.
 9. Past consent does not constitute consent for future sexual contact/activity.
 10. Persons who are unable to give valid consent under New Jersey law, (i.e. minors, individuals with mental health disabilities) are considered unable to give consent under NJ State Policy N.J.S.A. 2C:4-2.
 11. Consent cannot be given by a person who is unconscious or sleeping. If consent has been given while a person is conscious or awake, and then that person becomes unconscious or falls asleep, consent terminates at that point.
 12. Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- D. DISCIPLINARY SANCTIONS – Disciplinary Sanction(s) shall be imposed upon a Respondent where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent. Disciplinary Sanctions for student Respondents may range from a warning to expulsion. Disciplinary Sanctions for employee Respondents may range from an oral reprimand, to initiation of revocation of tenure proceedings and termination of employment, subject to applicable laws and collective bargaining agreements. Student/employee Respondents will also be referred to appropriate authorities for criminal prosecution when appropriate, regardless of any Disciplinary Sanctions under this policy.
- E. EDUCATION PROGRAM OR ACTIVITY – Includes any location, event, or circumstance over which the University exercises substantial control over both the Respondent and the context in which the alleged Sexual Harassment/Sexual Assault occurs. This includes all of the University's education programs or activities, whether occurring on or off-campus, and any building owned or controlled by a student organization that is officially recognized by the University (i.e., a house owned or controlled by a University-recognized fraternity or sorority).
- F. FALSE REPORT– Intentionally making a report of Sexual Harassment/Sexual Assault, to a University official knowing, at the time the report was made, that the prohibited conduct did not occur and the report was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party made a materially false report in bad faith.
- G. FALSE STATEMENT – Intentionally making a statement during the Grievance Process or Appeals Process to a University official knowing, at the time the statement was made, that it was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party or witness

made a materially false statement in bad faith.

- H. FORMAL COMPLAINT – A document filed and signed by a Complainant, or signed by the Title IX Coordinator, alleging Sexual Harassment/Sexual Assault against a Respondent, and requesting that the University investigate the allegations of Sexual Harassment/Sexual Assault. The Formal Complaint should include in detail the nature of the complaint, dates and locations of particular events, names/contact information of witnesses (if any), the name of the individual(s) against whom the complaint is being made, and any other relevant information. At the time of filing a Formal Complaint, a Complainant must be either participating in or attempting to participate in the Education Program or Activity of the University. A Report of Sexual Harassment/Sexual Assault may be filed with the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report form found [HERE](#). Upon receipt of a Report of possible Sexual Harassment/Sexual Assault, the Title IX Coordinator, or Designee, will reach out the Complainant to discuss the Complainant's options, including the ability to file a Formal Complaint.
- I. INCAPACITATION – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness, and blackouts.
1. Where alcohol or drugs are involved, incapacitation is determined by how the substance impacts a person's decision-making capacity, awareness of consequences, and ability to make informed judgements. In evaluating whether a person was incapacitated for purposes of evaluating effective Consent, the University considers two questions:
 - a. Did the person initiating sexual activity know that their partner was incapacitated?
 - b. Should a sober, reasonable person in the same situation have known that their partner was incapacitated?If the answer to either of these questions is "yes," effective Consent was absent.
 2. For purposes of this policy, incapacitation is a state beyond drunkenness or intoxication. A person is not incapacitated merely because they have been drinking or using drugs. The standard for incapacitation does not turn on technical or medical definitions, but instead focuses on whether a person has the physical and/or mental ability to make informed, rational judgments and decisions.
 3. A person who initiates sexual activity must look for the common and obvious warning signs that show that a person may be incapacitated or approaching incapacitation. Although every individual may manifest signs of incapacitation differently, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting, or incontinence. A person who is incapacitated may not be able to understand some or all of the following questions: "Do you know where you are?," "Do you know how you got here?," "Do you know what is happening?," or "Do you know whom you are with?"
 4. Because the impact of alcohol and other drugs varies from person to person, one should be cautious before engaging in sexual contact or intercourse when either party has been drinking alcohol or using drugs. The introduction of alcohol or other drugs may create ambiguity for either party as to whether effective Consent has been sought or given. If one has doubt about either party's level of intoxication, the safe thing to do is to forgo all sexual activity.
- J. REMEDIES – Remedies may be provided to a Complainant where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent. Remedies are designed to restore or preserve the Complainant's equal access to the University's Education Program or Activity. Remedies may include the same individualized services described in the Supportive/Interim Measures section below; however, unlike Supportive/Interim Measures, Remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the Respondent. Remedies provided may include, but not be

limited to, a one-way no contact directive; changes to housing/work arrangements; or a leave of absence.

- K. REPORT – Anyone may file a Report alleging an incident of Sexual Harassment/Sexual Assault of which they become aware. The Report should include as much information possible, such as details (if known) of the nature of the incident, dates of particular events, names/contact information of any Complainant, Respondent, witnesses (if any), and any other relevant information. A Report may be filed with the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report form found [HERE](#).
- L. RESPONDENT – An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Harassment/Sexual Assault.
- M. RESPONSIBLE EMPLOYEES – Certain employees, who under this policy, are required, after receiving information regarding Sexual Harassment/Sexual Assault, to report it to the Title IX Coordinator. These employees include, but are not limited to, Rowan University Police Department Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans, and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors, and Residential Learning Coordinators). Notwithstanding, knowledge of an incident of Sexual Harassment/Sexual Assault by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.
- N. SANCTIONS – See Disciplinary Sanctions.
- O. SUPPORTIVE/INTERIM MEASURES – See Section X below.

PROHIBITED CONDUCT

This policy addresses allegations of sexual misconduct that meet the definition of Title IX Sexual Harassment/ Sexual Assault, which encompasses all of the prohibited conduct defined below that occurs on the basis of sex, sexual orientation and/or gender identity, and meets the following requirements: (i) occurs within the United States; (ii) occurs within the University's Education Program or Activity; and (iii) at the time of the filing of the Formal Complaint, the Complainant was participating in, or attempting to participate in, the Education Program or Activity.

Allegations of sexual misconduct that do not fall under this policy because they do not constitute prohibited conduct as defined in this section, may be addressed under the [Student Sexual Misconduct and Harassment Policy](#), [Student Code of Conduct](#), or [Procedure for Resolving Student v. Student Discrimination Complaints](#) (for student Respondents); [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) (for employee Respondents) , or other applicable policy.

Prohibited conduct (referred to collectively as "Sexual Harassment/Sexual Assault" throughout the policy) is:

- A. SEXUAL HARASSMENT – Conduct on the basis of sex, through any medium, that satisfies one or more of the following:
 - 1. An employee of the University conditions the provision of aid, benefit or service of the University on an individual's participation in unwelcome sexual conduct; or
 - 2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person of equal access to the University's Education Program or Activity.
- B. SEXUAL ASSAULT – Any sexual act directed against another person, without their consent or where they are incapable of giving consent. An offense that meets the definition of rape, fondling, incest or statutory

rape:

1. *Rape*: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
 2. *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
 3. *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 4. *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- C. **STALKING** – Engaging in a course of conduct, through any medium, directed at a specific person that would cause a reasonable person to: (a) fear for the person's own safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of this definition:
1. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property;
 2. Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
 3. Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- D. **DATING VIOLENCE** – Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with another person. The existence of such a relationship shall be determined based on a consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.
- E. **DOMESTIC VIOLENCE** – A felony or misdemeanor crime of violence committed by: (a) a current or former spouse or intimate partner; (b) a person with whom an individual shares a child in common; (c) a person who is cohabitating with, or has cohabitated with, the other person as a spouse or intimate partner; (d) a person similarly situated to a spouse of the other person under the domestic or family violence laws in which the crime of violence occurred; or (e) any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

REPORTING OPTIONS – HOW TO FILE A REPORT/ COMPLAINT

Students/Employees who have experienced Sexual Harassment/Sexual Assault or sex discrimination in the University's programs and activities, and those who have knowledge of Sexual Harassment/Sexual Assault or sex discrimination in the University's programs and activities, are strongly encouraged to report this information as soon as possible. Prompt reporting of incidents greatly improves the ability of the University and law enforcement to provide support resources to students/employees and to address the violations effectively. Although there is no time limit for reporting Sexual Harassment/Sexual Assault, delays in reporting may reduce the ability of the University and law enforcement to investigate and respond to incidents. After an

incident of Sexual Harassment/Sexual Assault, the student/employee should consider seeking medical attention as soon as possible. In New Jersey, evidence may be collected even if you chose not to make a report to law enforcement.

It is a violation of this policy for anyone to make a False Report of Sexual Harassment/Sexual Assault, or for anyone to make a False Statement. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

A. Reporting to Law Enforcement

1. Where criminal behavior is involved, the University encourages, and will assist students/employees with, reporting to law enforcement. However, students/employees have the right to decline notifying law enforcement. For criminal offenses that occur on the University campus, students/employees should immediately contact the Rowan University Police Department, 856-256-4911. The Rowan University Police Department can assist students/employees in contacting and filing a report/ complaint with any other agency when the incident did not occur on campus.
 - a. Glassboro campus – Glassboro Police Department, 1 South Main Street, Glassboro, NJ 856-881-1500; <http://www.glassboropd.org/>
 - b. Camden campuses – Camden County Metro Police, 800 Federal Street, Camden, NJ 856-757-7440; <http://camdencountypd.org/>
 - c. RowanSOM campus – Stratford Police Department, 315 Union , Stratford, NJ 856- 783-8616; <https://som.rowan.edu/oursom/campus/safety.html>
2. LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, or Agender/ Asexual) students/employees should know that every Rowan University Police Department Officer will assist them should they choose to report Sexual Harassment/Sexual Assault. However, if an LGBTQIA+ student/employee would prefer, they can ask to speak directly with the Rowan University LGBTQIA+ police liaison.
3. Behavior that constitutes a violation of this policy may also be a crime under the laws of the State of New Jersey.

B. Reporting to the University

1. A student/employee may choose to report an incident of Sexual Harassment/Sexual Assault to the University before they have made a decision about whether or not to report to law enforcement. A student/employee has the right to file a criminal complaint and a Title IX Formal Complaint simultaneously.
2. Once a Report of Sexual Harassment/Sexual Assault has been received, whether or not a Formal Complaint has been filed, the University will provide written notification to the Complainant about existing counseling, health, mental health, student advocacy, employee advocacy, legal assistance, visa and immigration assistance, student financial aid, and other services that are available at Rowan and in the surrounding For more information on these services please visit [OSEC's website](#).
3. Reports of incidents alleging to involve Sexual Harassment/Sexual Assault or sex discrimination in a University program or activity should be made to the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report found [HERE](#).

Title IX Coordinator

Brandy Bennett

Office of Student Equity & Compliance
Hawthorne Hall, Third Floor
856-256-5440
bennettb@rowan.edu

In addition, prior to filing a Report or Formal Complaint, a person may reach out to the following individuals to discuss their reporting options. The below individuals are Responsible Employees under this policy and, therefore, will report the incident to the Title IX Coordinator. However, their knowledge of any incident does not constitute Actual Knowledge by the University. Thus, if a student/employee wishes to ensure a Report/Formal Complaint has been made, the individual should also reach out to the Title IX Coordinator.

Athletics / LGBTQIA+

Penny Kempf, Associate Director of Athletics
Esby Gym, Glassboro Campus
856-256-4679
kempf@rowan.edu

Cooper Medical School of Rowan University

Dr. Marion Lombardi, Asst. Dean for Student Affairs
CMSRU Medical Education Building
Camden, NJ
856-361-2850
lombardim@rowan.edu

Rowan University School of Osteopathic Medicine

Dr. Paula Watkins, Assistant Dean for Admissions
Academic Center, One Medical Center Drive, Suite 113
Stratford, NJ 856-566-7050
fennerpa@rowan.edu

Graduate School of Biomedical Sciences

Dr. Diane Worrada, Director
42 East Laurel Road, UDP, Suite 2200
Stratford, NJ 856-566-6282
worrada@rowan.edu

- C. Policy of Immunity – The University will grant immunity for using alcohol and drugs to both a Complainant and/or Respondent, unless the alcohol or drug was used knowingly to perpetrate violence. No one should be fearful of obtaining resources or remedies from a violent crime because they were intoxicated. In addition, the University will not pursue disciplinary action for drug or alcohol violations, or most other violations of the Student Code of Conduct, against a party or witness who comes forward in good faith to Report Sexual Harassment/Sexual Assault. See [Rowan University Good Samaritan Policy](#).

D. Other Reporting Options

Individuals also have the right to file a complaint with federal/state agencies that investigate Sexual Harassment, Sexual Assault and discrimination. An external complaint must be filed directly with the

agency, and each agency should be consulted to determine proper deadlines for filing.

Office of Civil Rights, U.S. Department of Education

New Jersey, New York, Puerto Rico, Virgin Islands OCR
New York Office, U. S. Department of Education
32 Old Slip, 26th Floor New York, NY 10005-2500
Telephone: (646) 428-3800
Facsimile: (646) 428-3843 Email: OCR.NewYork@ed.gov

Equal Employment Opportunity Commission Philadelphia District Office

801 Market Street, Suite 1000
Philadelphia, PA 19107-3126
Telephone: (800) 669-4000 / (267) 589-9700
Facsimile: (215) 440-2606 Email: PDOContact@eeoc.gov

New Jersey Division on Civil Rights

Southern Regional Office
5 Executive Campus, Suite 107
Cherry Hill, NJ 08034 map
Telephone: 856-486-4080
Facsimile: 856-486-2255

CONFIDENTIALITY

When the University is made aware of a report or allegation of Sexual Harassment/Sexual Assault, the University will endeavor to maintain the confidentiality of the matter and of all individuals involved to the extent permitted by law. The University will balance the needs of the individuals involved (Complainant and Respondent) with its obligation to fully investigate allegations and to protect the safety and wellbeing of the community at large. In all cases, the University and its employees will respect the dignity and rights of all individuals involved.

- A. Responsible Employees: When consulting campus resources, individuals should be aware that certain employees are Responsible Employees who under this policy are required, after receiving information regarding Sexual Harassment/Sexual Assault, to report it to the Title IX Coordinator. These include, but are not limited to, Rowan University Police Department, managers and supervisors, coaches, club and organization advisors, faculty, Deans, and Residential Learning staff (Resident Assistants, Community Safety Assistants, Community Directors, and Area Coordinators). Knowledge of an incident of Sexual Harassment/Sexual Assault by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.

If an individual has reported information to a Responsible Employee, but the individual would like for the report to remain confidential, the student should contact the Title IX Coordinator, who will evaluate the individual's request for confidentiality. The Grievance Process will only be initiated when a Formal Complaint has been filed with or by the Title IX Coordinator.

- B. Confidential Resources – Students: Students who desire that details of an incident be kept confidential can receive confidential services through the Counseling & Psychological Services Center (856-256-

4333), which is located in the Wellness Center at Winans Hall. Counselors with specialized training are available to support students who report Sexual Harassment/Sexual Assault. Counselors are available to help you free of charge, and can be seen on an emergency basis. The Student Health Center (856-256-4222) can also provide confidential consultation with students and may offer treatment to prevent sexually transmitted infections or pregnancy. In circumstances where the Health Center is unable to offer these services, they will provide a referral to an appropriate medical resource. In addition, you may speak with members of the clergy, who will also keep reports made to them confidential. LGBTQIA+ students who would like to speak with a confidential resource should know that every counselor at the Wellness Center is committed to supporting students of all gender identities, gender expressions, and sexual orientations. When speaking with these resources, a student's right to confidentiality is legally protected. However, there are limits to this protection in specific situations. For example, if a student discloses that the incident involved the use of a weapon or other contraband as defined by New Jersey law, or there is an ongoing threat or danger to the safety of another person (particularly children or the elderly), these resources may be required to report the incident to police.

- C. Confidential Resources – Employees: Employees who desire that details of an incident be kept confidential can receive confidential services through the New Jersey Employee Advisory Service (1-866-327-9133).
- D. Federal Statistical Reporting and Federal Timely Warning Obligations: Certain campus officials have a duty to report Sexual Harassment/Sexual Assault for federal statistical reporting purposes. All personally identifiable information is kept confidential, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, etc. – with addresses withheld), for publication in the annual Campus Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime to ensure greater community safety.

Individuals who report Sexual Harassment/Sexual Assault should also be aware that University administrators may be required to issue timely warnings for certain incidents reported to them that pose a substantial threat of bodily harm or danger to members of the community, to aid in the prevention of similar occurrences. The University will withhold the names and other personally identifiable information of individuals as confidential, while still providing enough information for community members to make decisions related to their safety in light of the danger.

X. SUPPORTIVE/INTERIM MEASURES

Non-disciplinary, non-punitive individualized services will be offered to the Complainant and/or Respondent, as appropriate and as reasonably available, without fee or charge, where no Formal Complaint has been filed, or before or after the filing of a Formal Complaint. Such measures are designed to restore or preserve equal access to the University's Education Program or Activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties, the University's educational environment, and/or to deter Sexual Harassment/Sexual Assault.

Supportive/Interim Measures may include, but are not limited to, the provision of information related to counseling, academic support, mental health services; extensions of deadlines or other course-related adjustments; modifications of work or class schedules; campus escort services; mutual restrictions on contact between the parties (no contact directives); changes in work or housing locations; leaves of absence;

increased security; and other similar measures. These measures may be implemented in coordination with the Vice President of Student Life/Dean of Students or designee (students) or the Vice President of Human Resources or designee (employees).

In addition, the University may place a student on an Interim Suspension, pending the outcome of the Grievance Process. This decision will be made in accordance with the University's [Student Code of Conduct](#). And, an employee may be placed on an Administrative leave (paid or unpaid), pending the outcome of the Grievance Process.

The University will maintain as confidential any Supportive/Interim Measures provided to the Complainant or Respondent, to the extent that maintaining such confidentiality would not impair the University's ability to provide the Supportive/Interim Measure(s).

XI. ADVISORS

A Complainant and Respondent each have the right to an Advisor of their choice during the Grievance Process (discussed below). An Advisor may be a family member, a friend, an attorney, or any third party (i.e., a trusted employee for a student; or a union representative for an employee). Advisors are present to support the parties and to provide advice on procedural matters, as well as conduct cross-examination during any Hearing.

Other than as provided in this policy, Advisors may not speak on behalf of the party.

Advisors must adhere to all conditions and obligations under this policy and as required by the University's process.

The Advisor has the right to accompany the Complainant or Respondent to any meetings with the Title IX Coordinator, Investigator (or their Designee), or University administrators, and the party has the right to communicate with their Advisor during any meeting. The Advisor may also assist the Complainant or Respondent during the investigation, preparing/submitting a response to the investigation report, attend the live hearing, or assist with the filing of an appeal.

The Advisor does not have speaking privileges during the investigation/investigatory interviews. The Title IX Coordinator or designee will exercise control over the investigation. Anyone who disrupts an investigatory interview or who fails to adhere to University policies may be asked to leave an investigatory interview.

With respect to the Hearing, if a Complainant or Respondent does not have an Advisor, one will be provided by the University. The Advisor is to conduct cross-examination on behalf of the party at the Hearing, as the parties may not conduct cross-examination on their own behalf.

Regardless of whether a party has an Advisor, the Title IX Coordinator, Investigator or Designee will correspond and communicate directly with the parties. If a party wishes for their Advisor to be copied on any correspondence or communications, the party should advise the Title IX Coordinator or Investigator.

XII. GRIEVANCE PROCESS/PROCEDURES

Upon receipt of a Report of Sexual Harassment/Sexual Assault, the Title IX Coordinator or Designee, will contact the Complainant to: (i) discuss available Supportive/Interim Measures, while taking into consideration the Complainant's wishes; (ii) inform the Complainant that the Supportive/Interim Measures are available with or without a Formal Complaint; and (iii) explain the process for filing of a Formal Complaint.

Upon receipt of a Formal Complaint, the University will initiate the Grievance Process.

The University will treat Complainants and Respondents equitably by providing Remedies to a Complainant where a determination of responsibility for Sexual Harassment/Sexual Assault has been made against the Respondent, and by following the Grievance Process before the imposition of any Disciplinary Sanctions or other actions, that are not Supportive/Interim Measures, are taken against a Respondent.

Throughout the Grievance Process, there will be an objective evaluation of all relevant evidence, including both inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence. In addition, credibility determinations will not be based on an individual's status as a Complainant, Respondent, or witness.

Individuals involved in the Grievance Process (Title IX Coordinator, investigator, decision-maker, or any person designated by the University to facilitate an informal resolution process) shall not have a conflict of interest or bias for or against Complainants or Respondents generally, or an individual Complainant or Respondent. Such individuals shall also have the appropriate training as set forth in the Training Section of this policy.

It is presumed that a Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or if a Respondent admits to responsibility.

It is a violation of this policy for anyone to make a False Report of Sexual Harassment/ Sexual Assault, or for anyone to make a False Statement during the Grievance Process. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

A. Dismissal of a Formal Complaint

1. The Title IX Coordinator must dismiss the Formal Complaint, or allegations therein, at any time, if it is determined that the conduct alleged: (i) would not constitute Sexual Harassment/Sexual Assault, even if proved; (ii) did not occur while the Complainant was participating in, or attempting to participate in, the University's Education Program or Activity; or (iii) did not occur against a person in the United States. **Such a dismissal does not preclude the University from taking action under another provision of the University's policies.**
2. The Title IX Coordinator, in his/her discretion, may also dismiss the Formal Complaint, or allegations therein, if at any time during the Grievance Process, the following occurs: (1) the Complainant notifies the Title IX Coordinator in writing that the Complainant would like to withdraw the Formal Complaint, or any allegations therein; (ii) the Respondent is no longer enrolled or employed by the University; or (iii) specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.
3. Written notice of any required or permitted dismissal, including any reason(s) therefore, shall be promptly sent to the parties simultaneously. This notice will also advise the parties of their appeal rights in accordance with this policy.

B. Consolidation of Formal Complaints – Formal Complaints as to allegations of Sexual Harassment/Sexual Assault against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one party against the other party, may be consolidated where the allegations of Sexual Harassment/Sexual Assault arise out of the same facts or circumstances.

C. Notice of Allegations – Upon receipt of a Formal Complaint, the Title IX Coordinator, or Designee, will provide written notice to the known parties, which includes:

1. A link to the University's Title IX Sexual Harassment/Sexual Assault Policy, so the parties can review the University's Grievance Process, including the Informal Resolution Process;

2. Sufficient detail, of what is known at the time, related to the allegations of Sexual Harassment/Sexual Assault, including details such as the identities of the parties involved, the conduct allegedly constituting Sexual Harassment/Sexual Assault, and the date(s) and location(s) of the alleged incident(s);
3. A statement that the Respondent is presumed not responsible for the alleged conduct, and that a determination regarding responsibility will be made at the conclusion of the Grievance Process;
4. Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
5. A statement that the parties and their Advisors will have the right to inspect and review evidence during the investigation of a Formal Complaint; and
6. Reference to the provisions within the Title IX Sexual Harassment/Sexual Assault Policy that prohibits knowingly making False Reports or False Statements.

Such notice will be provided to the parties within a reasonable period of time prior to conducting any investigatory interview, so that the parties have time to prepare and meaningfully respond.

If, in the course of an investigation, the University decides to investigate allegations about the Complainant or Respondent that were not included in the initial notice, the University will provide notice of the additional allegations to be investigated, to the known parties.

D. Formal Resolution Process

1. Written Notice of Meetings, Interviews, Hearings – Written notice of the date, time, location, participants, and purpose of all investigative interviews, hearings, or any other meetings, will be provided to any party whose participation is invited or expected, with sufficient time for the party to prepare to participate.
2. Investigation of a Formal Complaint – After notification of the allegations in the Formal Complaint has been sent, the Investigator, or Designee, will promptly initiate an investigation within seven (7) calendar days. The investigation shall be completed in a reasonably prompt manner, and should be completed within ninety (90) calendar days from the time the Formal Complaint is filed.
 - a. The investigation will include interviews of the Complainant(s), Respondent(s) and any witnesses/individuals believed to have information relevant to the allegations, as well as the collection of any relevant evidence.
 - b. Each party is permitted to have their Advisor present during any investigatory interview, or other meeting. However, while the party has the right to communicate with their Advisor during any meeting, the Advisor does not have speaking privileges during the investigation/investigatory interviews.
 - c. The investigator will not access, consider, disclose, or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional/paraprofessional acting in the professional/paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the investigator obtains that party's voluntary, written consent to do so for a Grievance Process.
 - d. The parties and their Advisors are not restricted from discussing the allegations under

- investigation for the purpose of gathering and presenting evidence to the investigator.
- e. During the investigation, the parties will be provided the opportunity to present witnesses, including fact and expert witnesses, and other inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence.
3. Investigation Report – The Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and party/witness statements.
- a. Prior to an Investigation Report being prepared, all of the evidence gathered by the investigator (any evidence obtained as part of the investigation, that is related to the allegations in the Formal Complaint, including information that will not be relied upon in reaching a determination and without regard to the source of the information), will be shared with the parties and their Advisors (if any) simultaneously. Names and other identifying information of individuals may be redacted if required by the Family Educational Rights and Privacy Act ("FERPA"). The parties and their Advisors must keep the evidence confidential and not share it with anyone, except for the purpose of gathering and presenting relevant evidence to provide to the investigator within the 10-day period. Failure to abide by this confidentiality obligation may subject a party or Advisor to disciplinary action by the University.
 - b. Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the evidence.
 - c. After reviewing any timely submitted responses by the parties, the investigator will prepare an Investigation Report. The Investigation Report will fairly summarize the relevant evidence and party/witness statements.
 - d. The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. The parties may choose to provide a written response to the Investigation Report, which must be submitted to the investigator within ten (10) calendar days of receipt. The parties and their Advisors (if any) will be provided with an electronic or hard copy of the other party's written response, if any, to the Investigation Report.
 - e. A copy of the Investigation Report and any written response(es) will then be forwarded to the Office of Community Standards, for the scheduling of a Hearing.
4. Hearing – A Hearing should be scheduled by the Office of Community Standards no later than thirty (30) calendar days after receipt of the final Investigation Report.
- a. Each party may have one Advisor attend the Hearing, who will be responsible for conducting cross-examination and questioning on behalf of the party. Prior to the scheduled Hearing, each party will be asked to identify their Advisor who will be present for the Hearing. If a party does not have an Advisor, the University will provide one to them.
 - b. Prior to the scheduled Hearing, the parties will be provided an opportunity to make a request for witnesses to participate in the Hearing on their behalf. The parties must notify the Assistant Dean of Students, or Designee, of any witnesses at least seven (7) calendar days prior to the Hearing. The parties will also be advised of potential Hearing Officer(s), and provided the opportunity to object to a specific Hearing Officer based on a conflict of interest.
 - c. If the matter to be heard had originally attempted, but was unsuccessful at, the Informal Resolution Process, any information related to the Informal Resolution Process will not be admissible during the Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at the Hearing.

- d. The matter will be heard by a Hearing Officer who will exercise control over the manner in which the Hearing is conducted, including being responsible for managing the cross-examination and questioning process in accordance with applicable law/policy. The Hearing Officer will make decisions regarding responsibility and any Disciplinary Sanctions, if applicable.
- e. Hearings may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses, and other participants may appear at the Hearing virtually, with technology enabling participants simultaneously to see and hear each other. For Hearings occurring in-person, at the request of a party, the University will provide for the Hearing to occur with the parties located in separate rooms with technology enabling the Hearing Officer, parties and their Advisors to simultaneously see and hear the party or the witness answering questions.
- f. Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
- g. The Hearing Officer - will be provided access to the final Investigation Report and evidence at least twenty-four (24) hours prior to the Hearing. However, while the Hearing Officer may consider the final Investigation Report as evidence, the Hearing Officer will function as an independent adjudicator and will not be bound by any findings made by the investigator.
- h. At the beginning of the Hearing, the Hearing Officer will enter his, her or their name into the recording. The parties and their Advisors will also enter their names into the recording.
- i. The Hearing Officer will ask if the Respondent has received the original notice of allegation(s) letter, and understands the nature of the charges.
- j. The Hearing Officer will then confirm that the parties have received copies of the Formal Complaint, notice of allegation(s) letter, list of witnesses, along with the final Investigation Report.
- k. The remainder of the Hearing will customarily proceed in the following order:
 - i. Opening statement from the Complainant;
 - ii. Opening statement from the Respondent;
 - iii. Questioning of Complainant by Hearing Officer;
 - iv. Cross-examination of Complainant by Respondent's Advisor;
 - v. Questioning of Respondent by Hearing Officer;
 - vi. Cross-examination of Respondent by Complainant's Advisor;
 - vii. Questioning of witnesses – each witness will be called one at a time, questioned separately, and dismissed at the conclusion of their testimony. Each witness may be questioned by the Hearing Officer, as well as the parties' Advisors;
 - viii. Final questions of the Complainant(s)/Respondent(s) from the Hearing Officer;
 - ix. Respondent's final statement; and
 - x. Complainant's final statement.
- l. Each party's Advisor will be permitted to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility. Cross- examination conducted by the Advisors must be done directly, orally and in real time.

- m. Only relevant cross-examination and other questions may be asked of a party or witness. Before a Complainant, Respondent, or witness answers a cross-examination or other question, the Hearing Officer will first determine whether the question is relevant, and explain any decision to exclude a question as not relevant.
 - n. Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence: (1) are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or (2) concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent, and are offered to prove Consent.
 - o. The presentation of evidence by a party (including opening statements), questions directed to participants, and final statements may be constrained to specified time periods when cumulative or as otherwise deemed appropriate by the Hearing Officer.
 - p. The Hearing Officer may not draw an inference about the determination regarding responsibility based solely on a party or witness's absence from the Hearing, or refusal to answer cross-examination or other questions.
 - q. Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
 - r. All Hearings will be closed to the public, and the only individuals who are permitted to attend are the Complainant(s), Respondent(s), their Advisors, the Hearing Officer, and any witnesses called to provide testimony. In addition, University administrators (i.e., legal counsel) may also attend the Hearing with prior approval from the Hearing Officer.
 - s. All Hearings will be audio and/or video recorded. Upon request, a digital file will be made available to the parties for inspection and review.
5. Written Determination Regarding Responsibility/Disciplinary Sanctions – Within fourteen (14) calendar days following the Hearing, the decision-maker(s) will issue a written determination regarding responsibility, and Disciplinary Sanctions and/or Remedies (if applicable).
- a. If a Respondent has a record of prior disciplinary violations by the University, unless otherwise permissible, this information will not be considered by the Hearing Officer until after a determination of responsibility has been made, to assist the Hearing Officer in determining appropriate Disciplinary Sanctions.
 - b. The written determination will include:
 - i. A summary of the allegations of Sexual Harassment/Sexual Assault;
 - ii. A description of the procedural steps taken from the receipt of the Formal Complaint through the determination, including any notices to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, evidence considered, and hearings held;
 - iii. Findings of fact supporting the determination;
 - iv. Conclusions regarding the application of the University's Title IX Sexual Harassment/ Sexual Assault Policy to the facts;
 - v. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Disciplinary Sanction(s) the University will impose on the Respondent, and whether Remedies designed to restore or preserve equal access to the

University's Education Program or Activity will be provided by the University to the Complainant; and

- vi. Information regarding the University's process and permissible bases for the Complainant and Respondent to appeal.
- c. The University will provide the written determination to the parties simultaneously.
- d. The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of an appeal, if any appeal is filed; or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

E. Informal Resolution Process

At any point after a Formal Complaint has been filed, but before a determination of responsibility has been made, the University offers the opportunity for the parties to take part in an Informal Resolution Process, as an alternative to the Formal Resolution Process. Allegations of Sexual Harassment/Sexual Assault made by a student against an employee may not be resolved through Informal Resolution.

Informal Resolution is an opportunity for the parties to settle their matter, without going through the entire Formal Resolution Process, and without a finding by the University related to responsibility. The University will not pursue disciplinary action against a Respondent during the Informal Resolution Process. And, if the parties seek an Informal Resolution after an investigation has already begun, the investigation will be suspended, pending the outcome of the Informal Resolution.

Any party interested in pursuing an Informal Resolution should advise the Title IX Coordinator. Engagement in the Informal Resolution Process is completely voluntary, and each party must provide their written consent prior to beginning the process. If both/all parties do not agree to the Informal Resolution Process, the Formal Complaint will be addressed through the Formal Resolution Process. Most matters will be eligible for the Informal Resolution Process; however, the Title IX Coordinator, in his/her discretion, may determine, based on the allegations in the Formal Complaint, that a matter is not appropriate for Informal Resolution.

The Informal Resolution Process will be facilitated by the Title IX Coordinator or Designee. The Informal Resolution Process will be initiated within ten (10) calendar days of the receipt of the written consent of both/all parties. The Title IX Coordinator, or Designee, will work with the parties to complete the Informal Resolution Process within thirty (30) days.

Prior to engaging in the Informal Resolution Process, the parties will receive written notice providing the following information: (i) disclosure of the allegations, (ii) the requirements of the informal resolution process, including the circumstances under which it precludes the parties from resuming a Formal Complaint arising from the same allegations; (iii) notice that prior to agreeing to a resolution, any party has the right to withdraw from the Informal Resolution Process and resume the Formal Resolution Process; and (iv) the consequences resulting from participating in the Informal Resolution Process, including the records that will be maintained or could be shared.

If the parties reach an Informal Resolution of a Formal Complaint, an agreement that outlines the terms agreed upon by the parties will be prepared and signed by all parties. Each/all parties will be provided with a copy of the signed agreement, and the University will retain a copy in accordance with applicable law and its recordkeeping requirements. Agreements reached via the Informal Resolution Process shall be final and cannot be appealed. Any agreement reached through the Informal Resolution Process will provide that a

student's failure to comply with the terms of the signed agreement may result in disciplinary action in accordance with the Student Code of Conduct; and an employee's failure to comply with the terms of a signed agreement may result in disciplinary action, up to and including termination.

If the Informal Resolution Process is unsuccessful, or a party requests to end the process before a resolution is reached, or if at any time the Title IX Coordinator, or Designee, determines an Informal Resolution is no longer appropriate, the matter will be addressed through the Formal Resolution Process.

If a matter is unsuccessful in reaching an informal resolution, and is to be addressed through the Formal Resolution Process, any information related to the Informal Resolution Process will not be admissible during a Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at a Hearing.

XIII. APPEALS PROCESS

Complainants or Respondents may appeal the University's dismissal of a Formal Complaint (or any allegations therein); or a determination regarding responsibility, including any Disciplinary Sanction(s) imposed.

- A. Time to File an Appeal – An appeal must be in writing, and filed within seven (7) calendar days of the date of the letter informing the parties of the dismissal decision; or the determination regarding responsibility, including any imposition of Disciplinary Sanctions, if applicable. If an appeal is not filed within seven (7) calendar days, the dismissal decision or determination regarding responsibility (including Disciplinary Sanctions, if applicable) will be deemed final.
- B. Bases for Appeal – Review of an appeal will be limited to the following bases:
 - 1. Procedural irregularity or substantive error that affected the outcome of the Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
 - 2. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
 - 3. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that affected the outcome of the matter; or
 - 4. The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
- C. Procedure for Appeal of Dismissal of Formal Complaint or Allegations – A party who wishes to appeal the Title IX Coordinator's decision to dismiss the Formal Complaint or an allegation therein, must submit the appeal in writing to the Vice President for Student Life and Dean of Students ("VP for Student Life"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Life, or Designee, will review the appeal, any submission from the other party, Formal Complaint and the Title IX Coordinator's decision to dismiss, and then issue a written decision resolving the appeal, that includes the rationale for the decision, within fourteen (14) calendar days of receipt of the The appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
- D. Procedure for Appeal of Determination Regarding Responsibility/Sanctions – A party who wishes to

appeal a determination of responsibility, including any Disciplinary Sanction(s) imposed, if applicable, must submit the appeal in writing to the Vice President for Student Life and Dean of Students ("VP for Student Life"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Life, or Designee, will review the written appeal, any submission from the other party, and all documentation contained in the case file. The VP for Student Life, or Designee, will issue a written decision resolving the appeal, that includes the rationale for the decision, within twenty-one (21) calendar days of receipt of the appeal. The written appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.

- E. Notification of Appeal – If a party files an appeal, the other party(ies) will be notified and may make their own written submission in support of or challenging the decision of dismissal/determination of responsibility, to the VP for Student Life/Designee, no later than seven (7) calendar days after receipt of such notice.
- F. Effect of Appeal – If there is an appeal of a determination regarding responsibility, including any Disciplinary Sanction(s) imposed, the imposition of the Disciplinary Sanction(s), if applicable, will be deferred pending the decision of the However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.
- G. Final Decision – An appeal may be resolved in the following manner:
 - 1. A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
 - 2. A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
 - 3. A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
 - 4. A determination of responsibility is reversed, and a new outcome is determined, which may include imposition of Disciplinary Sanctions/Remedies or dismissal of the charges.

The decision made on appeal shall be the final action of the University.

XIV. TIMELINES

All time frames set forth in this policy may be extended by the Title IX Coordinator, Investigator, Hearing Officer, or their Designee for good cause, with written notice to the Complainant(s) and Respondent(s) of the delay and the reason for the delay. Good cause may include, but is not limited to, considerations such as the absence of a party/Advisor, or a witness; the need for language assistance or an interpreter; or a person with disabilities requests a reasonable accommodation.

XV. RETALIATION

Any intimidation, coercion, discrimination or adverse action taken against an individual for the purpose of interfering with their rights under this policy, or because of that individual's participation in a complaint or investigation of Sexual Harassment/Sexual Assault is prohibited retaliation.

Upon receiving allegations of retaliation related to this policy, the University will initiate appropriate grievance procedures consistent with University policies. At the discretion of the Title IX Coordinator, allegations of retaliation may be consolidated with the underlying complaint of Prohibited Conduct or addressed through a

separate process.

Disciplinary action against any individual who makes a False Report or False Statement does not constitute retaliation.

XVI. RECORDKEEPING

The University will retain for a period of at least seven (7) years, the records related to complaints, supportive/ interim measures provided, investigations, transcripts or recordings of hearings, determinations of responsibility, informal resolutions, disciplinary sanctions, remedies provided, appeals and training.

XVII. TRAINING

The University's Title IX Coordinator, investigator(s), decision-makers, and any person who will facilitate an informal resolution process, shall receive training, as applicable, on the definition of Sexual Harassment/ Sexual Assault, the scope of the University's Title IX Sexual Harassment/Sexual Assault Policy, the University's Education Program or Activity, how to conduct an investigation, how to conduct a hearing, the appeal process, and informal resolution process. They will also receive training on how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest, and bias.

Individuals who will investigate Title IX matters under this policy shall also receive training on issues of relevance to create an investigative report that fairly summarizes relevant evidence.

In addition, any decision-makers shall receive training on the technology to be used at a live hearing, as well as on issues of relevance of questions and evidence, including when questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant.

The University will use materials to train the Title IX Coordinator, investigator(s), decision-makers, and any person who will facilitate an informal resolution process, which do not rely on sex stereotypes and promote impartial investigations and adjudications of Formal Complaints of Sexual Harassment. These training materials will be made available on the University's website.

XVIII. REASONABLE ACCOMMODATIONS

Any student or employee with a disability who needs a reasonable accommodation to assist with reporting Sexual Harassment/Sexual Assault, responding to claims made against them, participating in the investigation and/or adjudication process, and/or determining Supportive/Interim Measures, should advise the Title IX Coordinator as soon as possible.

XIX. REFERENCES

- A. [File a Report](#)
- B. [File a Formal Complaint](#)
- C. [Office of Student Equity and Compliance](#)
- D. [Title IX of the Education Amendments of 1972](#)
- E. [Student Sexual Misconduct and Harassment Policy](#)
- F. [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)
- G. [Student Code of Conduct](#)

- H. [Disruptive Behavior and Workplace Violence Policy](#)
- I. [Good Samaritan Policy](#)
- J. [Pregnancy and Related Conditions Policy for Students](#)

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Pratima Pandey: Clerical Support | 06/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 07/2025
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2026
Owner: Rose Kim
Area: Faculty Affairs
References:

CMSRU Annual Review of Faculty Policy

POLICY:

CMSRU Annual Review of Faculty Policy

PURPOSE:

To set forth the process for annual review of faculty.

SCOPE:

To set forth the process for annual review of faculty.

DEFINITIONS:

Full time faculty - Full time faculty status is designated to faculty employed by Rowan University or Cooper University Health Care (CUHC). As outlined in the affiliation agreement between Rowan University and CUHC, all CUHC employed faculty maintain their faculty status coterminous with employment.

PROCEDURE:

PROCEDURE:

- All CMSRU faculty must meet with their departmental chair (or designee) on a yearly basis to complete the Cooper Medical School of Rowan University Faculty Evaluation Form. The form must be signed and dated by both the faculty member and the division head (or department chair where appropriate).
- The departmental chair must review and sign the evaluation form. All faculty evaluations must be returned to the Dean's Office at CMSRU by July 1.
- The form is then reviewed and signed by the chief physician executive of CUHC or designee (if applicable), and the Dean or designee of CMSRU.
- A copy of the completed form is returned to the faculty member.

Attachments

 [Faculty Evaluation Form 2025.REVISED.pdf](#)

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Rose Kim | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |

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Next Review: 07/2026
Owner: Rose Kim
Area: Faculty Affairs
References:

CMSRU Clinical Faculty Reappointment Policy

POLICY:

CMSRU Clinical Faculty Reappointment Policy

PURPOSE:

To set forth the process under which clinical faculty members are reappointed at CMSRU.

SCOPE:

This policy applies to all full-time and volunteer clinical faculty of CMSRU.

DEFINITIONS:

Clinical Faculty are those members of the faculty who work within the clinical patient care setting instructing medical students and residents; they are coterminous and non-tenure track faculty.

PROCEDURE:

Faculty reappointments will be issued as follows:

| | |
|---------------------|---------------|
| Instructor | every 2 years |
| Assistant Professor | every 2 years |
| Associate Professor | every 3 years |
| Professor | every 3 years |

The Office of Faculty Affairs (OFA) will provide clinical departmental chairs and corresponding departmental appointment and promotion (A&P) chairs a listing of full time and volunteer faculty due for reappointment by April 1 annually.

The departmental chair and departmental A&P chair will evaluate whether each faculty member's reappointment is appropriate and notify the OFA of any objections to a specific individual's reappointment by May 1.

The CMSRU A&P Committee will review and approve faculty reappointments at its May meeting and forward to the CMSRU Dean. The Dean and Provost will review recommendations and move appropriate faculty

candidates forward to the Rowan Board of Trustees (BOT) for reappointment. The Rowan BOT will review at its June meeting and reappointments will be effective September 1. Reappointed faculty members will receive reappointment letters in early July.

If a departmental chair decides not to recommend a faculty member for reappointment, the faculty member has the right to appeal the decision to the CMSRU Associate Dean for Faculty Affairs.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Rose Kim | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 07/2025
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2026
Owner: *Darren Boehning: Managerial
Head, Biomedical Sciences &
Associate D*
Area: *Faculty Affairs*
References:

Conflict of Interest in Commercial Support of Continuing Medical Education

POLICY:

Conflict of Interest in Commercial Support of Continuing Medical Education

PURPOSE:

Industry support of Continuing Medical Education (CME) in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is made available to healthcare practitioners. To ensure that accredited (CME) provided by CMSRU serves the interest of patients and offers clinicians a protected space to learn and teach without commercial influence CMSRU plans and delivers CME that is independent, based on valid content, and free of commercial bias.

This policy is based on CUHC Policy, "Conflicts of Interest and Commitment Policy of the Cooper University Health Care", Policy 12.102, reviewed and revised June 4, 2024.

DEFINITIONS:

N/A

SCOPE - SPECIFIC ACTIVITIES:

1. Support of Continuing Education in the Health Sciences:

In order to ensure that potential for bias is minimized, all CME events in which CMSRU participates as a co-sponsor must comply with the Accreditation Council for Continuing Medical Education (ACCME) "Standards for Commercial Support of Educational Programs."

Standard 1: Independence

Standard 1.1

A CME provider must ensure that the following decisions were made free of the control of a [commercial interest](#). (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a

position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

Standard 1.2

A commercial interest cannot take the role of non-accredited partner in a joint provider relationship

Standard 2: Resolution of Personal Conflicts of Interest

STANDARD 2.1

The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

STANDARD 2.2

An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

STANDARD 2.3

The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Standard 3: Appropriate Use of Commercial Support

STANDARD 3.1

The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 3.2

A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

STANDARD 3.3

All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

STANDARD 3.4

The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

STANDARD 3.5

The written agreement must specify the commercial interest that is the source of commercial support.

STANDARD 3.6

Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

STANDARD 3.7

The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

STANDARD 3.8

The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

STANDARD 3.9

No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

STANDARD 3.10

If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

STANDARD 3.11

Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 3.12

The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

STANDARD 3.13

The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Standard 4: Appropriate Management of Associated Commercial Promotion

STANDARD 4.1

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

STANDARD 4.2

Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- **For print:** advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- **For computer-based CME activities:** advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, ACCME-accredited providers may not place their CME activities on a website owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational website, links from the website of an ACCME-accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet, including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- **For audio and video recording:** advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- **For live, face-to-face CME:** advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- **For journal-based CME:** none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3

Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 4.4

Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

STANDARD 4.5

A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities

Standard 5: Content and Format without Commercial Bias

STANDARD 5.1

The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

STANDARD 5.2

Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Standard 6: Disclosures Relevant to Potential Commercial Bias

STANDARD 6.1

An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

STANDARD 6.2

For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

STANDARD 6.3

The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

STANDARD 6.4

Disclosure must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 6.5

A provider must disclose the above information to learners prior to the beginning of the educational activity.

CMSRU intends to conduct educational events in conjunction with Cooper University Hospital as they have ACCME accreditation and abide by those standards. All agreements for Industry support must be negotiated through and executed by the CUH Department of Continuing Education and must comply with all policies for such agreements. Industry funding for such programming should be used to improve the quality of the education and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus).

2. Industry-Sponsored Meetings or Industry Support of Off-Campus Meetings:

CMSRU faculty, personnel, students or CMSRU providers or staff may participate in or attend Industry-sponsored meetings or other off-campus meetings where Industry support is provided, only if:

- A. The activity is designed to promote evidence-based clinical care and/or advance scientific research
- B. The financial support of Industry is prominently disclosed
- C. Industry does not pay attendees' travel and expenses
- D. Attendees do not receive gifts or other compensation for attendance
- E. Meals provided are modest (value comparable to Standard Meal Allowance as specified by IRS)
- F. If participating as a speaker, all lecture content is determined by the speaker and reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not of CMSRU

3. Gifts and Provision of Meals:

CMSRU personnel shall not accept or use personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Although personal gifts of nominal value may not violate professional standards or anti-kickback laws, such gifts do not improve the quality of patient care, and research has shown they may subtly influence clinical decisions, and add unnecessary costs to the healthcare system. Gifts from Industry that incorporate a product or company logo (e.g., pens, notepads or office items such as scales or tissues) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system.

Meals or other hospitality funded directly by Industry may not be offered in any facility operated by CMSRU. CMSRU personnel may not accept meals or other hospitality funded by industry, whether on-campus or off-campus, or accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event that complies with the aforementioned may be accepted.

4. Consulting Relationships:

Cooper Medical School of Rowan University recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member and CMSRU. However, consulting arrangements that simply pay CMSRU personnel a guaranteed amount without any associated duties (such as participation on scientific advisory boards that do not regularly meet) shall be considered gifts and are consequently prohibited.

In order to avoid gifts disguised as consulting contracts, where CMSRU personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment commensurate with the tasks assigned. All such arrangements between individuals or units and outside commercial interests must be reviewed and reported to the faculty's respective employer (Rowan University or the Cooper University Health Care) as per their applicable conflict of interest policy.

5. Frequent Speaker Arrangements (Speakers Bureaus):

While one of the most common ways for CMSRU to disseminate new knowledge is through lectures, "speakers bureaus" sponsored by Industry may serve as little more than an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration should be given to determine whether the event meets the criteria set forth in the aforementioned section of this policy, relating to Industry Sponsored Meetings. CMSRU personnel may not participate in, or receive compensation for, talks given through a speaker's bureau or similar frequent speaker arrangements if any of the following are true:

- A. Events do not meet the criteria of Section 2;
- B. Content of the lectures given is provided by Industry or is subject to *any* form of prior approval by either representatives of Industry or event planners contracted by Industry
- C. Content of the presentation is not based on the best available scientific evidence
- D. Company selects the individuals who may attend or provides any honorarium or gifts to the attendees.

Speaking relationships with company or company event planners are subject to review and approval of the participant's administrator, department chair, or dean as delineated in Section 4, Consulting Relationships.

6. Ghostwriting:

Under no circumstances may CMSRU personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, CMSRU personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

7. Policy Enforcement:

CMSRU faculty and staff will disclose all ties to industry on an annual basis to the faculty's respective employer (Rowan University or the Cooper University Health Care) as per their applicable conflict of interest policy.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Darren Boehning: Managerial Head, Biomedical Sciences & Associate D | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 07/2025
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2025
Owner: *Darren Boehning: Managerial
Head, Biomedical Sciences &
Associate D*
Area: *Faculty Affairs*
References:

Conflict of Interest in Research

POLICY:

Conflict Private Interest in Research

PURPOSE:

At CMSRU, all research investigators (clinical and basic science faculty (full-time, part-time, adjunct, etc.)) are required to comply with the Public Health Service (PHS) Objectivity in Research Final Rule (42 CFR Part 50 Subpart F and 42 CFR Part 94) and with the National Science Foundation (NSF) Investigator Financial Disclosure Policy, both effective January 1, 1995 and a Final Rule published in 2011, becoming effective August 24, 2012. The purpose of this policy is to determine and manage appropriately financial conflicts of interest among investigators applying for and receiving Federal and all other research, educational and service funds, thereby ensuring that the design, conduct and reporting of funded research, educational and service activities will not be biased by such conflicts.

Additionally, all Rowan employees must comply with university specified research related conflict of interest policies (1. Conflict of Interest (Design, Implementation, or Reporting of Grants) Policy, No. Res:2015:01, revised 11/09/2015; 2. Managing Conflicts of Interest Policy), No. Res:2015:02, adopted 11/09/2015, revised 06/24/2021 discussed in the Scope below. Similarly, Cooper employed faculty must comply with the Cooper University Health Care Investigator Financial Disclosure and Conflict of Interest Policy, Number R2, revised and reviewed 03/29/2022.

SCOPE:

Basic Science Faculty

I. PURPOSE

The purpose of this policy is to ensure the integrity of the University's research, protecting the rights and welfare of human subjects, maintaining the intellectual freedom of faculty, students, postdoctoral appointees and other trainees, and safeguarding the freedom to publish, communicate and discuss research results.

II. ACCOUNTABILITY

At the direction of the President, the Vice President for Research shall implement these procedures at Rowan University. The Vice President for Research shall ensure compliance with this procedure.

III. APPLICABILITY

This procedure shall apply to all Rowan University and faculty, non-faculty employees, students and other individuals who, in the course of their association with Rowan University:

- A. Apply for or receive funds for any research, service, or training purpose, by grant or subgrant, or by contract or subcontract, or by cooperative agreement (individually and collectively referred to herein as "Funding Agreement(s)")

Funded sponsors include but are not limited to Federal, State, and Local governments, non-profit institutions, industry, and for-profit entities or businesses, or any individual, organization, or foundation that has funding available or will provide funding for sponsored projects conducted by or on behalf of Rowan University.

IV. REFERENCES

- A. New Jersey Conflict of Interest Law (N.J.S.A. 52:13D-12, seq.): Establishes specific standards of conduct for State employees and officers. This policy supplements State law.
- B. Department of Health and Human Services. 45 CFR: Title 42, Chapter I, Subchapter D, Part 50, Subpart F: Promoting Objectivity in Research
- C. National Science Foundation. Proposal and Award Policies & Procedures Guide and Code of Federal Regulations: Title 2, Subtitle A, Chapter II, Part 200, Subpart B, 200.112.

V. POLICY

- A. Rowan University recognizes the importance and potential benefits of transferring to the private sector knowledge developed through University research and scholarship. It also recognizes the risks inherent when researchers have financial or other personal interests in their research or training activities, and the need to avoid arrangements that might compromise, or seem to compromise, the intellectual principles, independence and responsibility to the public that underlie the ethical conduct of research. Therefore, while welcoming industry sponsorship, collaboration and licensing of its technology, the University recognizes the need for having procedures in place for identifying and managing actual or perceived conflicts of interest that may arise in research to ensure the integrity, objectivity and freedom of inquiry of its investigators, and the safety and welfare of its human research subjects.
 - 1. Of critical importance is 76 Fed. Reg. 53,256: On Aug. 25, 2011, the Department of Health and Human Services (HHS) published its final rule on financial conflicts of interest (FCOI). The regulations are a significant update on initial rules published in 1995, and they demand greater transparency and accountability for research institutions that receive Public Health Service (PHS) funds from the National Institutes of Health (NIH). Though this rule has many similarities with regulations promulgated in 1995, the new modifications have greater impact on the conflict of interest for institutions that receive HHS funds.
 - 2. Thus, procedures described below are intended to implement the National Science Foundation and HHS final rule published in August 2011 for applicants for promoting Objectivity in Research for which PHS funding is sought (42 CFR Part 50, Subpart F) and Responsible Prospective Contractors (45 CFR part 94) and to provide the reasonable expectation that the design, conduct, and reporting of the research will be free from bias resulting from Investigator financial conflicts of interest.
 - 3. Thus, procedures described below are not intended for sponsored research whose sponsor is not DHHS, DHHS agency, or the National Science Foundation, but upon identification of a conflict by

an investigator, reporting of any significant financial interest that is a conflict can follow the procedures below.

B. Relationship Between the Conflict-of-Interest Committee (COIC) and the Institutional Review Board (IRB)

1. In cases of human subjects research, the COIC will inform the Rowan University IRB of record of its decision and reasons. The Rowan University IRB may either accept the decisions of the COIC, or impose additional requirements or restrictions, and shall convey its final decision in writing to the investigator, the investigator's Chair, the Vice President for Research, and the respective College and School Dean.
2. Where the proposed research involves human subjects and the investigator's interests are beneath the threshold of a significant interest, the IRB may request a review and recommendation from the COIC, both as to whether or not to permit that individual to conduct the proposed research and, if the research is permitted, under what terms and conditions.

C. Publication and Other Communications of Research Results

1. Contracts with research sponsors may not include provisions that prevent the investigator from independently accessing, examining, analyzing and interpreting the research data, or that restrict publication or other public communications of the methods, data and results of the research. Sponsors may be given up to thirty (30) days in which to review a manuscript, presentation or abstract that originates from the sponsored research prior to submission for publication or otherwise publicly communicated. Such review shall be limited to protection of confidential information furnished by the sponsor to the investigator, if any, or for the purpose of protection of patent or other intellectual property rights covered under the contract. The sponsor does not have the right to approve or consent to the publication or other communication of the research results.
2. In the event that the proposed publication or other communication contains patentable subject matter or confidential information, the University will, upon written request from the sponsor within the thirty (30)-day review period, delay the publication or other communication for a maximum of an additional sixty (60) days to allow the sponsor to file a patent application, or to modify the proposed publication or communication to delete sponsor-provided confidential information and/or to present the results in a manner that will not compromise such confidential information.
3. Publications should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals with regard to conflicts of interest.
4. In the case of multi-site clinical trials, the contract should state: how the results will be published; how authorship will be decided; how each investigator will have access to all data from all sites (and not simply to summary tables) in order to be able to analyze the full data independently if there is no multi-site publication within one year of the termination of the study; and that such one-year delay in publication or presentation of data results by the investigator can be waived if the investigator has a good faith belief that publication or presentation should not be delayed for reasons of public health, safety or public welfare.

D. Protection of Students, Postdoctoral Appointees, and Other Trainees

Contracts with research sponsors may not include restrictions on the activities of students, postdoctoral appointees, or other trainees, and may not include non-disclosure provisions regarding such individuals beyond those specified above (Sections VI.B.1 and 2). Exceptions must be approved by the COIC and must be fully disclosed to all students, postdoctoral appointees and other trainees prior to their involvement in the research. However, students, postdoctoral appointees, and other trainees may not,

under any circumstances, be permitted to participate in research if such participation would prevent them from meeting pertinent University degree requirements, such as completion and public defense of a thesis or dissertation.

E. Investigator conflict of interest training

1. The Office of the Rowan University Vice President for Research or Senior Associate Deans for Research will create training content and be responsible for the implementation of a University-wide web-based training module.
2. Each investigator must complete the COI training prior to engaging in sponsored or unsponsored research and at least every four years, or immediately if the University's conflict of interest policy changes in a manner that affects investigator requirements, an investigator is new to the University, or the University finds an investigator noncompliant with the University's COI policy.

F. Enforcement and sanctions

1. Non-compliance with any provision of these procedures shall be subject to sanctions up to and including dismissal or termination for cause. Non-compliance shall be reported by any knowledgeable individual to the COIC, and the Rowan University IRB if human subjects are involved. The COIC, and the Rowan University IRB if human subjects are involved, shall investigate the allegation, reach a conclusion and recommend sanctions or dismissal of the charges to the Research Deans who shall have the final decision. Recommendations will also involve the notification of the sponsor and/or journal editors if non-compliance may have resulted in the compromise of the integrity of the research and/or resulting publications or other communications.
2. Appeal of the committee's decision may be made to the President of Rowan University. After the President or representative of the President has made a final decision, the committee will inform the Investigator.
3. Standards set by governmental agencies will be monitored and considered in the University's routine review of this policy.

G. Reports and record keeping

The Rowan University Vice President for Research or Senior Associate Deans for Research shall maintain records of all disclosures of financial and other personal interests, COIC determinations and recommendations, final decisions, actions taken to resolve conflicts of interest and the outcomes thereof for at least three (3) years from the date of submission of the final expenditure report of the project, or from the conclusion of unsponsored research, or until the resolution of any governmental or legal actions involving these records, whichever is longer.

VI. ATTACHMENTS:

Definitions

Conduct of Research

Attachment 1: Definitions

- A. **Compelling Circumstances** are facts that convince the Conflict-of-Interest Committee (see definition below) that an individual with a conflict of interest which is relevant to the proposed research project should be permitted to conduct the proposed research under requirements established by the Committee. These facts may include, but are not limited to: the nature of the research, the magnitude of the financial or other personal interest, the degree to which these interests are related to the research,

the extent to which these interests could be affected by the research and in the case of human subjects research, the degree of risk to the human research subjects.

- B. **Conflict of Interest** is a divergence between an investigator's financial or other personal interests and the obligation to abide by principles of the ethical conduct of research, especially the obligation to protect the rights and welfare of human subjects, such that considerations of personal gain, financial or otherwise, may influence or create the perception of influencing that investigator and compromise the objectivity or appropriate design, conduct or reporting of the research.
- C. **Conflict-of-Interest Committee (COIC)** is a Rowan University committee whose role is to review disclosures of significant interests (see definition below) and determine if these constitute a conflict of interest and, if so, to decide how such conflicts will be managed, reduced or eliminated.
 - 1. The committee is appointed on an Ad hoc basis by the Vice President for Research or Senior Associate Research Deans. Representation will include the Senior Associate Dean for Research, Sponsored Programs Directors, Chief Research Compliance Officer, a member of the Rowan Privacy Compliance Office, General Counsel or Technology and Commercialization and will include faculty members and others, when necessary. The committee may have additional ad hoc members in order to appropriately assess the presence of a conflict based on individual disclosures.
- D. **Conflict of Interest Training** is required of all "investigators" (defined below) prior to engaging in sponsored or unsponsored research and every four years thereafter, and immediately under designated circumstances.
- E. **Financial Conflict of Interest (FCOI) Report** means an Institution's report of a financial conflict of interest to a PHS Awarding Component.
- F. **Financially Interested Company** means a commercial entity with financial interests that would reasonably appear to be affected by the conduct or outcome of the research, or any entity acting as the agent of or with an equity interest in such an entity. This term includes companies that sponsor the research, are competitors of the sponsor, are the manufacturers or licensees of an investigational product, or the investment industry (individual stockbrokers and analysts, investment bankers, venture capital firms and investment firms).
- G. **Human Subjects Research** includes all "research" performed with "human subjects" as these terms are defined in the federal Common Rule (45 C.F.R. Part 46 and 21 C.F.R. Part 56), regardless of the source of research funding or whether the research is otherwise subject to federal regulation.
- H. **Immediate Family** means spouse (by marriage or civil union), domestic partner, children, parents, or siblings who reside in the same household.
- I. **Institutional responsibilities** mean an Investigator's professional responsibilities on behalf of the Institution including: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.
- J. **Institutional Review Board (IRB)** is a committee established in accord with federal Common Rule at 45 C.F.R. Part 46 and FDA regulations at 21 CFR Part 50 and 56 with the authority to approve, require modifications in, or disapprove all University research activities involving human subjects.
- K. **Interest** is a financial or other personal involvement of the investigator, or his or her immediate family that are related to the individual's Institutional responsibilities. Financial interest means anything of monetary value, whether or not the value is readily ascertainable. Interests include, but are not limited

to: income; honoraria or other payment for services; equity such as stock, stock options or other ownership rights (except interests of any amount in publicly traded, diversified mutual funds, pension funds, or other institutional investment funds over which the faculty member does not exercise control); patents and copyrights; contracts, licensing and other agreements; royalties (including those royalties distributed by the University); employment; reimbursed travel or sponsored travel; and services, relationships or positions, even if uncompensated.

1. Excluded from the disclosure requirement are income from seminars, lectures, or teaching engagements, reimbursed travel or sponsored travel, and service on advisory or review panels sponsored by a federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

L. **Investigator** means the Principal Investigator, co-principal investigator, co-investigators and any other University personnel (including faculty, non-faculty employees, residents, postdoctoral trainees and students) who, in the course of their association with the University are or will be responsible for the design, conduct, and/or reporting of either research or training activities, funded or proposed for funding by any sponsor, or of unsponsored research or training activities. As used herein, the term "investigator" also covers collaborators, grantors or contractors.

M. **Manage** means taking action to address a real or apparent financial conflict of interest, which can include reducing or eliminating the financial conflict of interest, to ensure, to the extent possible, that the design, conduct, and reporting of research will be free from bias.

N. **Research** means a systematic investigation, study or experiment designed to develop or contribute to generalizable knowledge relating broadly to public health, including behavioral and social-sciences research. The term encompasses basic and applied research (e.g., a published article, book or book chapter) and product development (e.g., a diagnostic test or drug). For the purposes of this policy, research shall include training activities.

O. **Significant Interest** means:

1. A financial or other personal interest of the investigator, his or her spouse, domestic partner, children, parent or siblings that reasonably appears to be related to the Investigator's institutional responsibilities:
 - a. Service as an officer, director, or in any other fiduciary role for a financially interested company, whether or not remuneration is received for such service;
 - b. Intellectual property rights (e.g., pending patent applications, patents, licenses, material transfer agreements, copyrights, and royalties of any amount from such rights, including those royalties distributed by the University);
 - c. With regard to any publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds \$5,000. For purposes of this definition, remuneration includes compensation, royalties, consulting fees, honoraria, gifts or other emoluments, bonuses, enrollment incentives or milestone payments, and "in kind" compensation or entitlement to same made directly or indirectly to the investigator by a financially interested company (or entitlement to the same), whether for consulting, lecturing, travel (including reimbursed travel or sponsored travel), service on an advisory board, or for any purpose not directly related to the reasonable costs of conducting the research (as specified in the research agreement between the sponsor

- and the University), as determined through reference to public prices or other reasonable measures of fair market value, either in the year prior to the grant application or initiation of unsponsored research and submission of the accompanying Disclosure Form, or in the twelve months following the grant application or initiation of unsponsored research;
- d. Greater than 1% of the ownership of stock, assets or profits of a company which has, or seeks to have an agreement with the University, where the agreement is for the development of scientific or technological discoveries or innovations in which the University has or will have a property right;
 - e. Equity interests, including stock options, of any amount in a non-publicly traded financially interested company (or entitlement to the same);
 - f. Equity interests (or entitlement to the same) that in aggregate exceed \$5,000 in a publicly-traded financially interested company;
2. Investigators must disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to their institutional responsibilities; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of Higher Education. This disclosure must include the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration.
 3. The term "significant interest" does NOT include:
 - a. Salary or other remuneration from the University unrelated to the investigator's Institutional responsibilities;
 - b. Reimbursement and/or income from seminars, lectures, or teaching engagements sponsored by, reimbursed travel or sponsored travel, and service on advisory or review panels for federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education;
 - c. Interests of any amount in publicly-traded, diversified mutual funds, pension funds, or other institutional investment funds over which the faculty member does not exercise control; A significant interest does not necessarily constitute a conflict of interest or the appearance of a conflict of interest as defined above.

Attachment 2: Conduct of Research

A. Disclosure of Interests and Conflicts

1. Upon the submission of applications to sponsors for funded research (whose sponsor is not DHHS, DHHS agency, or the National Science Foundation), or prior to the commencement of unsponsored research, or prior to the execution of a licensing agreement with a publicly-traded company in which the investigator has an equity interest or other association that is a conflict, investigators must identify if a conflict exists, the nature of the conflict, any significant financial interests related to the conflict, and any conflicts of commitment.
2. Upon the submission of applications to sponsors for funds, or prior to the commencement of unsponsored research, or prior to the execution of a licensing agreement with a publicly-traded company in which the investigator has either an equity interest that exceeds \$5,000 or a greater

than one percent (1%) ownership interest, whichever is less, or prior to the execution of a licensing agreement with a non-publicly traded company in which the investigator has an equity interest of any amount, all investigators must complete and submit to the Rowan University Office of Research Compliance or Office of Sponsored Programs the Investigator Financial and Other Personal Interests Disclosure Form, (hereinafter "Disclosure Form", EXHIBIT), and include any such interests related to their Institutional responsibilities described in Section IV.K above for themselves and/or members of their immediate family. If the investigator has no such interest, the investigator must check the box indicating that no such interest exists.

3. Each investigator named on the project must complete a Disclosure Form. If one or more such investigators had not been named at the time of proposal submission, a Disclosure Form or Forms must be completed subsequently by such investigator(s) and submitted to the Office of Research Compliance as soon as such investigators are assigned to the project.
4. In the event the research involves human subjects, all investigators must also attach the completed Disclosure Form to the protocol submitted for IRB review.
5. All Disclosure Forms must be completed in full and in detail, with sufficient information to determine if the interests meet the definition of "significant interest," and must be signed by the investigator and the investigator's Chair or Vice President. If the investigator is a Chair, the form must be signed by the Dean. Sponsored or unsponsored research for which there are disclosed interests from any investigator on the research project may not commence until the disclosures are reviewed to determine whether the disclosure(s) poses a real or perceived COI and, if needed, a plan developed to manage any and all disclosures determined to represent a COI.
6. On an annual basis during the duration of the research, or within 30 days of discovering or acquiring (e.g., through purchase, marriage, or inheritance) new interests with respect to potential conflict of interest which otherwise changes since the original disclosure, each investigator shall be responsible for completing a new Disclosure Form and submitting it to the Rowan University Office of Research Compliance or Office of Sponsored Programs and, when human subjects are involved, to the Rowan University IRB. The Rowan University Director of Research Compliance or Senior Associate Dean for Research shall review annual and revised Disclosure Forms as in Section VI.A.2.b-e, below.
7. For projects involving contracts, subcontracts or collaborations with outside institutions or groups, Rowan University Office of Research Compliance will take steps to ensure that any subrecipient Investigator complies with the Public Health Service, pursuant to 42 CFR Part 50, Subpart F by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient's Investigators. If the subrecipient's Investigators must comply with the subrecipient's financial conflicts of interest policy, the subrecipient shall certify as part of the agreement referenced above that its policy complies with this subpart. If the subrecipient cannot provide such certification, the agreement shall state that subrecipient Investigators are subject to the financial conflicts of interest policy of Rowan University for disclosing significant financial interests that are directly related to the subrecipient's work for Rowan University. If the subrecipient's Investigators must comply with the subrecipient's financial conflicts of interest policy, the agreement referenced above shall specify time period(s) for the subrecipient to report all identified financial conflicts of interest to the awardee Institution. Such time period(s) shall be sufficient to enable Rowan University to provide timely COI reports, as necessary, to PHS as required by this subpart. If the outside entity is an agency of the State of New Jersey, its policy

must meet the requirements of New Jersey Law, Conflicts of Interest Law, N.J.S.A. 52:13D-19.1, and of the Public Health Service pursuant to 42 CFR Part 50, Subpart F. In the event the outside entity has no investigator conflict-of-interest policy, the written agreement referenced above shall specify time period(s) for the subrecipient to submit all Investigator disclosures of significant financial interests to Rowan University. Such time period(s) shall be sufficient to enable Rowan University to comply timely with its review, management, and reporting obligations under this subpart.

B. Processing of Disclosure Forms

1. All completed original and updated Disclosure Forms must be submitted by the investigator to the Rowan University Office of Research Compliance or Senior Associate Dean for Research and, when human subjects are involved, to the IRB.
2. The Rowan University Office of Research Compliance and Senior Associate Research Deans shall review the Disclosure Form and determine which interests, if any, are significant interests as defined in Section IV.O.
3. Disclosure Forms that reveal no significant interests shall remain on file in the Rowan University Office of Research Compliance or Office of Sponsored Programs.
4. Whenever significant interests are disclosed, either on initial Disclosure Forms or on annual or revised Disclosure Forms, the Rowan University Office of Research Compliance shall forward the Disclosure Form to the COIC with notice to the investigator, the investigator's Chair, if any, and, when human subjects are involved, to the IRB.
5. If an Investigator who is new to participating in the research project discloses a significant financial interest or an existing Investigator discloses a new significant financial interest to the Rowan University Office of Research Compliance or Senior Associate Dean for Research, the COIC shall, within sixty days: review the disclosure of the significant financial interest; determine whether it is related to the research; determine whether a financial conflict of interest exists; and, if so, implement a management plan to manage the conflict of interest. Depending on the nature of the significant financial interest, the Rowan University Office of Research Compliance or Senior Associate Dean for Research may determine that interim measures are necessary with regard to the Investigator's participation in the research project between the date of disclosure and the completion of the COIC's review.

C. Assessment of Significant Interests by the COIC

1. It is the responsibility of each member of the COIC to divulge potential conflicts of interest. In the event that any member of the COIC has any real or apparent personal or professional conflicts of interest or bias with respect to the disclosure being considered, that member shall be recused. Such conflicts include, but are not limited to, involvement with the research in question, competition with the investigator, and a previous or ongoing close professional or academic relationship with the investigator, the sponsor, or competitor of the sponsor.
2. The COIC will review all Disclosure Forms forwarded by the Rowan University Office of Research Compliance or Senior Associate Dean for Research and make the following determinations:
 - a. Whether the significant interests disclosed are relevant to the proposed research and whether they constitute or appear to constitute a conflict of interest. A conflict of interest shall be deemed to exist when the COIC reasonably decides that the significant interest could directly and significantly affect the objectivity of the research through the design, conduct or reporting of the research or training activities, or have the appearance of doing so. Not all significant

- b. Which conditions or restrictions, if any, should be imposed upon the investigator prior to the expenditure of any funds under the Funding Agreement or the initiation of unsponsored research or training activities in order to manage, reduce or eliminate such conflicts of interest or appearances of conflicts of interest. The COIC may impose conditions or restrictions to manage, reduce or eliminate conflicts of interest, including but not limited to:
 - i. public disclosure of significant interests
 - ii. monitoring plan with independent reviewers, such as data safety monitoring board, routine on-site study review, and/or consent process with independent subject advocate/representative
 - iii. audits of the informed consent and subject enrollment process
 - iv. modification of the conduct of the research plan or educational activity
 - v. disqualification of those with significant interests from participation in all or a portion of the research or training activity
 - vi. reduction or divestiture of significant interests
 - vii. severance of relationships that create conflicts of interest or the appearance of such conflicts.
- c. Whether significant interests constitute a conflict or appearance of conflict and cannot be managed, reduced or eliminated. In these cases, the research cannot proceed.

3. In making these determinations, the COIC may:

- a. Ask the investigator to appear before it to provide additional information to assist in the Committee's deliberations. In the event the Committee determines that the investigator has a conflict of interest or an appearance of such conflict, the investigator must present compelling circumstances that the research can go forward as proposed, or with modifications imposed by the Committee.
- b. Consult with individuals such as other faculty, scientists, financial experts, patents and licensing experts, IRB representatives, the pertinent Dean or other University officials, and others from inside or outside the University.

4. COIC Decisions:

- a. When no conflicts of interest exist or appear to exist, the Committee will inform in writing the investigator, the investigator's Chair, Director of Research Compliance, and the Senior Associate Research Dean that the research can proceed as proposed. If the research involves human subjects, the Committee will also notify the Rowan University IRB.
- b. When conflicts exist or appear to exist, the Committee may decide that the research may not proceed, or may impose measures to reduce, manage or eliminate the conflicts, such as those described in Section VI.A.3.b.(2) as a condition of the research going forward.
- c. When conflicts exist or appear to exist and the Committee decides that the research can proceed as proposed or with measures to reduce, manage or eliminate the conflict or the appearance of a conflict, the Committee shall require the following disclosures:
 - i. those investigator interests that constitute conflicts of interest in human research subjects should be included in the consent forms associated with the research, and

- ii. those investigator interests that constitute conflicts of interest should be disclosed to research sponsors, journal editors, co-investigators, other relevant IRBs, and in oral presentations of the research.

5. Outcome of the COIC's decisions:

- a. The COIC will report its decision, including an explanation of its decision and a description of conditions or restrictions, if any, in writing to the investigator(s), the investigator, the investigator's Chair, Director of Research Compliance, and the Senior Associate Research Dean. If the research involves human subjects, the Committee will also notify the The Rowan University IRB. In the case of PHS funded research, the Office of Research Compliance will notify the PHS funding agency within 60 days of the existence of the conflict of interest prior to any expenditure of any funds under the Funding Agreement in an Initial FCOI Report which will include the following elements:
 - i. the name of the entity with which the investigator has a COI;
 - ii. the nature of the COI e.g., equity, consulting fees, travel reimbursement, honoraria, etc.;
 - iii. the value of the financial interest in increments of \$5000, \$10,000, \$20,000 or \$50,000 or a statement to the effect that the value cannot be readily determined;
 - iv. a description of how the financial interest relates to the funded research and the basis for the institution's determination that the financial interest conflicts with such research;
 - v. key elements of the Institution's management plan, including:
 - a. Role and principal duties of the conflicted Investigator in the research project;
 - b. conditions of the management plan;
 - c. How the management plan is designed to safeguard objectivity in the research project;
 - d. Confirmation of the Investigator's agreement to the management plan;
 - e. How the management plan will be monitored to ensure Investigator compliance; and
 - f. Other information as needed.

Following an Initial Report, the Institution will submit an Annual Report to the PHS Funding Agency to provide the information on the status of the financial conflict of interest and any changes to the management plan.
- b. If the COIC's decision is that the research cannot proceed, the investigator(s), the investigator, the investigator's Chair, Director of Research Compliance, Vice President for Research, and the Senior Associate Research Dean will be notified of this decision. The funding agency or sponsor will be notified of the existence of the conflict of interest prior to any expenditure of any funds under the Funding Agreement and in the case of a PHS award, with an Initial Report as described above.
- c. If the final decision includes conditions or restrictions to manage, reduce or eliminate a conflict of interest, the investigator shall document his or her compliance with such conditions or restrictions in writing to the investigator, the investigator's Chair, Director of Research Compliance, COIC, and the Senior Associate Research Dean, and, in cases where human subjects are involved, the Rowan University IRB, prior to the expenditure of any funds under the Funding Agreement or the commencement of unsponsored research.

- d. If the final decision is that a conflict of interest exists but can go forward under conditions specified, the Office of Research Compliance shall note this interest in an initial report to the PHS funding agency or sponsor of the identification of the conflict of interest prior to the expenditure of any funds under the Funding Agreement. If the final decision includes conditions or restrictions to manage, reduce or eliminate the conflict, the Office of Research Compliance shall provide within the initial report to the funding agency or sponsor details of how the conflict of interest has been eliminated or acceptably managed or reduced.
- e. Whenever an Investigator discloses a significant financial interest that was not previously disclosed or, for whatever reason, was not previously reviewed by the COIC during an ongoing research project (or was not timely reviewed or reported by a subrecipient), the COIC shall, within sixty days: review the significant financial interest; determine whether it is related to the research; determine whether a financial conflict of interest exists; and, if so implement a management plan that shall specify the actions that have been, and will be, taken to manage such financial conflict of interest going forward.
- f. For any interest that the COIC identifies as a conflict of interest subsequent to the COIC's initial report under the Funding Agreement, and after the expenditure of funds, the Institution will conduct a retrospective review of these cases of non-compliance to determine the impact of the bias on the research project. In instances where bias of the research has been found to exist, the Rowan University Vice President for Research or Senior Associate Dean for Research will file a report to sponsor indicating what was found and what actions the Institution has taken, or will take, to eliminate or mitigate the effect of the bias within 120 days of that identification. In case of PHS-funded research, the Office of Research Compliance will document the retrospective review to the agency. Such documentation shall include, but not necessarily be limited to, all of the following key elements:
 - i. Project number
 - ii. Project title
 - iii. PD/PI or contact PD/PI if a multiple PD/PI model is used
 - iv. Name of the Investigator with the COI
 - v. Name of the entity with which the Investigator has a financial conflict of interest
 - vi. Reason(s) for the retrospective review
 - vii. Detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed)
 - viii. Findings of the review; and
 - ix. Conclusions of the review
- g. Based on the results of the retrospective review, if appropriate, the Office of Research Compliance shall update the previously submitted FCOI report, specifying the actions that will be taken to manage the financial conflict of interest going forward. If bias is found, the Institution is required to notify the PHS Awarding Component promptly and submit a mitigation report to the PHS Awarding Component. The mitigation report must include, at a minimum, the key elements documented in the retrospective review above and a description of the impact of the bias on the research project and the Institution's plan of action or actions taken to eliminate or mitigate the effect of the bias (e.g., impact on the research project; extent of harm done, including any qualitative and quantitative data to support any actual or future harm; analysis of

whether the research project is salvageable). Thereafter, the Institution will submit FCOI reports annually, as specified elsewhere in this subpart. Depending on the nature of the financial conflict of interest, an Institution may determine that additional interim measures are necessary with regard to the Investigator's participation in the PHS-funded research project between the date that the financial conflict of interest or the Investigator's noncompliance is determined and the completion of the Institution's retrospective review.

- h. Compliance with the conditions for managing the conflict of interest will be monitored annually. If the investigator fails to comply with the management plan and it is determined by the COIC that this noncompliance has biased the design, conduct, or reporting of the research, this shall be promptly reported to the investigator, the investigator's Chair, Director of Research Compliance, the Senior Associate Research Dean and the funding agency or sponsor along with a corrective action plan taken or to be taken to maintain appropriate objectivity of the research.

Clinical Faculty:

The policy for clinical faculty is based on CUHC Policy R2-Investigator Financial Disclosure and Conflict of Interest Policy, revised and reviewed 03/29/2022. All Clinical faculty conducting research who are Cooper employees are required to comply with CMSRU policies and procedures (as pertinent to them) and the Investigator Financial Disclosure and Conflict of Interest Policy of the Cooper University Health Care (CUHC).

I. APPLICABILITY:

- A. This policy shall apply to all members of the CUHC staff and other employees who, on behalf of the CUHC, apply for or receive Federal or other funds, products or services through a grant, subgrant, contract, subcontract, or cooperative agreement for any research, educational or service purpose.
- B. It shall also apply to all investigators working on behalf of the CUHC as subgrantees, contractors, subcontractors or collaborators on projects funded or proposed for funding.
- C. The policy shall apply to applications to all potential sponsors, including Federal and other governmental agencies, as well as voluntary agencies, private entities, foundations, the Office of Development and other internal sources.
- D. The Policy shall also apply to all investigators who submit applications to the CUHC IRB for review and approval of research projects.

II. DEFINITIONS:

1. Investigator

The term "investigator" shall mean:

- a. the principal investigator,
- b. co-principal investigators, co-investigators, and
- c. any other person at CUHC who is or will be responsible for the design, conduct or reporting of funded or proposed research, educational or service activities proposed for funding by any

internal or external sponsor; these persons may include research associates, technicians, consultants, postdoctoral fellows, graduate and other students, etc.

- d. For purposes of this Policy, the term “investigator” also includes the investigator’s spouse and dependent children.

2. Senior/Key Personnel

This term refers to any person identified as senior/key personnel by CUHC in any grant application, progress report or any other report submitted on a Public Health Service funded research project.

3. Reportable Significant Financial Interests

The term “reportable significant financial interests” shall mean anything of monetary value including, but not limited to:

- a. salary, royalties or other payments for services (e.g., consulting fees, paid authorship, honoraria, gifts of cash or goods, salary for an executive position on or for other employee position in a for-profit business, compensation for service on a Board of Directors or Scientific Advisory Board in a for-profit business, etc.) (Investigators must also disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the investigator and not reimbursed to the investigator), and the disclosure must include, at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination and the duration).
- b. intellectual property rights (e.g., patents, copyrights and royalties from such rights),
- c. equity interests (e.g., stocks, stock options or other ownership interests) in business enterprises or entities.
- d. equity interests, including stock options, of any amount in a non-publicly-traded financially interested company (or entitlement to the same).

The term “reportable significant financial interests” shall NOT include:

- a. salary, royalties or other remuneration from the CUHC;
- b. income from seminars, lectures or teaching engagements sponsored by a federal, state or local government agency, or an accredited college or university (including an academic teaching hospital, a medical center or a research institution that is affiliated with an accredited college or university;
- c. income from service on advisory committees or review panels for a federal, state or local government agency, or an accredited college or university (including an academic teaching hospital, a medical center or a research institution that is affiliated with an accredited college or university;
- d. holdings in publicly traded, diversified mutual funds, pensions funds, or other investment funds over which the investigator does not directly exercise control over the investment decisions made in these vehicles.

A “*de minimis* financial interest” means a “reportable significant financial interest” which meets the following criteria:

salary, royalties or other payments that, when aggregated for the investigator and the investigator’s spouse and dependent children, are not expected to exceed \$5,000 during

the next twelve-month period; equity interests in any publicly traded entity that, when aggregated for the investigator and the investigator's spouse and dependent children does not exceed \$5,000 in value as determined through reference to public prices or other reasonable measures of fair market value.

4. Financially Interested Individual

The term "financially interested individual" means an investigator who has a reportable financial interest.

5. Financially Interested Company

The term "financially interested company" means a commercial entity with financial interests -that would reasonably appear to be affected by the conduct or outcome of the research.

6. Rebuttable Presumption

The term "Rebuttable Presumption Against Financial Interests in Human Subject Research" shall mean:

the institution will presume that, in the absence of compelling circumstances, a financially interested individual who has reported more than a *de minimis* financial interest may not conduct human subjects research. A financially interested individual may rebut the presumption by demonstrating facts that, in the opinion of the Research Ethics Committee, constitute compelling circumstances. The individual would then be allowed to conduct the research under conditions specified by the Research Ethics Committee and approved by the responsible IRB.

7. Compelling Circumstances

The term "compelling circumstances" means facts considered by the Cooper University Health Care Research Ethics Committee that convince the Committee to allow an investigator with a reportable financial interest to conduct human subjects research.

Those facts include, but need not be limited to: the nature of the research; the magnitude of the financial interest and the degree to which it is related to the research; the degree to which the financial interest could be directly and substantially affected by the research; the degree of risk to subject's participating in the research; the extent to which the financial interest can be effectively overseen and managed; whether the investigator is uniquely qualified to conduct the research by virtue of experience and expertise; whether the research could otherwise be conducted safely or effectively without the investigator.

In reaching its determination the Committee will balance the potential benefits of the project and the investigator's participation in it with the risks to the subjects, risks to the integrity of the research data, risks of bias, and any risks which might be caused by the appearance of conflict.

8. Prohibition of Payments for Results

The term "Payments for Results" shall mean:

payments conditioned upon particular research results or tied to desirable or preferred research outcomes;

payments for subject enrollment or for referral of patients to research studies are permitted only

to the extent such payments are:

- reasonably related to costs incurred, as specified in the research agreement between the sponsor and the institution;
- reflect the fair market value of services performed; and
- are commensurate with the efforts of the individual(s) performing the research.

III. STATEMENT OF POLICY:

- A. Investigators shall not apply for research, education or service funds unless he/she has completed a financial disclosure form that has been evaluated by the Research Ethics Committee.
- B. Investigators planning to participate in sponsored pharmaceutical or device clinical trials shall file a financial disclosure form to be evaluated by the Cooper Research Institute Administrator prior to IRB review.
- C. No human subjects research shall be conducted by an investigator with a reportable financial interest unless the Research Ethics Committee has found compelling circumstances, communicated its findings to the Cooper University Health Care IRB, and the IRB concurs with the Research Ethics Committee's compelling circumstances determination.
- D. No research shall be conducted in Cooper University Health Care which includes payment for desired or preferred results.
- E. Cooper University Health Care will not approve research protocols that: limit the right of the principal investigator to receive, analyze and interpret all data generated in the research; condition the right to publish on a preferred or desired outcome of the study; or permit a sponsor or other financially interested company to require more than a reasonable period of prepublication review.

IV. POLICY IMPLEMENTATION:

A. Disclosure of Reportable Significant Financial Interests

1. Responsibility to Disclose

a. Each investigator planning to apply for or receiving funds for research, educational or service activities and all senior/key personnel on any PHS funded research project shall disclose to the Cooper Research Institute Administrator all those reportable financial interests of the investigator and of the investigator's spouse and dependent children as described below:

- i. that might reasonably appear to be affected by the research service or educational activities funded or proposed for funding; or
 - ii. in entities whose financial interests might reasonably appear to be affected by the research service or educational activities funded or proposed for funding.
- iii. This reporting obligation shall also apply to non-human subject research, and, under the following circumstances, to pre-clinical research:
1. first, the non-human subject research is linked to any reportable financial interest, and:
 2. second, the pre-clinical research is reasonably anticipated to be (i) a component of an IND submission or (ii) progress to research involving human subjects within twelve (12) months.

3. When a reportable financial interest is disclosed in the context of non-human subject or pre-clinical research, the Research Ethics Committee shall have the authority to decide whether any of the policy stipulations that apply to human subjects research should apply to this research.

iv. The duty to disclose as provided for in this Policy shall also apply to research where an IRB other than a Cooper IRB is the designated IRB for the initial approval and continuing review of a research protocol. In such an instance, the Research Ethics Committee shall send its determination to the designated IRB, and also disseminate its determination as required in Section VI, B, 3.a below.

2. Timing of Disclosure

a. All of the above required financial disclosures shall have been provided by the investigator to the Senior Vice President for Academic Affairs through the Cooper Research Institute Administrator **AT THE TIME THE PROPOSAL IS SUBMITTED TO THE FUNDING AGENCY**. No proposal may be submitted to a funding agency without such disclosure. For sponsored clinical trials, financial disclosure by investigators must be filed at or before the time of application for IRB approval. Human subjects research projects will not be reviewed by the IRB prior to receipt of disclosures and resolution of conflicts of interest as necessary. Investigators with conflicts as defined herein are advised to file disclosures as early as possible to avoid unnecessary delay in IRB review.

3. Disclosure Form

- a. The financial disclosure shall be made on a special Investigator Financial Disclosure Form that shall be submitted to the Cooper Research Institute Administrator with the proposal. This electronic form can be found within Imedris, the on-line research proposal submission system. A separate Investigator Financial Disclosure Form must be completed for each individual who is an "investigator" as that term is defined in Section IV, A above. If one or more such individuals had not been named at the time of proposal submission, a form or forms must be completed subsequently to the(se) individual(s) and submitted by the principal investigator to the Research Administrator as soon as such individuals are assigned to the project.
- b. The Investigator Financial Disclosure Form shall contain sufficient information to determine whether the investigator's financial interests, if any, meet the definition of a "reportable financial interest" as defined in Section IV, C of this Policy, whether this financial interest is in entities whose financial interests might reasonably appear to be affected by the research, service or educational activity proposed, and how such a conflict of interest may be managed, reduced or eliminated.
- c. Prior to the submission to the Cooper Research Institute Administrator, the Investigator Financial Disclosure Form shall be signed by the investigator and, if a conflict is indicated, by the Chief of the department or, if the investigator is a department Chief, by the Senior Vice President for Academic Affairs.
- d. The Cooper Research Institute Administrator shall transmit the Investigator Financial Disclosure Forms to the Committee described in Section VI, B below when the information disclosed suggests that a reportable financial interest or other conflict of interest may exist. Those Investigator Financial Disclosure Forms which are not transmitted to the Committee shall remain on file in the office of the Research Administrator.

- e. Each investigator shall be responsible for updating his/her Investigator Financial Disclosure Form during the period of the award and submitting it to the Cooper Research Institute Administrator on an as needed basis, within 30 days of discovering or acquiring, disclosing any new reportable financial interest obtained or any changes in the investigator's situation with respect to a previously disclosed potential conflict of interest since the original financial disclosure made at the time of submission of the proposal.

B. Review of Financial Disclosures and Resolution of Conflicts Revealed

Review of any financial disclosures, determination of whether a conflict of interest exists, and the management, reduction or elimination of any conflicts must be completed **PRIOR TO EXPENDITURE OF ANY AWARDED FUNDS. Human subjects Research Projects will not be reviewed by the IRB until financial disclosures have been received by the Cooper Research Institute Administrator and where a significant financial -interest has been identified, the Research Ethics Committee has reviewed the financial interest, and, where applicable has made recommendations to manage, reduce or eliminate the conflict caused by the reportable financial interest.**

1. Scope of the Committee

The Research Ethics Committee (hereinafter "the Committee") will:

- a. review financial disclosures from investigators that have been referred by the Cooper Research Institute Administrator
- b. determine whether a reportable financial interest exists, which reasonably appears to affect the design, conduct or reporting of the research, service or educational activities.
- c. In the case of human subjects research determine whether in the event of a reportable financial interest, there are nonetheless compelling circumstance for allowing the research to proceed pursuant to such conditions as may be imposed by the Committee.
- d. recommend what conditions or restrictions should be imposed upon the investigator to manage, reduce or eliminate such conflicts of interest. Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:
 - i. disclosure of the reportable financial interest to: (i) state and federal officials, as required by state or federal regulation; (ii) research funders or sponsors; (iii) if the study is part of multicenter trail, the Principal Investigator of the trial and the IRBs of the other participating institutions (iv) to co-investigators and other staff working with the investigator on the project; (v) to the editors of any publication to which a manuscript concerning the project is submitted; (vi) the public, in connection with any oral or written public communication of the research results; (vii) to the research subjects in a manner sufficiently specific to identify the nature of the financial interest and that it has been reported to and is being managed by the institution
 - ii. monitoring of the research or educational activity by independent reviewers;
 - iii. modification of the research plan or educational activity;
 - iv. disqualification from participation in one or more elements of the research or educational activity (such as, restricting participation in subject recruitment or selection, consenting of subjects, analyzing or collecting data, or adverse event

reporting, or, in the case of early-stage research, limiting participation to certain preliminary activities);

- v. divestiture of reportable financial interests or reduction of the amount of the interest to an acceptable level, if one exists;
- vi. deferral or waiver of payment to an investigator, or
- vii. severance or limitation of the extent of relationships that create conflicts of interest.

2. Operations of the Committee

- a. While considering specific disclosures, the Committee may, subject to appropriate confidentiality restrictions, consult with individuals such as other members of the staff, scientists, experts in the field, the CUHC attorney, the Cooper Research Institute Administrator, the Senior Vice President for Academic Affairs, the Associate Dean for Research of the Cooper Medical School of Rowan University.
- b. The Committee may ask the investigator to appear before it to provide additional details to assist in the Committee's determination about the existence of a conflict of interest and/or its recommendations concerning conditions or restrictions. It is expected that all faculty and staff will cooperate with the Committee.

3. Determination, Recommendations and Final Decision

- a. The Committee shall convey in writing its determination and recommendations and the reasons therefore to the IRB with copies to the investigator, Senior Vice President for Academic Affairs or his designee, appropriate Department Chief and Division Head.
- b. If the final decision is that a conflict of interest exists, but the research may proceed, the Cooper Research Institute Administrator shall report this to the funding agency prior to the expenditure of any funds under the award. The funding agency shall at the same time be assured that the conflict of interest has been managed, reduced or eliminated.
- c. If the final decision includes conditions or restrictions to manage, reduce or eliminate a conflict of interest, the investigator shall be required to document in writing to the Cooper Research Institute Administrator his or her compliance with the condition or restriction prior to the expenditure of any funds under the award.
- d. Nothing in this policy shall be construed to limit or supersede the IRB's right, as part of its process of reviewing human subjects research, to: disapprove of a research project even though the Research Ethics Committee has found compelling circumstances to allow the research to proceed despite a conflict of interest, or place conditions on the approval of the research beyond those imposed by the Research Ethics Committee.

4. Subsequent Disclosures

All investigators are required to immediately complete and submit a new Investigator Financial Disclosure form for any reportable financial interest which comes into existence while a funded research, service or educational protocol is pending. If there is a new reportable financial interest reported by the investigator subsequent to the initial disclosure, the same procedures for review of the disclosures, determination whether a conflict of interest exists, recommendations to manage, reduce or eliminate the conflict, and notification of the funding agency shall be followed as set forth in this Section. Such new conflicts must be managed, reduced or eliminated, at least on an interim basis, within

sixty (60) days of their identification. The Cooper Research Institute Administrator shall notify the IRB if the new reportable financial interest reported is with a human subject research project. The research activity may be may be suspended or otherwise restricted during the investigation.

C. Training

1. Training will be conducted via the Cooper Learning Network (CLN) and will be required of all investigators and key study personnel prior to their initiation of Interest (FCOI) Tutorial. a. External investigators and study personnel will complete this training via the FCOI training site which is available at <http://grants.nih.gov/grants/policy/coin/tutorial2011/Financial%20Conflict%20Of%20Interest%20-%20FCOI.pdf> and will be required to email the completed certificate to the IRB.

2. This training should be conducted every four 4) years thereafter and immediately under the designated circumstances:

- a. Institutional Financial Conflict of Interest policies change in a manner that affects the Investigator and key study personnel requirements;
- b. The investigator or key study personnel is new to an institution; and/or
- c. The Institution finds that an investigator is not in compliance with the institution's Financial Conflict of Interest policy or management plan

D. Enforcement

1. Failure to Submit

a. Failure to fill out the required Investigator Disclosure Forms shall prevent submission of the proposal to the funding agency or sponsor, review by the IRB, or distribution of any funding received.

2. Failure to Disclose

a. Failure of any investigator to completely and truthfully fill out the Investigator Financial Disclosure Form shall be considered a breach of responsibility and shall be subject to the full range of disciplinary action, including, where applicable, notification of the funding agency and other interested parties.

3. Failure to Comply

- a. If an investigator fails to comply with any conditions or restrictions imposed by decision of the Committee and IRB to manage conflicts of interest, or fails to comply with any other provision of this policy, **AND/OR** if such failure to comply has biased the design, conduct or reporting of the research, educational or service activity, the investigator is subject to the full range of institutional disciplinary procedures as provided for in applicable CUHC disciplinary policies. The Cooper Research Institute Administrator shall inform the Committee and the Senior Vice President for Academic Affairs or his designee of such failure of compliance, who shall in turn make any notifications to any funding agency as may be necessary or appropriate under the circumstances. The Committee shall recommend corrective actions to be taken under these circumstances; the decision of the

Senior Vice President for Academic Affairs or his designee about corrective actions shall be transmitted to the funding agency by the Cooper Research Institute Administrator.

- b. In addition, where PHS-funded research is involved, the Committee will, within 120 days of the determination of noncompliance, complete a retrospective review of the investigator's activities and the PHS-funded research project to determine whether any PHS-funded research, or portion thereof, conducted during the time period of noncompliance, was biased in the design, conduct, or reporting of such research and report the results of that review to the applicable federal agency.

4. Conflict Not Disclosed Prior to Research

- a. If clinical research with the purpose of evaluating the safety or effectiveness of a drug, medical device or treatment has been designed, conducted or reported by an investigator with a conflicting interest that was not disclosed or not managed as set forth in this policy, the Senior Vice President for Academic Affairs or his designee shall, in addition to such other disciplinary action or notification initiated pursuant to this Policy, direct the investigator involved to disclose the conflicting interest in each public presentation of the research and to request an addendum to previously published presentations.

E. Reports and Record-Keeping

1. Maintenance of Determinations and Recommendations

- a. The Cooper Research Institute Administrator shall maintain records of all financial disclosures, Committee determinations and recommendations, final decisions, actions taken to resolve conflicts of interest and the outcomes thereof for at least three (3) years from the date of submission of the final expenditure report of the project, or until the resolution of any government action involving those records, whichever is longer.

2. Annual Reporting

- a. Annually in January, the Cooper Research Institute Administrator shall summarize for the Senior Vice President for Academic Affairs all of the past year's financial disclosures, Committee determinations and recommendations, final decisions, actions taken and the outcomes thereof.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|---------------------|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review | Darren Boehning: Managerial Head, Biomedical Sciences & Associate D | 06/2025 |

| Step Description | Approver | Date |
|---|--|---------|
| and determine if changes are needed; Add collaborators as needed | | |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 07/2025
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2026
Owner: *Darren Boehning: Managerial
Head, Biomedical Sciences &
Associate D*
Area: *Faculty Affairs*
References:

Conflict of Private Interests of Faculty with Academic/Teaching Responsibilities

POLICY:

Conflict of Private Interests of Faculty with Academic/Teaching Responsibilities

PURPOSE:

At CMSRU, all clinical and basic science faculty (full-time, part-time, adjunct, etc.) are required to abide by and conduct themselves by all ethics and conflict of interest rules and regulations as promulgated by the State of New Jersey through the State Ethics Commission (for Rowan employees) and by the Cooper University Health Care Policies and Procedures (for Cooper employees).

SCOPE:

Basic Science Faculty:

Based on Rowan University's "Ethical Obligations for Rowan Employees" (<https://sites.rowan.edu/president/ethics.html>) as State of New Jersey employees, all basic sciences faculty (full-time, part-time and adjunct) and all other State of New Jersey employees affiliated with the medical school are required to comply with all New Jersey State Ethics Commission (SEC) rules and regulations. These rules and regulations are in place to ensure that employees conduct themselves in an ethical manner and to instill a sense of confidence and trust on the part of the public that they are doing so. All State employees are prohibited from engaging in activities that present a conflict of interest, and it is incumbent upon all employees to avoid even the appearance of a conflict of interest in how we conduct ourselves in the performance of our positions.

The **Plain Language Guide**, issued April 2021, lays out 10 principles of ethical conduct that all employees must follow. This guide is based on the State's **Uniform Code of Ethics**, April 2022, that has been adopted at Rowan.

As State employees, we have some specific obligations and requirements. Most importantly, all employees MUST:

- A. Submit receipts that they have received and reviewed the State's [Uniform Code of Ethics](#), the State Ethics Commission's [Plain Language Guide](#), and the [Scholarly Capacity Rule Impact Statement](#) (these documents and the acknowledgment and receipt process can be done through you individual Banner account)

B. Complete the State [Outside Activity \(employment\) Questionnaire](#)

C. Annually review the **Ethics Briefing** or attend an ethics briefing/training session conducted by the ELO or designated staff member

All employees with supervisory responsibilities must also complete a **Conflicts of Interest Certification**. In addition, employees must also fill out a [Request for Approval for Attendance at Event Form](#) before attending any off-campus events that are sponsored by a non-government group and that are not in their scholarly capacity or work capacity. All employees who received a benefit while working within their scholarly capacity must annually complete the [Scholarly Capacity Disclosure Form](#) (this would include honoraria, royalties, conference attendance fees, etc.). All employees involved in purchasing decisions must complete a [Personal and Business Relationships Disclosure Form](#).

Members of the Rowan University Board of Trustees are required to complete Executive Order **14 Conflicts of Interest Form** as well as review a complete list of vendors to ensure there is no conflict of interest. The University President is required to complete and submit the **Financial Disclosure Statement for Public Employees**.

These obligations are MANDATED by the State of New Jersey and the State Ethics Commission and employees must comply. The State conducts audits of all agencies, including the colleges and universities, to review compliance with these regulations.

Questions concerning these rules and regulations and related obligations should be directed to Ray Braeunig, Ethics Liaison Officer, (856) 566-6136 (braeunrc@rowan.edu). Also, allegations or concerns about ethical conduct addressed above should also be directed to the ELO.

Documents

- [Request For Approval For Attendance At Events](#)
- [State of New Jersey Outside Activity Questionnaire](#)
- [Attendance at Events, Acceptance of Honoraria, Acceptance of Compensation for Published Works, and Acceptance of Things of Value](#)
- [State of New Jersey/Rowan University Scholarly Capacity Disclosure Form](#)
- [Plain Language Guide to New Jersey's Executive Branch Ethics Standards](#)
- [Uniform Ethics Code](#)
- [Scholarly Capacity Rule Impact Statement](#)
- [Personal and Business Relationships Disclosure Form](#)
- [State Ethics Liaison Officers Responsibilities](#)

Clinical Faculty:

All Clinical faculty who are Cooper employees are required to comply with CMSRU policies and procedures (as pertinent to them) and the Conflicts of Interest and Commitment Policy of the Cooper University Health Care, Policy 12.102, reviewed and revised 06/04/24.

I. DEFINITIONS:

A. Cooper Representatives:

1. Cooper Representatives include:

A. Members of the Board of Trustees and its committees;

- B. Cooper's executives and officers;
- C. All Cooper University Health Care employees at all locations, including contract, part-time and temporary employees;
- D. Residents, students and volunteers;
- E. Medical staff; and
- F. Agents of Cooper

B. Conflict of Interest:

1. Conflict of Interest refers to a situation where an individual's financial, professional or other personal considerations may, directly or indirectly, affect, or have the appearance of affecting, an individual's professional judgment in exercising any duty or responsibility on behalf of Cooper.

C. Conflict of Commitment:

1. "Conflict of Commitment" refers to situations where outside activities potentially affect the ability of Cooper Representatives to devote the time, talent and loyalty required to fulfill the terms of employment.

II. CONFLICTS OF INTEREST:

A. Duties of Cooper Representatives

1. All decisions and actions taken by Cooper Representatives in conducting Cooper business shall be made in a manner that promotes the best interests of Cooper. Cooper Representatives shall avoid activities or situations in which external interests conflict or appear to conflict with the interests of Cooper.
2. Cooper Representatives shall not use their Cooper position to influence outside organizations or individuals for the direct financial, personal or professional benefit of themselves, members of their family or others with whom they have a relationship such that their actions could be construed as conveying a personal favor.
3. Cooper Representatives have an affirmative obligation to disclose actual and potential conflicts to the appropriate Cooper representative (described below) and withdraw from any participation or decision-making (formal or informal) related to the conflict, until the matter is reviewed and appropriately addressed.
4. Legitimate activities protected by Section 7 of the National Labor Relations Act are not considered to be a conflict of interest under this policy.

B. Disclosure and Resolution of Conflicts of Interest

1. If a conflict of interest or potential conflict of interest arises, Cooper Representatives have an affirmative obligation to notify their supervisor, the Chief Compliance Officer and/or the Legal Department (either directly or through their supervisor). It is important that actual and potential conflicts be reported immediately so that the situation can be managed effectively and Cooper's interests in conflict-free decision-making can be protected.
2. Anonymous reports may be made through the Compliance Hotline (1-800-5000333 or

online at cooperhealth.alertline.com).

3. The Legal, Compliance, and Human Resources Departments will review the pertinent information and fashion an appropriate solution, based upon the individual facts of the situation.
4. Many methods exist for resolving conflicts of interest. For example, Cooper Representatives may be required to disclose the conflict to others and withdraw from any decision-making role potentially affecting the conflicted interest. In other situations, Cooper Representatives may be required to terminate their outside relationship or sever employment with Cooper.
5. The affected employee will be notified in writing of the method by which the conflict will be resolved.
6. Failure to comply with the written notification may result in employee discipline, including termination of employment.

C. Common Guiding Principles

1. Conflicts of interest may take many forms and may be difficult to identify. Cooper Representatives must remain vigilant in identifying actual and potential conflicts of interest. The following principles provide guidance to common conflicts of interest situations.

a. Business decisions:

Cooper Representatives may not use their position to make or influence business decisions for the financial, personal or professional benefit of themselves, their family members, or others with whom they have a personal relationship that could be construed as conveying a personal favor. Business decisions that affect or potentially affect personal financial interests must be identified and disclosed.

b. Use of Cooper resources:

The use of Cooper resources (e.g. employee time, telephones, email, copying machines, computer equipment, etc.) for personal and / or financial gain is a prohibited conflict. Corporate Policies [9.105 - E-Mail Acceptable Use Policy](#) . [9.106 - Cooper Computer Acceptable Use](#) . [9.108 - Internet Acceptable Use Policy](#) . [9.207 - Information Assurance Policy](#) limit employee usage of Cooper resources in other circumstances.

c. Family and personal relationships

Cooper Representatives may not participate in decisions involving a direct benefit (e.g., hiring, salary, work assignments, evaluations, etc.) to a family member. Family or personal relationships that pose an actual or potential conflict of interest must be identified and disclosed.

d. Gifts and gratuities

The acceptance of gifts and gratuities is governed by Cooper's Vendor Interaction Policy ([1.139 - Vendor Interactions](#)).

D. Examples of conflicts that are prohibited:

1. hiring and / or supervising a family member
2. operating or owning a business that competes with Cooper
3. using privileged Cooper information (e.g., patient information, business information) for personal gain or in assisting an outside organization to obtain a preferred position in connection with that information
4. authorizing a consulting contract for a family member
5. using your position to influence a contract award to a business that you or a family member own
6. soliciting gifts or other benefits from a vendor
7. using Cooper facilities, equipment or resources for personal gain or to operate a business

E. Examples of conflicts that require disclosure:

1. spouse is employed by a company that contracts with Cooper physician or other employee has been offered to consult for or speak on behalf of a pharmaceutical company

III. CONFLICTS OF COMMITMENT:

A. Duties of Cooper Representatives

1. When working for Cooper, Cooper Representatives must devote themselves to their role at Cooper.
2. Cooper Representatives must disclose outside activities that represent, or may be perceived as representing, a conflict of commitment to supervisory management.
3. Cooper encourages its employees to be active members of the health care and local community and recognizes that outside service may benefit Cooper. The time and effort permitted for service to outside organizations depends upon the individual's job responsibilities and the supervisor's expectations for that employee's level of involvement with professional and community organizations.

IV. ANNUAL DISCLOSURE STATEMENT:

A. As determined by the Board's Audit / Ethics Committee, certain Cooper Representatives must additionally complete an annual conflict of interest disclosure statement. The completion of the annual conflict of interest disclosure statement does not diminish any other disclosure obligations required by this or any other Cooper policy related to conflicts of interest and conflicts of commitment.

V. RELATIONSHIP TO OTHER COOPER POLICIES:

A. Cooper recognizes that Cooper Representatives perform many different functions on behalf of Cooper. As such, a particular outside interest, activity or relationship that is a conflict for one member of the Cooper community, may not be a conflict for someone with different responsibilities or areas of influence within Cooper's business. While all Cooper Representatives are subject to this Conflicts Policy, some Cooper Representatives are subject to additional policies, procedures and disclosure requirements. Cooper Representatives whose responsibilities are affected by the following policies must be familiar and compliant with all content and operations specified within the policy:

1. Medical Staff Policy, [12.101 - Provider Conflicts of Interest \(Previously 1.302\)](#)

2. Research, [1.138 - Institutional Financial Conflict of Interest in Human Subject Research](#)
3. [R2 - Investigator Financial Disclosure and Conflict of Interest Policy](#)

VI. ENFORCEMENT:

A. Cooper Representatives whose responsibilities are affected by this policy are expected to be familiar with its contents and operation. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Performance management may also include modification of compensation, including to any merit or discretionary compensation awards, as allowed by applicable law.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Darren Boehning: Managerial Head, Biomedical Sciences & Associate D | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 07/2025
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2026
Owner: Rose Kim
Area: Faculty Affairs
References:

Faculty Appointments and Medical Student Supervision

POLICY:

Faculty Appointments and Medical Student Supervision

PURPOSE:

CMSRU ensures that supervision of medical student learning experiences is provided throughout their medical school education by members of the school's faculty.

SCOPE:

All CMSRU appointed faculty (full-time, part-time, volunteer)

DEFINITIONS:

CMSRU appointed faculty: Any faculty member who has been reviewed by the CMSRU Advisory Committee on Appointments and Promotions and approved for faculty appointment by the Rowan Board of Trustees

PROCEDURE:

As described in the CMSRU Faculty Appointments and Promotions policy, faculty appointment is conferred to individuals who will contribute to medical student and/or resident teaching and contribute to the medical education program. All faculty who provide supervision, teaching, and/or assessment of medical students are required to have an active CMSRU faculty appointment.

All CMSRU appointed faculty are reviewed annually by their departmental chair or designee to ensure compliance with their teaching responsibilities at CMSRU. The Office of Faculty Affairs maintains a database of CMSRU appointed faculty and ensures that the list is updated quarterly. Any new faculty who engage in supervision, teaching, and/or assessment of medical students are verified by the Office of Faculty Affairs that they have an active faculty appointment prior to engaging in educational activities with students.

For educators who do not hold CMSRU faculty appointments, any teaching activities involving medical students must be supervised by a CMSRU appointed faculty. Medical student evaluations, including any assessments, can only be performed by CMSRU appointed faculty.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Rose Kim | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 07/2025
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Next Review: 07/2026
Owner: Rose Kim
Area: Faculty Affairs
References:

Faculty Dismissal/Non-Reappointment

POLICY:

Faculty Dismissal or Non-Reappointment

PURPOSE:

To set forth circumstances or conditions under which a faculty member may be dismissed or terminated from employment or face nonrenewal of their faculty appointment at CMSRU.

SCOPE:

This policy applies to all full-time and volunteer faculty of CMSRU.

DEFINITIONS:

Full-time faculty - Full time faculty status is designated for faculty employed by Rowan University or Cooper University Health Care (CUHC). As outlined in the affiliation agreement between Rowan University and CUHC, all CUHC employed faculty maintain their faculty status coterminous with employment.

Volunteer faculty - Volunteer faculty status is designated for those faculty members whose professional services are only partially conducted in facilities of the medical school or its affiliates; volunteer faculty are not employed by the medical school, University or CUHC.

PROCEDURE:

CMSRU may dismiss or withdraw appointment to a faculty member immediately for Cause in the event of one or more of the following:

- Suspension or termination of your license to practice medicine in any State (if applicable);
- Suspension or loss of medical staff privileges at CUHC or any other hospital which has an affiliation agreement with CMSRU and such suspension, limitation, termination, or non-renewal is not reversed within forty-five (45) days thereafter, except where the faculty member voluntarily resigns such privileges for reasons unrelated to care of patients, clinical competency or conduct;
- Conviction of a crime;
- Indictment, charge, conviction, or plea of guilty or nolo contendere for any crime involving fraud, falsehood, dishonesty or moral turpitude, or to a felony (or a crime classified under New Jersey law of the first, second or third degree);

- Disbarment or exclusion by any state or federal agency;
- Disability which renders the faculty member unable to perform the essential functions of their position with a requested reasonable accommodation;
- Faculty member's attempt or perpetration of a material fraud upon CMSRU or engaging in conduct which, in the discretion of CMSRU, is materially harmful to CMSRU's operations;
- Faculty member's threat or use of violence against any CMSRU student, staff member, faculty member, visitor, or associate;
- Faculty member's egregious, repetitive mistreatment of learners despite remediation;
- Faculty member's death;
- Faculty member violates CMSRU's ethics policies and procedures;
- Faculty member's willful failure to materially perform their duties (for reasons other than incapacity due to illness or disability);
- Faculty member's breach of any other provision of their employment agreement, after notice and 14 days opportunity to cure.

A faculty member may be dismissed for cause at any time. Reappointment may be withheld for Cause, for a change in programmatic need, for fiscal reasons, or for failure to perform designated faculty responsibilities. Notice of non-reappointment will be provided to the faculty member at least 3 months prior to enactment. The departmental chair will notify any faculty member who will not be reappointed to the medical school.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Anne Peatman: Director, Faculty Affairs and Educational Operatio | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Rose Kim | 06/2025 |



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Last Revised: 07/2025
Next Review: 07/2026
Owner: *Jenene Thomas: Program Specialist*
Area: *Health and Safety*
References:

COVID-19 Exposures and Testing Policy

PURPOSE:

To create procedural guidelines for students who have experienced COVID-19 exposure or have symptoms consistent with COVID-19.

POLICY:

COVID-19 Exposures and Testing Policy

SCOPE:

This policy applies to all Cooper Medical School of Rowan University (CMSRU) students.

DEFINITIONS:

SARS-COV-2 is a virus that infects humans and spreads primarily through droplets of saliva or discharge from the nose or mouth when an infected person coughs or sneezes.

COVID-19 is an infectious disease caused by a new strain of coronavirus that may cause mild to severe illness, including death.

Quarantine: separates someone who might have been exposed to COVID-19 away from others to see if they become sick.

Isolation: separates someone infected with COVID-19 from those who are not infected or sick.

Boosted: Student has received all recommended COVID-19 vaccine doses including the booster dose. A student is considered boosted 7 days after the booster dose is received. Students are requested to send a copy of their vaccine card to the Student Health Center (SHC) if the vaccine was not given at Cooper University Health Care (CUHC).

Close contact: Defined by the CDC as someone who was less than 6 feet away from the infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period.

Personal Protective Equipment (PPE): Equipment designed to protect the wearer from injury or the spread of illness or infection. CMSRU and Cooper University Health Care (CUHC) will determine the appropriate PPE to be worn in the buildings, labs and clinical settings as necessary. Students may be further instructed by their

preceptor and clinical rotation. PPE is available to all students. When in the Medical Education Building, students should follow guidelines from the Center for Disease Control, New Jersey Department of Health, and Rowan University regarding face coverings indoors. For aerosolizing generating procedures, students should wear eye protection as a face shield or indirect ventilated goggles with a fitted respirator.

VACCINATION:

COVID-19 vaccination and booster are no longer required. Vaccination requirements will be based upon Rowan University, CMSRU, and CUHC guidelines.

Students are asked to send a copy of their vaccine card to Student Health Center (SHC) if the vaccine was not given at CUHC.

Following the (CUHC) COVID-19 Policy, and in accordance with related Rowan University policies, students should not report to class or the clinical environment if they have:

- Respiratory symptoms alone (cough, shortness of breath or difficulty breathing)

OR at least two of these symptoms

- Fever (100.0 degrees F or higher)
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- GI symptoms such as nausea/vomiting and diarrhea

PROCEDURE:

Students who have influenza-like or covid-like symptoms should utilize an at-home COVID-19 test first. If they do not have one, they are directed go to urgent care, or their PCP office, or pharmacy for testing. The Cooper University Health Center on-campus COVID-19 Swab Site has been closed.

If the test is negative, PCR testing is required and can be done at a drive-up site at the Cooper Care Alliance (CCA) Cherry Hill office, 1210 Brace Rd, Cherry Hill, Mon.-Sat.). Drive-up testing must be scheduled through CCA/Dr. Flaherty's office by calling 856-536-1515. If a student is unable to get to Cherry Hill due to transportation, the Student Health Center, Camden office (Dr. Rozengarten-#856-968-8695, 3 Cooper Plaza) will accommodate testing these students.

If the at-home testing is positive, PCR testing is not required.

CareNow also provides telemedicine daily, including weekends, for sick visits with drive-up PCR testing at Cooper Cherry Hill office, 1210 Brace Rd, Cherry Hill, (856-536-1515), Monday through Saturday. Telemedicine visits performed on Sundays will be offered PCR testing on Monday.

The provider at CareNow will contact the office to schedule the student's testing. Dr. Flaherty will continue to oversee the absence and return of students seen by the CareNow providers.

It remains the responsibility of the student to inform the SHC of their test results and to inform all exposures if they test positive for Covid-19. SH no longer conducts contract tracing and notification.

Students should report illness to their Primary Care Provider (PCP) and the Student Health Center

immediately. Students may not return to school or the clinical environment without first speaking with the Student Health Center.

Symptomatic students may not return to school or the clinical environment without speaking with the Student Health Center. The Student Health Center must have received the CMSRU COVID-19 Return to School/ Clinical Environment/ Clearance from Primary Care Provider form and clearance from CUHC Employee Health, if applicable (see below).

EXPOSURES:

Symptomatic Exposures:

PCR testing is required. Isolation will be determined based on PCR results and symptoms. Students are responsible for sending test results to Student Health as they are not sent to Student Health Center directly. If a student tests positive for COVID-19 by home antigen test, PCR testing is not required. The student must send the results to the Student Health Center which will then be placed into their EPIC chart.

Students must contact Cooper Employee Health regarding their exposure if they have been in the clinical environment within the past 2 days of exposure or plan to be in the next 10 days.

If COVID-19 testing is negative, the student should monitor for symptoms using the CMSRU log, wear a surgical mask indoors, and eat alone for the next 10 days. Re-testing may be recommended.

Symptomatic students may not return to school or the clinical environment without speaking with the Student Health Center. The Student Health Center must have received the CMSRU COVID-19 Return to School/ Clinical Environment/ Clearance from Primary Care Provider form and clearance from CUHC Employee Health, if applicable.

Asymptomatic Exposures:

For a student who has not been in the clinical environment within 2 days of their exposure and will not have patient contact for 10 days after the exposure:

- No quarantine.
- Testing is not required unless the student becomes symptomatic.
- Wear a tight-fitting mask indoors and eat alone for 10 days from the exposure.
- Wear appropriate PPE in clinical areas per CUHC guidelines.
- Monitor for symptoms using the CMSRU Monitoring Log for 10 days. The student must isolate, get PCR or rapid at-home testing, and contact Student Health immediately if becomes symptomatic.
- Students must contact Cooper Employee Health regarding their exposure if they have been in the clinical environment within the past two days or plan to be in the clinical environment within the next 10 days.
- For a student who has been in the clinical environment within the past two days or plans to be in the clinical environment within the next 10 days:
 - Contact CUHC Employee Health immediately at 856-342-2077 for further guidance. They will assist you in setting up testing and following up on test results.
- If a student tests positive for COVID-19 or develops any symptoms consistent with COVID-19, the student should contact Cooper Employee Health and the CMSRU Student Health Center immediately.

TESTING:

PCR testing is recommended for students with symptoms consistent with COVID-19-like illness. If PCR

testing is not available or the student chooses to use rapid at-home testing and the test is positive, this test is considered positive and does not need follow-up PCR testing. If the test is negative and the student is symptomatic, PCR testing is required.

PCR testing is available through CUHC. A student's insurance may be billed for testing. Students are required to contact Student Health if they have testing due to illness. **Students are required to follow up on test results and report them to the Student Health Center. Test results performed at CUHC are not sent to the SHC. Students must isolate if the testing is positive. If a student has testing outside of CUHC, a student must send these results to the SHC.**

COVID-19 Negative:

If the COVID-19 testing is negative, a student may return to school and the clinical environment with a significant reduction in symptoms and be afebrile for 24 hours without the use of antipyretic medication for 24 hours. The Return to School/Clinical Environment Request from Primary Care Provider form must be completed (located at the end of this policy and in OSA Canvas) and received by the Student Health Center. Symptomatic students may not return to school or the clinical environment without speaking with the Student Health Center.

COVID-19 Positive:

If the COVID-19 testing is positive, the student is required to send testing results to the SHC. If a student tests positive for COVID-19 by home antigen test, PCR testing is not required. The student must send the results to the SHC which will then be placed into their EPIC chart.

The student must isolate for 5 days with or without symptoms. Day One is the first full day after symptoms develop or the first full day after a positive test. The student should remain in their own bedroom and bathroom, if possible away from all household contacts. The student should wear a tight-fitting mask if they must enter common areas of the home.

The student must contact Cooper Employee Health at 856-342-2077 regarding their positive test result if the student has been in the clinical environment within the 2 days of symptom onset, 2 days of a positive test, or plans to be in the clinical environment in the next 10 days. Employee Health will contact the student at the end of their isolation period to discuss date of return. The Student Health Center must receive clearance from Employee Health for the student to return to school or the clinical environment.

The student may return to school or the clinical environment on day 6 if there is a significant reduction in symptoms and the student has not had fever for 24 hours without the use of antipyretics for 24 hours. If the student develops symptoms after testing positive for COVID-19, the 5-day isolation period will start over. Day 0 is the first day of symptoms or date of testing.

The Hospital Epidemiologist will be consulted for students with severe or critical illness or who are immunocompromised.

Symptomatic students may not return to school or the clinical environment without speaking with the Student Health Center. The Student Health must receive the CMSRU COVID-19 Return to School/Clinical Environment/Clearance from Primary Care Provider form and clearance from CUHC Employee Health, if applicable upon return to school or the clinical environment, the student must continue to wear a tight-fitting mask indoors and eat alone for 5 additional days.

Notifications to Exposures if a Student Tests Positive

for COVID-19:

It is the responsibility of the student to personally inform all close contacts (including other students, faculty, and staff) of their positive COVID-19 test result. Tracing is not performed by the SHC.

Cooper Employee Health will only contact trace for CMSRU students who have been in the clinical environment. They will inform Cooper employees and CMSRU students who have had a high-risk exposure in the clinical environment only.

The CMSRU Office of Student Affairs is notified that a medical student has tested positive for COVID-19 but is not provided with the student's name. The CUHC Epidemiologist is also notified of a student testing positive for COVID-19.

Refusal of Testing:

If a student refuses testing and is symptomatic, the student must self-isolate for at least 5 days from when symptoms first started AND for 24 hours after fever has resolved without the use of fever-reducing medications and with a significant improvement in symptoms. Upon return to school or the clinical environment, the student must continue to wear a tight-fitting mask indoors and eat alone for 5 additional days.

POST-VACCINATION SYMPTOMS:

Students must report COVID-19-like symptoms to the SHC. COVID-19 testing will be required and the student will be excused from school/clinical environment at least until the results are discussed with the SHC. Further isolation pending testing results.

CALLING STUDENT HEALTH:

Students who have symptoms consistent with COVID-19 like symptoms should immediately isolate at home and contact their PCP and the SHC.

Students who call the SHC must identify themselves as a CMSRU student. The SHC will triage the student, discuss testing, and also inform the student to contact their PCP if not the SHC.

1. If the PCP is a SHC provider, the student will be triaged and/or given an appointment.
2. If the PCP is not a CMSRU SHC provider, the student will be asked to contact their PCP. If the student prefers to utilize the services of Student Health, the student will be offered to change the PCP to the CMSRU SHC provider for the evaluation and testing of COVID-19 and form completion.

If the student contacts a PCP other CMSRU SHC their PCP will be responsible to discuss testing, treat symptoms, and complete all forms to return the student back to school/clinical environment. The student must utilize the Return to School/Clinical Environment Forms by Primary Care Provider posted on Canvas. It is the student's responsibility to provide the forms to their PCP and ensure the SHC has received these forms. Students may not return to school or the clinical environment without first speaking with the SHC.

Weekends and After Hours: A CUHC PCP is on-call to speak with any student 24 hours a day and seven days a week. The student should identify themselves as a CMSRU student and ask the message be routed to the appropriate PCP if within CUHC as well as the Student Health provider. The on-call physician may be reached by calling the CMSRU SHC office number at 856-968-8695 for Dr. Rozengarten's office (Camden) or 856-536-1515 for Dr. Flaherty's office (Cherry Hill).

A Care Now provider is available on weekends by calling Dr. Flaherty's office (#856-536-1515). Students who contact the on-call physician should contact their PCP the next business day to ensure proper evaluation. Students should contact the SHC the next business day if the student has not received a call from the physician.

Any student experiencing acute distress should proceed to the nearest emergency department or call 911. Students may always contact the SHC with any concerns or questions.

VISITING STUDENTS:

All visiting students from outside medical schools should inform the following parties of any COVID-19 exposure and/or symptoms: their course director, their home institution's Student Health Center, and Cooper University Health Care Employee Health.

COVID-19 RETURN TO SCHOOL/CLINICAL ENVIRONMENT CLEARANCE

Access the COVID-19 Return to School/Clinical Environment Clearance form immediately following this policy or online in OSA Canvas.

Note: This policy is subject to change pending guidance from governing bodies.

COVID-19 RETURN TO SCHOOL/CLINICAL ENVIRONMENT CLEARANCE

[Access the COVID-19 Return to School/Clinical Environment Clearance form online.](#)

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 07/2025 |



Cooper Medical School
of Rowan University

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Owner: *Jenene Thomas: Program Specialist*
Area: *Health and Safety*
References:

CUHC Signage Policy

I. PURPOSE: CMSRU adheres to the CUHC signage policy.

- A. To ensure compliance with signage requirements and ensure a consistent approach to the design and placement of CMSRU signage at Cooper University Health Care (CUHC) facilities.

II. SCOPE:

- A. This policy includes, but not limited to, the following:
1. Signs required to be posted by law and regulations.
 2. Signage within CUHC facilities, whether owned or leased, temporary or permanent, new, or renovated, inpatient and ambulatory.
- B. This policy shall provide comprehensive, uniform signage, and adherence to government and regulatory signage requirements.
- C. This policy does not include wayfinding, construction, and external signage. The Design and Construction Department is responsible for design and posting of construction signage, wayfinding, and building directories.

III. DEFINITIONS:

- A. **Signage Categories:** (Refer [Appendix A](#) for details).
1. **Clinical** – Information applicable to clinical indications; depending on nature of communication, may require posting in sensitive areas within staff view only.
 2. **Team Member Engagement** – Information supporting team or organizational initiatives and accessible to team members.
 3. **Awards / Recognition** – Information denoting accomplishments and is accessible to patients and staff.
 4. **Regulatory** – Information that is required to be posted for an all-access view.

IV. ACRONYMS:

- A. CMS – Centers for Medicare & Medicaid Services

- B. DOL – Department of Labor
- C. HIPAA – Health Insurance Portability and Accountability Act
- D. TJC – The Joint Commission
- E. NJDOH – New Jersey Department of Health
- F. OSHA – Occupational Safety and Health Administration

V. POLICY:

- A. Signs at CUHC facilities shall be approved through this policy in order to ensure consistency and maintain an appropriate appearance.
- B. Once approved through this policy, signs at CUHC facilities must be ordered as provided below, laminated or otherwise cleanable. Paper signage is not permitted. Signage shall be intact, not torn, taped or offensive in design or content.
- C. Signage shall comply with the Americans with Disabilities Act (ADA), OSHA, and New Jersey State Laws and regulations. This policy is to be used in conjunction with the project specific site guidelines and coordinate with the signage design of an existing applicable campus Master Plan, the exterior campus signage system, and existing room numbering systems.
- D. Signage shall accommodate those with limited English proficiency, any visual impaired, hearing impaired, or mobility limitations, and the elderly.
- E. Due to the extensive number of signs that are required to be posted by law and to support Cooper programs, it is not possible to post signs to communicate everyday information that should be communicated verbally by the provider or staff during an encounter.
- F. Time limited recognition shall remain posted until next award cycle.
- G. Departments are responsible for assessing current relevance in messaging and duration of posting. For questions or assistance, signage committee shall be consulted.

VI. IMPLEMENTATION:

- A. The Signage Committee is responsible to review and approve CUHC signage. The Signage Committee is a multidisciplinary group including Legal, Human Resources, Compliance, Facilities (Design & Construction and Facilities), Regulatory, Safety, Risk Management, Marketing, and Patient Relations. Ambulatory Services, Hospital Operations, Human Resources, Nursing, and Security.
- B. The Business Owner sends the "Signage Request Form" to the Signage Committee for approval via the email – SignageRequest@Cooperhealth.edu. The request form must have the department's cost center and sign-off from the department's Vice President.
- C. Committee Review and Approval Process:
 - 1. **Upon committee approval**, a file number will be assigned, and a proposal will be requested from the appropriate sign vendor. The Marketing department shall coordinate the design of the signage. The Marketing and Design & Construction departments shall coordinate the installation of signage after a purchase order is acquired.
 - 2. **Upon committee denial**, the reason for denial is reported to the requester or further clarification is requested.
- D. **NOTE:** Approved signage must bear the Cooper approval mark [] with month and year at the bottom

right-hand corner prior to posting. Small signs will be available for online ordering via Taylor Communications ordering process (Smartworks)

VII. APPENDICIES:

- A. [Appendix A – Signage Categories Matrix](#)

VIII. RELATED FORMS OR DOCUMENTS:

- A. Completed Signage Request Form (located on the Cooper Pulse [portal]) requires VP or above signature to be submitted.

IX. RELATED POLICIES:

- A. [4.314 - Decorations](#)

Appendix A – Signage Matrix

| Type | Approver | Example | Focus of Communication | Location |
|-------------------------------|------------------------------------|--|-----------------------------|--|
| Clinical Information | | | | |
| Clinical Alert | Nurse Practice Council | Product changes | Staff | Department, where clinical staff are able to view, not general area for patient or visitors |
| Unit Specific Reminders | Unit leadership | Relocation of equipment or supplies | Staff | Department, where clinical staff are able to view, not general area for patient or visitors |
| Short Term Reminders | Unit leadership | Time Clock down Supply shortage | Staff | Department, where clinical staff are able to view, not general area for patients or visitors |
| Organization Focused | Internal Communications, Marketing | Safety Pinpoints | Staff | Department based, where clinical staff are able to view, not general area for patients or visitors |
| Patient Focused Information | Department Leadership | Isolation Sign, Fall Signage, Hand Hygiene | Staff | Department based, where clinical staff are able to view and/or in patient rooms |
| Team Member Engagement | | | | |
| Organizational Culture | Human Resources, Marketing | Mission, Vision, Core Values | Staff and Patients/Visitors | Areas where staff, patients or visitors are able to view |
| Engagement Initiatives | Department Leadership | Photos, Pets, Families, Action | Staff and Patients/ | Area designated by leadership based on |

| | | | | |
|--|-----------------------|--|----------------------------|--|
| | | Plans, Unit Based Council (UBC) Focus | Visitors | intention of project |
| Special Day Acknowledgment | Department Leadership | Holidays and other celebrations (Refer to 4.314 -Decorations policy) | Staff and Patient/Visitors | Areas where staff, patients or visitors are able to view |
| Awards/Recognition | | | | |
| Individual, Unit, Team Awards | Signage Committee | Top Doc, Daisy Award, Plaques | Staff and Patient/Visitors | Areas where staff, patients or visitors are able to view |
| Regulatory | | | | |
| Regulatory Signage | Signage Committee | EMTALA, Licensing, Patient Rights | Staff and Patient/Visitors | Areas where staff, patients or visitors are able to view |
| Attachments | | | | |
| No Attachments | | | | |
| Approval Signatures | | | | |
| Step Description | | Approver | | Date |
| Final Approval-Dean | | Annette Reboli: Dean, Cooper Medical School | | 06/2025 |
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Cooper Medical School
of Rowan University

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Owner: *Jenene Thomas: Program Specialist*
Area: *Health and Safety*
References:

Emergency Preparedness

CMSRU Adheres to the Rowan University Emergency Preparedness Policy

POLICY:

Emergency Preparedness

PURPOSE:

The distinctive organizational design of Rowan's (CMSRU) campuses is serviced through a centralized system of support from the Office of Emergency Management that allows all the campuses to maintain independent day-to-day operational control while ensuring accountability, consistency and internal jurisdictional control over operational and emergency personnel when it is most important to do so. This policy outlines the responsibilities under the Emergency Operations Plan to address this unique situation by defining what support and oversight is provided centrally while ensuring the campuses' day-to-day operations remain flexible, autonomous, and independent.

ACCOUNTABILITY:

Under the direction of the President, the Assistant Vice President for Public Safety, Office of Emergency Management, and Chief of Security for the Camden Division of the Rowan University Police Department in collaboration with the Office of Administration, Finance, and Operations shall implement this policy and ensure compliance.

SCOPE:

This policy applies to University (CMSRU) faculty, staff, students, employees, and visitors to all Rowan campuses.

POLICY – EMERGENCY MANAGEMENT:

1. General Information
 - a. The Office of Emergency Management coordinates all campus emergency planning, activities, mitigation, response, and recovery efforts. This includes the development, maintenance, and approval of an Emergency Operations Plan and all training, preparation, and development of an Executive Management Team (EMT) and the Emergency Operations Team (EOT). This department is also responsible for being the primary liaison between the University (CMSRU) and other outside

- municipal, state and federal agencies related to, or directly responsible for, emergency management.
- b. The Office of Emergency Management develops and maintains the Emergency Operations Plan for the University (CMSRU), ensures regular tests of emergency management systems are conducted and makes sure the necessary emergency services, police and security services and other support personnel are available when requested.
 - c. Department heads are responsible to prepare their department emergency plans, and will coordinate with the Office of Emergency Management who will oversee all campus-wide emergency/disaster plans, training, and exercises. The Office of Emergency Management will ensure the department emergency plans are in line with the overall University (CMSRU) Emergency Operations Plan.
 - d. The Director of Emergency Management will obtain the formal adoption of the Emergency Operations Plan by the University Board of Trustees. The Office of Emergency Management manages all of the Emergency Annexes, outlined in the Emergency Operations Plan to aid in the mitigation of a University (CMSRU) crisis.
 - e. An emergency is defined as an event, expected or unexpected, involving shortages of time and resources, that places life, property, or the environment in danger and that includes and exceeds the regular 911 Police/Fire/Medical response.

2. Emergency Management Chain of Command

- a. The University President has the authority for the University's (CMSRU's) overall response to emergencies and incidents which may affect the University (CMSRU) and its operations.
- b. The University President or his/her designees, in times of emergency or threat to the University (CMSRU) community, may declare a campus emergency which may modify the University's (CMSRU's) or an individual campus' operational status as well as make available University (CMSRU) resources and direct University (CMSRU) operations to the incident. The size and scope of the emergency will be conveyed at the time of the declaration in accordance with the Emergency Operations Plan. Campus resources may be directed and made available to be utilized to prepare for the threat, to mitigate the incident and/or restore the University (CMSRU) to an operational status.
- c. The Assistant Vice President of the Department of Public Safety and the Office of Emergency Management serves as the University's Emergency Management Coordinator, and as such, functions as the President's direct representative during public safety emergency operations. The Assistant Vice President of the Department of Public Safety and the Office of Emergency Management also has delegated authority to engage in mutual aid agreements and partnerships with responders and services to provide additional resources beyond the campus' capabilities to assist during an incident.
- d. The Office of Emergency Management Director shall maintain, review, and ensure compliance of the Emergency Operations Plan. The Emergency Operations Center Annex Manager reports to the Director of the Office of Emergency Management and provides assistance and support during any major, declared disaster or event, specifically if outside resources are required and requested.
- e. During an incident or heightened periods of increased risk, the Assistant Vice President of the Department of Public Safety and the Office of Emergency Management, in consultation with the Incident Commanders, Executive Management Team members, Emergency Operations Team members, and the President, if warranted, has the authority to take the necessary steps to maintain or restore normal University (CMSRU) operations.
- f. Normal day-to-day public safety duties provided on the Rowan campuses shall be the responsibility

of the respective departments, after consultation with the University (CMSRU) President, and the Assistant Vice President of the Department of Public Safety and the Office of Emergency Management.

- g. Should a public safety emergency arise that requires a significant multi-department, or jurisdictional response, the Emergency Management Coordinator will activate the University Emergency Operations Team (EOT) to handle any operational component of a localized, or departmental emergency, and advise the Executive Management Team (EMT) if, and when key executive decisions are required. The EOT is comprised of key departmental heads and senior managers that have the authority to make decisions at the operational level to mitigate minor incidents or emergencies. The EMT is comprised of the Executive Cabinet, which makes University-wide decisions that affect the entire University (CMSRU). The Emergency Management Coordinator coordinates the efforts of the various team members. The Director of the Office of Emergency Management will manage resources, planning and the maintenance of the University (CMSRU) Emergency Operations Plan and lead the support from the Emergency Operations Team.
- h. During Emergencies requiring the activation of the Emergency Operations Team, department heads shall remain in charge of their respective departments, and communicate their efforts with the EOC.

3. Compliance Procedures

a. Emergency Reporting and Response-Normal Operations:

- i. During normal operations, the Rowan University Police Department coordinates and responds to emergencies on and around all University (CMSRU) campuses. Rowan University Police Department also coordinates response to fire and medical emergencies. Municipal partners will assist in rendering additional support and/or resources, if deemed necessary to mitigate an emergency response outside of the scope of the capabilities of University (CMSRU) responders. The National Incident Management System (NIMS) protocols will be used to manage the incident or event when outside resources are needed, and requested by University (CMSRU) officials.

For emergencies at all Rowan University campuses:

- 1. From any University phone, dial direct at 4911/4922. If calling from an outside line dial 856-256-4911/4922; and
- 2. Any emergency where someone at Rowan dials 9-1-1, the call will immediately be re-directed to a Rowan Communications Center.

b. Emergency Reporting and Response-Large Scale Event/Incident

During an emergency impacting the entire campus or region, normal reporting and response services may not be available. Rowan's Office of Emergency Management uses an Emergency Operations Center and the incident Command System to manage hour-by-hour decisions during and after a major event. Depending on the location of the emergency, the Emergency Operations Centers for Rowan are located at the following:

Glassboro Campus

Primary EOC:

Bole Annex, Conference Room #26, 601 Whitney Ave., Glassboro, NJ 08028

Seats approximately 10

CMSRU and Camden Campus

Primary EOC:

CMSRU – Conference Room #522, 401 S. Broadway, Camden, NJ 08103

Seats 50 and has video conferencing capabilities

RowanSOM

Primary EOC:

Deans Large Conference Room #310 Academic Center

Stratford, NJ 08084

Seats approximately 30

The EOC's are structured and equipped to provide:

- i. Direction and control;
- ii. Communications with the President and Administration, and other Rowan departments, as well as with city, county, state and federal official;
- iii. Coordination with other government agencies; and
- iv. Information Management.

The Emergency Operations Center is supported by all University (CMSRU) departments, upon request. Departments must transmit emergency impact reports to the Emergency Operations Center, and in some cases, provide emergency response services and relay emergency information and instruction to their constituents. As requested by the Emergency Management Coordinator, departments may be required to provide direct representation to the Emergency Operations Center during an emergency, or disaster. The EOC may be required to be located in another location based on the nature of the emergency

c. Recovery

All University (CMSRU) Departments shall have a Continuity of Operations Plan to identify core operational functions, and the facilities and personnel needed to continue the mission of the University (CMSRU). The Emergency Operations Center will be utilized to manage large recovery operations and support department specific emergency plans. Department heads are required to maintain accurate records to record personnel and equipment costs for any potential insurance, or FEMA recovery claims. This information must be made available upon request, and submitted in a timely manner to the Assistant Vice of the Department of Public Safety and the Office of Emergency Management.

All cost recovery efforts are coordinated through the Office of Risk Management, Facilities and Operations, the Office of Finance, and the Office of Emergency Management.

4. Actions Implemented during Periods of Increased Risk

During periods of heightened risk, initial emergency information, direction and control will originate from the Rowan University Police Department. If it becomes necessary to activate the Emergency Operations Team, an Emergency Operations Center will be established. The Emergency Operations Center will be activated at the discretion of the Emergency Management Coordinator or, in his/her absence, by his/her designee for any emergency that exceeds the capabilities and resources of the University's (CMSRU's) regular emergency services and routine mutual aid. This would include incidents that may require an extensive and coordinated response.

5. Requests for Resources and Information

During times of emergency all University (CMSRU) department heads shall direct and coordinate all resource requests, and report efforts through the Emergency Operations Center. The Emergency

Operations Center Annex Manager shall prioritize all University resource requests and direct them to the impacted area.

The University (CMSRU) will cooperate with all other local and appropriate agencies that have responsibilities relating to disaster preparedness, response, and control. The University (CMSRU) will also take required and prudent steps to assure the continuity of operations and restoration of normal processes as quickly as possible following an emergency.

All procedures and regulations are subject to amendment.

<https://confluence.rowan.edu/display/POLICY/Emergency+Preparedness>

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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General Safety and Security

CMSRU Adheres to the Rowan University General Safety and Security Policy

POLICY:

General Safety and Security

PURPOSE:

The policy sets forth policies and procedures that will assist in preventing personal injuries and losses when possible and providing support where such incidents occur. This policy also sets forth policies and procedures associated with campus law enforcement and security.

ACCOUNTABILITY:

Under the direction of the President, the Assistant Vice President of Public Safety, the Chief Security Officer of the Rowan University Police Department, and Office of Emergency Management, shall implement this policy and ensure compliance.

SCOPE:

This policy applies to all Rowan University (CMSRU) faculty, staff, students, and visitors to all Rowan University (CMSRU) campuses.

REFERENCE:

1. Rowan University Police Department Mission and Values Statement is available on the Rowan Police website.

POLICY:

1. The mission of Rowan University Police Department is to enhance the quality of life by providing a secure and safe environment through professional service to the University (CMSRU) community.
2. The Rowan University Police Department is a professional law enforcement agency, dedicated and privileged to serve the University (CMSRU) community with efficient, fair, and high quality law enforcement response. The Department's mission focuses on:
 - a. Protecting life and property.

- b. Preventing crime, reducing the fear of crime, and apprehending those who violate the law.
- c. Providing the Rowan community with public service in the form of citizen education, career days, volunteer-in-community programs, supporting charitable organizations, fingerprint programs and other programs that benefit the community.
- d. Working cooperatively with the public, other law enforcement agencies and governmental agencies, officers should strive to improve the quality of life for all residents and visitors to Rowan University (CMSRU).

3. Department Organization

The Assistant Vice President of Public Safety and Office of Emergency Management manages the university's overall public safety apparatus. The day to day operations are under the direction of the Chief of Police. The Police Department provides services to the University (CMSRU) community through its six service sections, which include:

- a. The University's police officers provide law enforcement, investigative, and victim assistance services.
- b. The University's (CMSRU's) uniformed security officers provide 24-hour patrol services using vehicle, bicycle, and foot patrols. The Operation Lieutenants of Public Safety manage patrol services and special events on the Glassboro and Stratford campus and the Chief of Security manages Camden campuses.
- c. The Lieutenants manage the Crime Prevention & Communications Section which provides crime prevention programs, presentations, and related services.
- d. The Police Department also manages the campus parking program and assigns space for special events parking.
- e. The Director of Emergency Management is responsible for emergency management and section operations.

4. Calling for Assistance




- a. The public safety services can be requested at any time by calling the Rowan University Police Department Communications Center. For emergencies, call 856-256-4911. For non-emergencies, call 856-256-4922. For CMSRU emergencies and non-emergencies, CMSRU students call 856-361-2880. The Rowan University community is also encouraged to use the Code Blue Emergency Telephones to report emergencies, suspicious conditions, or for a walking safety escort.
- b. Anyone who witnesses or is victim of a crime should report the incident immediately to any officer, by calling the Rowan Police Communications Center at 856-256-4911 or using a Code Blue Emergency phone. CMSRU students call 856-361-2880. When a crime is reported, the officer to whom you are reporting the crime will need to obtain your name, address, telephone number, and any information that you have about the crime. A written statement may be needed.
- c. The responding officer will investigate or a detective if applicable for every crime that is reported. Officers will make every attempt to identify and apprehend a suspect. Copies of investigations may be shared with the Glassboro Police Department or other law enforcement agencies.
- d. If you have been the victim of a crime and a suspect has been identified, you have the right to sign a criminal complaint. Complaints may be signed at the Rowan University Police Department and/or the appropriate law enforcement agency.

5. Bomb Threats

- a. The University (CMSRU) takes all threats seriously. Each threat is evaluated by appropriate members of the University's (CMSRU's) administration and appropriate action initiated. Any person or department that receives a threat or suspicious item should call the Rowan Police Emergency Line 856-256-4911 (CMSRU 856-361-2880) immediately to report the situation.
 - b. The person who receives the call or item should try to make note of:
 - i. The time the call or item is received.
 - ii. The telephone number the call is received from, if shown on the phone display or known.
 - iii. The exact message given by the caller, including any location, or times that an event might occur.
 - iv. Any distinctive characteristics about the caller's voice, background noises, etc. that might aid in identifying the caller.
 - v. In the case of an item, the way it was received, and any identifying information from the sender or its source.
6. The Rowan University Police Department offers many services to the campus community, including:
- a. Escorts, opening of doors, and opening of vehicles.
 - b. Parking event assistance, building security, and security for special events.
 - c. Operating a Lost and Found.
 - d. Responding immediately to fire alarms, requests for emergency medical services, reports of motor vehicle accidents, and to all emergency service calls.
 - e. Delivering emergency messages.
 - f. Requests for emergency maintenance repairs.
 - g. For Faculty, staff or administration needing to gain access to buildings after hours.
7. Crime Prevention
- Rowan University (CMSRU) seeks to maintain a safe campus environment through the establishment of *Crime Prevention Through Environmental Design* (CPTED) standards. New campus construction must comply with these standards, and existing areas of the campus are addressed each year. The University's major CPTED initiatives have included lighting improvements, landscape adjustments, security fencing, and establishment of Code Blue Emergency Phones.

<https://confluence.rowan.edu/display/POLICY/General+Safety+and+Security>

Attachments

-  [1: Bomb Threats](#)
-  [2: Crime Prevention Activities](#)
-  [3: Security Services](#)

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 06/2025 |

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Area: *Health and Safety*
References:

Hand Hygiene Policy

I. INTRODUCTION:

CMSRU adheres to the Cooper University Health Care Hygiene Policy.

- A. Cooper University Health Care promotes hand hygiene as an essential element in safe patient care. All Cooper University Health Care personnel must comply with the Hand Hygiene guidelines as recommended by the nationally recognized guidelines of the Centers for Disease Control (CDC) and World Health Organization (WHO).

II. SCOPE:

- A. This policy applies to all Cooper University Health Care (CUHC) locations, the hospital and all hospital departments, including licensed hospital based satellite facilities, as well as other ambulatory locations.

III. PURPOSE:

- A. To reduce the risk of healthcare-associated infections by ensuring that hand hygiene (HH) is conducted appropriately.

IV. POLICY:

- A. Practice of hand hygiene is an expectation of all health care disciplines.
- B. Personnel shall decontaminate their hands:
1. Before touching patient
 - a. The patient, their bed, the bedside monitor, and IV poles are all considered the patient
 - b. Examples include, but are not limited to: Examinations, helping a patient move, checking name bands
 - c. To insure HH before touching the patient, it is recommended you perform HH upon ENTERING the patient room.
 2. Before a Clean/Aseptic Procedure
 - a. Examples include, but not limited to: Medication administration. before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a

surgical procedure

3. After Body Fluid Exposure Risk

- a. Examples include; but not limited to: After contact with any bodily fluids to include saliva, urine, sputum, feces, and blood

4. After touching patient or patient's environment

- a. Examples include, but not limited to: After performing activities of daily living; taking patient pulse or blood pressure; lifting a patient; when moving from a contaminated body site to a clean body site during patient care; after contact with patient clothing and/or linens; moving over bed table; touching bedrails

5. After touching patient surroundings

- a. The patient's surrounding are typically considered the places within a three-foot radius of the patient
- b. Beside chairs, in-room counters, mounted computers, and work stations on wheels are all generally considered "patient surroundings"
- c. To insure HH after touching the patient, it is recommended you perform HH upon LEAVING the patient room.

6. After removing gloves

7. See Figure Below



- C. Wearing gloves DOES NOT replace the need for hand hygiene because gloves may have small unapparent defects, may be torn during use and hands can become contaminated during removal of gloves. Unwashed hands prior to use will contaminate gloves during the donning process.

- D. If hands are not visibly soiled, an alcohol-based hand rub should be used for routinely decontaminating hands.
1. Put enough alcohol hand sanitizer in cupped hands to cover all surfaces of hands and rub until dry.
 2. For an example of how to cover all surfaces see [IV.B.](#) for the WHO guidelines.
- E. Soap and water shall be used whenever hands are **visibly soiled or after certain activity with high potential of soilage with organic material (i.e. diaper change, empty foley bag or rectal bag) and when providing care for a patient with C. difficile associated disease or norovirus diarrheal illness.**
1. Bar soap, non-alcohol hand rub, and strongly scented waterless antiseptic agents should not be used by staff at CUHC as hand hygiene products.
 2. Per the CDC, handwashing with soap and running water shall involve vigorous rubbing of all surfaces on lathered hands for at least 15-20 seconds.
 3. For an example of how to cover all surfaces see [IV.A.](#) for the WHO guidelines.
- F. Department/Unit Manager(s) or a designee(s) of the Manager is/are responsible to monitor and enforce these components of the hand hygiene guideline for their Department.
- G. Fingernails must be clean. For purposes of safety, infection prevention, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Employees having direct and indirect patient contact or come into contact with the patient environment may not have fingernails in excess of ¼ inch in length and may not wear artificial fingernails, wraps or gel polish. Unpolished nails are preferred when working in healthcare, however if polish is worn it must be in good condition with no chip or cracks. (See also [8.604 Employee Relations - Team Member Dress Code Policy](#)).

V. GUIDELINES:

A. Handwashing with soap and water:

1. Wet hands with clean running water.



2. Apply enough soap to cover hand surfaces



3. Rub hands palm to palm



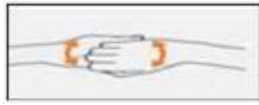
4. Right palm over left dorsum with interlaced fingers and vice versa



5. Palm to palm with finger interlaced



6. Back of fingers to opposing palms with fingers interlocked



7. Rotational rubbing of the left thumb clasped in the right palm and vice versa



8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



9. Rinse hands thoroughly under stream of water



10. Dry hands thoroughly with paper towel to avoid recontamination of hands



11. Use towel to turn off faucet

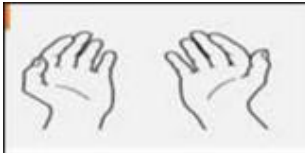


- B. Handwashing using Alcohol Hand Sanitizer is the preferred means to sanitize hands in healthcare settings when hands are NOT visibly soiled.

1. Put enough alcohol hand sanitizer in cupped hands to cover all surfaces of hands.



2. Follow steps 3-8 of the above process.
3. Rub until dry. Do not rinse or wipe off the hand sanitizer before it dries.



VI. COMPLIANCE & EDUCATION:

- A. Hand hygiene compliance rates are monitored through observation and reported back to each unit/area.

- B. All staff is provided education at orientation and individually as needed. Hand hygiene education is provided/promoted at various educational sessions/events.
- C. Signage promoting hand hygiene is located in patient care areas throughout the main hospital and off-site patient care Cooper University Health Care locations.
- D. Summary Recommendations on Hand Hygiene and Glove Use
 - 1. The use of gloves does not replace the need for hand hygiene
 - 2. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.
 - 3. Staff will perform hand hygiene prior to putting on gloves and ensure that hands are dry before putting on gloves
 - 4. Gloves are single use and must be removed and disposed of after each client care before providing care to the next to the next client or activity; gloves become damaged; gloves become visibly soiled with blood or body fluid following a task; moving from work on a soiled body site on the same patient or if another clinical indication for hand hygiene occurs; and dispose immediately at the point of care; do not wash or re-use gloves
 - 5. Perform hand hygiene after glove removal
 - 6. Change or remove gloves after touching a contaminated environmental surface before touching a patient or a clean environmental surface

VII. RELATED POLICIES:

- A. [8.604 Employee Relations - Team Member Dress Code Policy](#)

VIII. REFERENCES:

- A. Centers for Disease Control and Prevention. (2021). Hand Hygiene in Healthcare Settings. Healthcare Providers; Glove Use. Retrieved September 8, 2022 from <https://www.cdc.gov/handhygiene/providers/index.html>
- B. Centers for Disease Control and Prevention. (2017). Hand Hygiene in Healthcare Settings. *Clean Hands Count for Healthcare Providers*. Retrieved May 5, 2017 from <https://www.cdc.gov/handhygiene/providers/index.html>
- C. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Health Care Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force: Infection Control and Hospital Epidemiology, December 2002; 23 (suppl 12): S3-40.
- D. Siegel, J.D., Rhinehart, E., Jackson M., Chiarello, L. (2007). Health Care Infection Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings. *Am J Infect Control*. 35:S65-164
- E. University of Connecticut Health Center. (2012). Hand Hygiene. John Dempsey Hospital Infection Control Manual. Retrieved March 16, 2014 from http://nursing.uchc.edu/infection_control/manual/docs/ICM%201.4.pdf.
- F. World Health Organization Guidelines on Hand Hygiene in Healthcare. (2009). Retrieved March 16, 2014 from http://www.who.int/entity/gpsc/tools/5momentsHandHygiene_A3.pdf

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
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Area: *Health and Safety*
References:

Immunization Requirements

POLICY:

Immunization Requirements Policy

PURPOSE:

CMSRU requires immunization to protect the health and well-being of all students, faculty, staff, patients, and the general public against vaccine preventable communicable diseases.

SCOPE:

All medical students

DEFINITIONS:

Immunity-serologic presence of a given antibody (in a sufficient titer) to react with a specific antigen and prevent disease; BCG – Bacille Calmette-Guerin vaccination

PROCEDURE:

Students are required to show proof of appropriate immunity and documented immunization prior to matriculation and/or the onset of actual patient contact.

1. All students are required to have a pre-entrance physical examination performed by the student's physician within one year prior to enrollment. Students must complete the CMSRU Health History Form and submit this form and immunization documentation prior to the first day of class. Any student failing to submit this documentation will not be able to attend classes or clinical rotations until this information is complete.
2. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines for health care workers, and the applicable State of New Jersey immunization requirements, CMSRU students are required to provide proof of immunity via adequate documentation of appropriate vaccine administration or proof of serologic immunity for the following:
 - a. Rubeola, Mumps, and Rubella – All students must provide documentation of immunization. Students born after 1957 must have proof of vaccination of the two doses of live, attenuated measles and rubella vaccines. The first dose must have been given on or after the first birthday and in 1969 or

later. The second dose must have been given at age 4-6 years or later, but at least 28 days after the first dose. If a student does not have appropriate documentation, serology testing may be conducted (rubella IgG, rubeola IgG, and mumps IgG) to document immunity.

- b. Varicella - Students who have a negative or uncertain history of chicken pox are required to receive the varivax vaccine. Dosages are two doses administered eight weeks apart. Exceptions to this policy, such as medical contraindications or religious belief, can be discussed on a case by case basis with Concentra Occupational Health Services, CMSRU's contracted service provider. Students may also document immunity with varicella IgG titers. In the event of a local measles or varicella epidemic, these exempted students will be excluded from group activity, including classes and patient care, until it is determined safe for the students to return.
 - c. Hepatitis B - Proof of immunity must be in the form of a "quantitative" Hepatitis B surface antibody titer consistent with immunity. If the student is found not to be immune to Hepatitis B, whether due to non-vaccination or to the lack of response to the vaccine, the student will be offered the vaccine series.
 - d. Prior to matriculation, students will also be required to show proof of tetanus/diphtheria/pertussis (TDAP) booster shot.
 - e. Prior to matriculation, students (including those with prior BCG vaccination) will be required to have screening for tuberculosis with a tuberculin skin test, also known as a PPD. PPD testing will be performed by Concentra. If a student develops a positive PPD, appropriate evaluation and testing will be performed. This would include assessment of symptoms, as well as a chest x-ray. If indicated, appropriate therapy will be offered.
3. Students are required to be vaccinated annually for influenza unless there is a medical or religious contraindication, in which case they will be required to complete a flu declination form. Students who are not vaccinated must wear a mask in clinical areas once flu season is officially declared by the institution. Masking is required during the duration of flu season for unvaccinated individuals. Once the end of the flu season is declared, masking is no longer required in clinical areas.
4. Proof of Immunity for all CMSRU students is required and reviewed by Concentra prior to matriculation. Failure to comply with immunization requirements prior to matriculation may delay entry into the CMSRU curriculum and cases will be reviewed individually by the Asst. Dean for Student Affairs. Concentra will contact students to ensure proper immunization, as necessary. Any student having absent or low titers will receive the appropriate vaccine. Record keeping and periodic reports to the Office of Student Affairs regarding immunizations will be provided by Concentra, in accordance with HIPAA guidelines.

Exceptions:

Students who have a documented history of a positive TB test and proof of appropriate treatment may be exempt from further TB testing unless they develop signs or symptoms of infection. Documentation of prior treatment must be included in the student health record.

Students may also be exempt from a given vaccination if they have a medical contraindication for that particular vaccine. Students must present documentation from a physician regarding the contraindication and this must be included in the immunization record. Exemption from any given vaccination must not prevent fulfillment of the core essential curriculum.

REFERENCES:

Shefer A, Atkinson W, Friedman C, et al. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *Recommendations and Reports*. Nov 2011; 60(RR07): 1-45. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
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| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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COPY



Cooper Medical School
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Area: *Health and Safety*
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Impaired Student Process

POLICY:

Impaired Student Process

PURPOSE:

To identify and discourage all drug and alcohol use that can adversely affect academic or clinical performance and has the potential to negatively impact the health and safety of peers, faculty, staff, or patients for which an impaired student may have interaction. Cooper Medical School of Rowan University (CMSRU), in collaboration with Cooper University Health Care (CUHC), will maintain an environment to ensure the safety of students, faculty, staff and patients will not be compromised.

SCOPE:

Any impairment and/or related treatment efforts apply to all CMSRU students. CMSRU complies with the Rowan University Policies **General Safety and Security** and **Alcohol and Other Drugs** Policies and the **Cooper University Health Care Impaired Employee Process**.

DEFINITIONS:

The term "drug" means a controlled dangerous substance, analog, or immediate precursor as listed in Schedules I through V in the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 and as modified in any regulation issued by the Commissioner of the Department of Health. It also includes controlled substances in Schedules I through V of Section 202 of the Federal Controlled Substance Act of 21 U.S.C. 812. This policy applies to the use, possession or distribution of such items which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

Impairment is defined as any physical, mental or behavioral disorder that interferes with the ability to engage safely in professional activities.

Impairment, and the effects of the impairment on academic or clinical performance, can be acute or chronic.

- Examples of acute impairment can include, but are not limited to, the following: hallucinations, increased agitation, paranoia, decreased level of consciousness, disorientation, loss of coordination, reduced capacity to communicate, combative without provocation, unusual flare-ups or outbreaks of temper,

verbal threats, use of excessive profanity, and odor of alcohol on the breath.

- Examples of chronic impairment can include, but are not limited to: absenteeism, tardiness, an increase in errors made in the academic or clinical environment, a significant decrease in productivity, significant peer problems, poor personal hygiene, sleepiness, and poor judgment.

PROCEDURES:

Identifying an Acutely or Chronically Impaired Student; Returning the Student to Academic Responsibilities; and Drug Testing

Impairment, whether acute or chronic, will be determined by the Senior Associate Dean and/or Assistant Dean for Student Affairs or designee, in collaboration with the Senior Associate Dean for Medical Education or designee, Asst. Directors of Student Support Services, and other medical consultants as necessary, based on a student's ability to adequately perform their academic or clinical responsibilities. The process ensures an objective basis for documenting inadequate or deteriorating performance. The respective deans and/or designees will not attempt to diagnose the cause of the student's impairment. Based on a student's performance, behavior, or condition, the respective deans or designees may consult with the Asst. Directors of Student Support Services, Student Wellness Program (SWP), Student Health Services, and/or contracted psychiatry services, as needed.

*If a student observes impaired behavior in another student colleague, a report should be made to the Senior Associate Dean for Student Affairs or Asst. Dean for Student Affairs or designee, who will take appropriate action.

Acutely Impaired Student

- If the Senior Associate Dean of Student Affairs or designee and/or the Senior Associate Dean of Medical Education and/or designee determines a student to be unfit or unsafe to continue performing their academic or clinical responsibilities, they should immediately relieve the student of their academic or clinical responsibilities.
- The respective deans/designees will inform the student, based on their condition/behavior/performance.
- The student based on their condition/behavior/performance, will be medically evaluated to determine their "fitness" to perform academic and/or clinical responsibilities.
- A student experiencing acute issue of impairment will be directed to Concentra, Occupational Health Services, between the hours of 8:00 am and 5:00 pm, Monday through Friday. The Emergency Department (ED) will be used outside of Concentra hours of operation.
- The Senior Associate Dean or Assistant Dean for Student Affairs and/or a designee will alert Concentra or the ED that a student will be presenting for an evaluation. They will arrange for an escort for the impaired student.
- In the event a student refuses to be escorted to Concentra or the ED and/or refuses to be evaluated according to policy, no attempt should be made to force the student to do so. The Senior Associate Dean or Assistant Dean of Student Affairs or designee will document the student's refusal.
- In the event a student refuses the recommendations of the Senior Associate Dean or Assistant Dean of Student Affairs and/or designee and Senior Associate Dean of Medical Education and/or designee, to be evaluated at Concentra or the ED, the student will not be permitted to return to the CMSRU academic or clinical environment until documentation regarding impairment is provided by a treating physician or provider.
- If a student demonstrates a threat to themselves or others, the CMSRU Security Office, where applicable, will be called to provide assistance.

- If at all possible, no student will be allowed to leave the premises unsupervised. Family and friends should be contacted to provide transportation arrangements.
- The student should not be permitted to operate a vehicle. If the student insists or intends on driving a vehicle, the student will be advised of police notification.
- A student consent for drug/alcohol analysis must be completed by the student prior to testing. A chain-of-custody procedures will be followed and the test will be performed at a certified lab.
- If the drug or alcohol test is positive or the student self discloses substance usage, Concentra will refer the student to the Student Wellness Program (SWP). The SWP will conduct an evaluation and make a referral for appropriate treatment. The SWP will maintain contact with the treatment provider to assure compliance with treatment recommendations. The SWP will receive all documentation for students who are referred to them for impairment.

Chronically Impaired Student

If based on a student's academic performance or professional conduct, the Senior Associate Dean and/or Assistant Dean of Student Affairs and/or a designee and the Senior Associate Dean of Medical Education and/or designee determines a student may be chronically impaired, the following steps should be taken:

- Signs of impairment reflecting a decline in a student's academic/clinical performance or failure to meet academic standards will be documented.
- If academic or clinical performance problems persist and the Senior Associate Dean and/or Assistant Dean of Student Affairs and/or designee and Senior Associate Dean of Medical Education and/or a designee believes professional intervention is necessary, the following steps may be taken at any time:
 - Refer the student to the student support services specialist for assessment. The student support services specialist will refer the student, if determined as necessary, to the SWP for free and confidential counseling, and document the referral.
 - Invoke disciplinary procedures.
- If the student's performance impacts patient/public safety, the Senior Associate Dean and/or Assistant Dean for Student Affairs and/or designee and Senior Associate Dean of Medical Education and/or designee, in consultation with the Asst. Directors of Student Support Services, and/or other aforementioned providers of care, may recommend immediate evaluation by Concentra.

Returning the Student to Academic Responsibilities

- Any acutely impaired student (or chronically impaired student, as required) must have a Concentra or ED physician's approval in order to return to CMSRU.
- The student cannot resume academic or clinical responsibilities until such time as the student is cleared by Worknet and alcohol and/or drug tests prove negative.
- The Senior Associate Dean and/or Assistant Dean of Student Affairs and Senior Associate Dean of Medical Education and/or designee, should meet with the student to discuss their return to academic responsibilities. The Senior Associate Dean and/or the Assistant Dean of Student Affairs or designee and Senior Associate Dean for Medical Education or designee will remind the student that the academic standards/professional conduct remain unchanged.
- CMSRU will continue to monitor the student's academic and clinical performance in accordance with CMSRU standards.
- In addition, CMSRU will monitor the student's compliance with treatment recommendations with the SWP, and will determine a treatment plan.
- Follow-up testing will be determined as required on a case-by-case basis.

Drug Testing

- CMSRU reserves the right to require screening students for inappropriate drug and alcohol use as defined in this policy if reasonable suspicion is established.
- Reasonable cause is defined by inappropriate behavior, appearance, or academic performance as determined by those teaching or mentoring students, or any representative of the school.
- A standard reasonable suspicion record will be established for uniform and objective assessment necessitating the need for drug and alcohol testing.
- CMSRU reserves the right to require random and follow-up drug screenings for students who have participated in a Drug and Alcohol Treatment program while matriculating at CMSRU.
- All drug testing will be reviewed by Concentra prior to a student's participation in direct patient contact. Concentra reserves the right to review and determine whether alternative medical explanations could account for positive findings.
- CMSRU adheres to the provisions of the **Alcohol and Other Drugs Policy**. A student's participation in prohibited conduct constitutes grounds for disciplinary proceedings and such conduct may be brought to the attention of the appropriate criminal authorities.
- Students will have access to providers who are not faculty members of the medical school, thus assuring the provision of services with privacy and confidentiality. In case of an emergency, students will have 24-hour a-day access to crisis counseling.
- Each student agrees, as a condition of CMSRU enrollment, to notify the Senior Associate Dean and/or Assistant Dean of Student Affairs within five (5) days of any conviction of DUI or under a criminal drug statute for a violation that occurs during their tenure at the CMSRU.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
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References:

Inclement Weather

POLICY:

Inclement Weather Policy

SCOPE:

This policy applies to all CMSRU medical students, visiting medical students, staff members.

PROCEDURE:

CMSRU will remain open, and classes will be held during inclement weather whenever possible, safety permitting. The decision to close Rowan University (including CMSRU) is reserved to the President of Rowan University or their designee. The CMSRU dean or individual supervisors are not permitted to make this decision.

Rowan University will notify the students, faculty, and staff of a university closing through the following ways:

- Rowan Alert Message System (register)
 - Email (Rowan Advisory email)
 - Voicemail
 - Text message

The Rowan University President will make decisions for closure by 6 AM.

Instructions for M1 and M2 students:

1. Follow the Rowan Alert Message System for information on closures and/or delays.
2. Log into your Learning Management System (Canvas) and closely monitor your Rowan email for information on adjustments to the daily/weekly schedule and other information from your course directors and the Office of Medical Education.
3. Virtual teaching sessions will be held as scheduled.
4. Whenever possible, in-person classes will automatically convert to virtual sessions, including active learning group, Scholars Workshop sessions, lectures in any course, and non-dissection afternoon application sessions (whenever possible). Students should check their email or Canvas LMS for all relevant messages and specific session instructions or cancellations.
5. Announcements related to assessment delivery (i.e., examinations, OSCEs, etc.) that coincide with

inclement weather days will be made in advance of the assessment's scheduled delivery. Be sure to monitor your Rowan email accounts for important scheduling information.

Instructions for M3 and M4 students:

1. Follow the Rowan Alert Message System for information on closures and/or delays. If you see a Rowan Advisory email or text message that states the following - Rowan Advisory: Due to the weather conditions throughout the region, the majority of Rowan University's campuses and facilities are closed TODAY, that indicates that students do not have to report to inpatient / outpatient clinical activities at Cooper University Healthcare. As a courtesy, please contact your preceptors or clerkship directors.
2. If there is a delay, contact your outpatient preceptors to determine if their offices will be open and if you can travel safely.
3. If you determine that you cannot travel safely (even if CMSRU is open), alert your preceptor and request an excused absence from the CMSRU attendance system. If you are on an inpatient service, contact your clerkship director and departmental education coordinator to inform them of your inability to travel to your clerkship site and request an excused absence from the CMSRU attendance system. Missed clinical time will be made-up at the discretion of the preceptor or clerkship director as appropriate.
4. Log into your Learning Management System (Canvas) in case there is information from your course and clerkship directors and the Office of Medical Education.
5. Virtual teaching sessions and orientation will be held as scheduled. Students are responsible for regularly checking their email to learn information on how they will be able to join in on teaching sessions and orientation.
6. Announcements related to assessment delivery (i.e., examinations, OSCEs, etc.) that coincide with inclement weather days will be made in advance of the assessment's scheduled delivery. Be sure to monitor your Rowan email accounts for important scheduling information.

Attachments

No Attachments

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References:

Infectious and Environmental Hazards Needlesticks and Bloodborne Pathogens Exposure

POLICY:

Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure and Protection of Patients from Blood Borne Pathogens and other Communicable Diseases

PURPOSE:

This policy is instituted to ensure appropriate education is facilitated to prevent, prepare and protect CMSRU students from potential infectious and environmental hazards, needlesticks, and bloodborne pathogens exposure and to provide protocols to follow in the event of these exposures. It is also to protect patients from students who are infected with blood borne pathogens or other communicable diseases.

SCOPE:

This policy applies to all CMSRU medical students and visiting students.

DEFINITIONS:

The Cooper Learning Network (CLN) provides online training modules to students regarding safety measures surrounding environmental risks and exposure to hazards and infectious materials. Infectious materials include anything coming from someone's body other than your own (e.g., blood and bodily fluids) and all lab cultures.

PROCEDURE:

All CMSRU students receive annual training on infectious and environmental hazard methods of prevention and safety, including protocols surrounding access to care and treatment after exposure. The protocols included in this policy must be followed whenever there is the potential for exposure. Students are expected to comply with recommended infection prevention precautions and procedures at the point of patient care at each clinical site.

1. Each student is responsible for their own safety throughout their education at CMSRU.
 - a. CMSRU will provide students with education and information regarding appropriate policies and

procedures to follow to protect themselves during their educational experience and when they are potentially exposed to blood-borne pathogens, communicable diseases, and other environmental hazards. CMSRU students are expected to comply with all infection prevention policies and procedures.

2. Education and Training

- a. All students receive annual online training surrounding infection prevention and procedures to follow in the event of an exposure.
- b. All students receive annual Occupational Safety and Health Administration online training and education regarding needle sticks, sharps, and body fluid procedures and the prevention of blood-borne pathogen transmission.
- c. All students receive annual hazard communication online training with respect to environmental hazards and appropriate protective measures.
- d. All students receive annual online safety instruction to better protect patients, members of the healthcare team, and themselves in the clinical environment.
- e. Prior to their first clinical experience, students receive online and in-person instruction regarding the prevention and understanding of all infectious diseases they may encounter in a clinical setting.
- f. An exposures checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all CMSRU students.

3. Standard Precautions

- a. Consider blood, body fluids and tissue from ALL PATIENTS to be potentially infectious.
- b. Perform hand hygiene before/after all patient contacts.
- c. Wear gloves when exposure to blood and body fluids may occur, *e.g.*, during phlebotomy. Change your gloves and perform hand hygiene after each procedure and before contact with another patient.
- d. Wear a gown, mask and goggles when blood or body fluids splashes may occur (*e.g.* during surgery, placing nasogastric tubes, *etc.*).
- e. Report immediately all incidents of blood and body fluid exposure of the following types:
Parenteral: needle stick, puncture or cut.
Mucous membrane: splash to eyes, nose, mouth.
Cutaneous: contact with blood and body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded, or affected by active dermatitis.

4. Immediate Response-Time Matters!

- a. Clean wounds or punctures with soap and water.
- b. Flush mucous membranes or skin copiously with water or saline.
- c. DO NOT "force bleed" the wound.
- d. DO NOT apply caustics (*e.g.* bleach, organic solvents, hard surface disinfectants, *etc.*).
- e. When HIV post-exposure prophylaxis (PEP) is indicated, early treatment (within hours) is recommended.
- f. **Proceed Directly to Concentra Occupational Health Services or the Cooper University Health Care Emergency Department (CUHC ED).**
Please proceed directly to Concentra Occupational Health Services (#856-338-0350) as soon as

possible and identify yourself as a CMSRU student. Concentra is located at 300 Broadway, Suite #101, Camden, NJ, located across the street from the MEB. Concentra hours of operation are Monday-Friday, 8:00 AM to 5:00 PM. If the exposure occurs outside of Concentra hours of operation, please go directly to the Emergency Department at CUHC.

5. After First Aid

- a. Notify the staff and supervising resident and/attending physician and the Office of Student Affairs.
- b. Carefully note the type of exposure, type of fluid/tissue involved and appropriate information about the source patient. (risk factors, lab data)
- c. Blood tests will be performed as appropriate.
- d. Concentra will provide a schedule for follow up counseling and treatment, as necessary.
- e. All initial costs of laboratory tests for properly reported occupational exposures or injuries are covered by CUHC.
- f. Treatment required post-exposure or for a clinical condition that develops as a result of an exposure or injury should be covered by the student's health insurance policy, and in addition by CUHC's accidental medical expense insurance, as stipulated in the Rowan University/Cooper University Health Care Affiliation Agreement (March 8, 2016). The student will not be responsible for costs incurred as part of the treatment of an acute occupational exposure or injury.
- g. If a student is unsure whether they should participate in patient care, the student should contact the Student Health Center or their treating PCP or specialist.

6. Learning Environment

- a. Students who are potentially exposed to a patient with a communicable illness (e.g. meningitis, hepatitis, HIV) are to be evaluated by Concentra or the CUHC ED, offered preventive medication if indicated, and monitored for the development of illness by Concentra.
- b. If a student has infection with a blood borne pathogen they are required to confidentially discuss the matter with the director of student health services. The goals are to protect infected students from discrimination, protect student confidentiality, and protect patients during exposure prone procedures. The director will assess risk to patients, educate the student about their condition, review practices, and provide clinical care if the student doesn't want care from their own physician. The director may consult an ad hoc committee including an advisory dean, the director or a designee from Worknet, an infectious disease expert on the relevant pathogen, and a course director for whose course the student may have restricted activities. The student may request participation from the physician overseeing their care. The committee may recommend the student should not be in the clinical setting due to risk to self/patients/coworkers, can be in the clinical setting with limited activities, or can be in the clinical setting without restrictions. The committee may require a fitness for duty assessment prior to rendering a recommendation. They may make recommendations about specific accommodations. All recommendations will be made to the disability services provider.
- c. In order to allow a student to return to the clinical setting following contraction of a communicable disease or disability due to an exposure, the ad hoc committee will make its recommendation based on the safety of all involved. If the disease or disability of the student can be accommodated, the student should apply to disability services to request appropriate accommodations. If approved, the accommodations would be reviewed and implemented by the Office of Medical Education. All information will be strictly confidential.
- d. CMSRU is dedicated to ensuring that students with chronic conditions are not discriminated against

and can continue in the educational program, despite the presence of a chronic condition, if at all possible with or without accommodations.

7. Visiting Students

- a. All students completing an away elective at CMSRU are required to complete OSHA training or comparable environmental hazard training from their home institution.
- b. In the event of an exposure, Visiting Students follow the same protocol as outlined in this policy and should be directed to the Office of Student Affairs at studentaffairs@coopermed.rowan.edu
- c. Visiting students are informed of this policy by email prior to commencing their rotations at CMSRU. In addition, the policy is included the CMSRU Visiting Student Webpage and uploaded to the VSLO website. As part of the VSLO application process for visiting students who request rotations at Cooper University Health Care, (CUHC) students must sign and attest they have read, understood and will abide by the Infectious and Environmental Hazards, Needlesticks, and Bloodborne Pathogens Exposure Policy.
- d. An exposures checklist (laminated card) detailing the steps to follow in the event of an exposure is provided to all visiting students.

Please also refer to the Student Healthcare Services Policy

REFERENCES:

29 CFR 1910 Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265

29 CFR 1910.1200 Hazard Communication
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10099

Attachments

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References:

Smoking Policy

CMSRU Adheres to the Rowan University Policy on Smoking

POLICY:

Smoking Policy

PURPOSE:

This policy provides guidelines regarding the prohibition of smoking in university (CMSRU) buildings in compliance with New Jersey state law and applicable regulations and in compliance with University (CMSRU) policy. To establish rules which prohibit tobacco smoking in the workplace. CMSRU, in compliance with New Jersey Administrative Code PL 1981, Chapter 320, and consistent with the policy of Rowan University, bans smoking inside and within 50 feet of all academic, residential, service and administrative buildings on campus.

SCOPE:

This policy applies to all Rowan University (CMSRU) medical students, visiting medical students, faculty and staff.

DEFINITIONS:

1. Electronic smoking device - An electronic device that can be used to deliver nicotine or other substances to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, cigarillo, hookah or pipe.
2. Smoking - The burning of, inhaling from, exhaling the smoke from, or the possession of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco or any other matter that can be smoked, or the inhaling or exhaling of smoke or vapor from an electronic smoking device.

PROCEDURE:

Rowan University (CMSRU) has adopted a policy to ban smoking inside and within 50 feet of all academic, residential, service and administrative buildings on campus. New Jersey statutes state that the right of the non-smoker to breathe clean air supersedes the right of the smoker to smoke.

1. New Jersey statutes state that the right of the non-smoker to breathe clean air supersedes the right of the smoker to smoke.

2. On the Glassboro Campus smoking of tobacco products and the use of electronic smoking devices is prohibited inside and within 50 feet of all academic, residential, service, and administrative buildings.
3. The Stratford Campus became smoke free on July 1, 2012. Smoking is prohibited in all University owned or leased facilities and vehicles.
4. Smoking is prohibited inside CMSRU and within 50 feet of all entrances.

Attachments

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Area: *Health and Safety*
References:

Student Health Provider

POLICY:

Student Health Provider Policy

PURPOSE:

This policy mandates a mechanism whereby anyone who provides medical or psychological care to a student of CMSRU will not be in a position to assess or grade that student or be involved in decisions about the promotion of that student.

SCOPE:

Candidates for the Doctor of Medicine degree

DEFINITIONS:

Student Health Provider: Anyone in the healthcare field who interfaces with a CMSRU student in the role of care giver, including those who provide psychological/psychiatric counseling or services.

PROCEDURE:

These rules must be followed at all times by all who provide health care to our students.

- A physician treating a CMSRU student as a patient in any health care setting will have no role in the assessment of that student or make decisions about the promotion of that student.
- All mental health service providers will not have CMSRU faculty appointments and thereby will have no role in student assessment.
- An advisory college director is not permitted to be a health care provider to an assigned student advisee.
- Should a faculty member serve on the Academic Standing Committee or other CMSRU Faculty Committee, and a student they have provided care for at any time during the student's matriculation be reviewed by the respective group, the faculty member will recuse themselves from the meeting.
- Those who care for students in the Student Health Center or Cooper Care Alliance may lecture in a large group setting at CMSRU, but will not have a role in the assessment of any student. They cannot be appointed as a small group facilitator, an advisory college director, a course director, or a clerkship director.
- Inpatient psychiatric care for CMSRU students will be delivered at a facility removed from the CMSRU

campus and the providers will not be faculty of CMSRU.

- Reports of care regarding CMSRU students via the Student Wellness Program, Student Health Center, Cooper Care Alliance, or other contracted services will be provided to the Office of Student Affairs in aggregate by numbers and events and not include student names or other protected health information.
- Required reporting to the Office of Student Affairs in cases of immunizations and exposure related events will be provided in accordance with HIPAA regulations.

Attachments

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Student Healthcare Services

POLICY:

Student Healthcare Services Policy

PURPOSE:

To establish the range of healthcare services provided by CMSRU for students and to outline student responsibility for these services.

SCOPE:

This policy applies to all CMSRU medical students.

PROCEDURE:

CMSRU provides primary medical student healthcare services to all CMSRU students in a confidential, professional and sensitive manner. Students receive health education for prevention of illness, and services for diagnosis and treatment of routine illness and injuries. All students are required to maintain health and disability insurance.

The Student Health Center (SHC) provides students with access to diagnostic, preventive, and therapeutic health services on campus. The SHC is located on the Camden Health Sciences campus at Three Cooper Plaza, Sheridan Pavilion, Suite 104, a short walk from the CMSRU Medical Education Building (MEB).

The SHC is open Monday–Friday, 8:30 am–4:30 pm. CMSRU students may contact the SHC reception area at 856-968-8695 for routine appointments, sick visits, and nurse visits.

CMSRU Student Health Services are also provided by the Cooper Care Alliance (CCA). The CCA is located at 1210 Brace Road, Cherry Hill, NJ 08034. Physicians at this site are available for in-person and telehealth appointments, Sunday – Saturday, 8 AM–8 PM. Students are encourage to contact CCA for after hours and weekend appointments at #856-536-1515. CMSRU Student Health Services are also provided by the Cooper Care Alliance (CCA). The CCA is located at 1210 Brace Road, Cherry Hill, NJ 08034. Physicians at this site are available for in-person and telehealth appointments, Sunday – Saturday, 8 AM–8 PM. Students are encourage to contact CCA for after hours and weekend appointments at #856-536-1515.

The SHC is a full-service ambulatory facility, led by the SHC director, a board-certified Internist, and is staffed by licensed practical nurses, medical assistants, and a part-time pharmacist. The SHC and CCA oversees all

health services provided to CMSRU students, except immunizations and titers, which are offered to the students by Concentra, Occupational Health Services. The CCA is led by a board-certified Family Practice physician.

The SHC and CCA promote optimal wellness coverage, enables medical students to make informed decisions about health issues, and empowers students to be self-motivated and well-informed health care consumers. The SHC and CCA focus on preventative care and the treatment of acute and chronic illnesses and injuries. Students are able to access laboratory and radiology services and a variety of specialists at the Sheridan Pavilion, located in the same building as the SHC. Students with more serious disorders requiring hospitalization and those who require immediate medical attention outside the hours of the SHC are directed to the CUHC Emergency Department, located at One Cooper Plaza in Camden, NJ, for evaluation.

The SHC and CCA physicians are not involved in the assessment, grading or promotion of students in the academic setting. The coverage group for this individual is also comprised of physicians who are not involved in the assessment, grading or promotion of students in the academic setting.

1. Co-pays, deductibles, labs, and diagnostic studies are the responsibility of the student. Students are also responsible for laboratory, radiology, or specialty referrals and treatments.
2. Each student will pay a yearly student fee that will be used to cover the annual PPD, and other immunizations as required by CMSRU and facilitated by contracted service provider, Concentra, Occupational Health Services. The Concentra facility is located adjacent to Cooper University Hospital, 300 Broadway, Suite #101, Camden, New Jersey.

The following services are available for CMSRU students through Concentra:

- a. Annual PPD testing, immunizations, FIT testing, and appropriate follow-up care;
- b. Record keeping and periodic reports to the Asst. Dean for Student Affairs regarding immunizations will be provided as required; and
- c. Management of exposures, such as blood borne pathogens*: medical students will undergo initial counseling and will be given initial therapy at the Concentra Camden facility or in the CUHC Emergency Department through a fast-track process, as required. After an exposure, students are to immediately notify their attending physician and/or resident. They are to immediately go to Concentra during their hours of operations or the ER after hours.

*Other counseling and management will be provided by Concentra as is outlined by the Infectious Disease, Environmental Hazards, Needlestick and Bloodborne Pathogens policy.

Proof of Immunity for all CMSRU students will be required and reviewed by Concentra prior to matriculation. Failure to comply with immunization requirements prior to matriculation may delay entry into the CMSRU curriculum and cases will be reviewed individually by the Associate Dean for Student Affairs or designee. Concentra will contact students as necessary to ensure proper immunization. Any student having absent or low titers will receive the appropriate vaccine. Record keeping and periodic reports to the Office of Student Affairs regarding immunizations will be provided by Concentra, in accordance with HIPAA regulations.

CMSRU Students may contact Concentra with any questions by telephone 856-338-0350 or by visiting the facility located adjacent to Cooper University Hospital at 300 Broadway, Suite #101, Camden, New Jersey.

***See policy on [Immunization Requirements](#)**

***See policy on [Infectious Disease, Environmental Hazards, Needlestick and Bloodborne Pathogens policy](#).**

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 06/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 08/2012
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Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2026
Owner: *Jenene Thomas: Program Specialist*
Area: *Health and Safety*
References:

Visitor Policy

POLICY:

CMSRU Visitor Policy

PURPOSE:

To provide protocol for individuals who are interested in visiting and/or touring the CMSRU Medical Education Building (MEB).

SCOPE:

All individuals who are not current CMSRU students, faculty, and staff.

PROCEDURE:

Any individual, including a student visitor(s), who is not a current student, faculty, or staff at CMSRU is not permitted into the medical education building without an approved reason or circumstance.

- Visits to CMSRU should be carefully planned to minimize disruption to school operations and didactics. If there is interest from outside parties in visiting CMSRU, the host must contact the following departments, providing advanced notice of at least 24 hours:
 - Individuals/groups-Dean's Office
 - External visitors-Marketing and Public Relations
 - Prospective students-Admissions
 - Visitors of current students-Office of Student Affairs
 - Matriculated and/or newly admitted students to any other Rowan University college or school - Dean's Office
- If any of the aforementioned departments approve a visit/tour of the CMSRU Medical Education Building (MEB), a Rowan University Department of Public Safety officer assigned to CMSRU must be notified by the department approving the visit/tour request.
- If a visitor wishes to attend/audit any didactic sessions due to special or exceptional circumstances, the host must obtain prior permission from the Dean or Senior Associate Dean for Medical Education, as well as the respective course directors/teaching faculty.
- The host/tour guide must fall under the category of current student, staff, or faculty member possessing a valid and current CMSRU ID badge and will provide the approved guests the tour of the MEB.
- The host/tour guide is required to meet the visitor(s) at the CMSRU main entrance, Security Desk. The

visitor(s) must sign the security log and follow any required security procedures to officially enter into the MEB.

- The host/tour guide is required to escort the visitor(s) for the entire time the visitor is touring the MEB.
- Tours conducted in the CMSRU MEB are not to exceed 30 minutes.
- Tours of the Simulation and Clinical Skills Center must be pre-approved by the Simulation Center Director of Operations or designee or the Dean; tours of the Simulation and Clinical Skills Center are not permitted during previously scheduled formative or summative OSCE events.
- Tours of the CMSRU MEB are not permitted on examination dates without permission of the Dean.
- Visitors, not to exceed six persons, (**exception-approved formal group tours, per Dean's office/ Marketing/PR) including the tour guide, are permitted on the 1st through 5th floors of the MEB, but are not allowed in any faculty or staff offices or specifically assigned faculty/staff areas.
- Visitors are not permitted in any CMSRU lab/research or other restricted areas, including the Gross Anatomy Lab, without special permission of the Associate Dean for Research, Assistant Dean for Phase 1 of the Curriculum or the Dean.
- Visitors are not permitted in the Vivarium.
- Visitors who are not scheduled for an MEB tour or are unattended, will remain in the CMSRU Lobby, pending consultation with CMSRU Public Safety and the Assistant Dean for Student Affairs or designee.
- CMSRU does not permit matriculated and/or newly admitted students of any other Rowan University college or school to visit the MEB or use any of the MEB facilities (library, learning commons, classrooms, conference rooms etc.) without prior approval from the Dean's Office.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
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Cooper Medical School
of Rowan University

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Area: *Health and Safety*
References:

Weapons Prohibition on Campus

CMSRU Adheres to the Rowan University Policy Regarding Weapons Prohibition on Campus

POLICY:

Weapons Prohibition on Campus

PURPOSE:

This policy sets forth policies and procedures associated with the "No Weapons" or "Weapons Prohibition" policy on the campus.

ACCOUNTABILITY:

Under the direction of the President, the Assistant Vice President for Public Safety, CMSRU Chief Security Officer in the Department of Public Safety, and the Office of Emergency Management, shall implement this policy and ensure compliance.

SCOPE:

This policy applies to Rowan University (CMSRU) faculty, staff, students, employees, and visitors to all Rowan campuses, including those who have a valid permit to carry a concealed weapon.

REFERENCES

1. New Jersey Criminal Code Statue for Prohibited Weapons definition link <http://law.justia.com/codes/new-jersey/2013/title-2c/section-2c-39-1/>
2. Federal Laws definition link <http://www.justice.gov/sites/default/files/usao-ut/legacy/2013/06/03/guncard.pdf>

POLICY:

1. Rowan University (CMSRU) prohibits the use or possession of any weapons as defined in N.J.S.A. 2C:39-1, in all campus buildings, on all Rowan University (CMSRU) properties, in all Rowan University (CMSRU) facilities, and at all Rowan University (CMSRU) sponsored events. Violators of this policy may be removed from campus, arrested, expelled, suspended, placed on probation, or will be subject to discipline, up to and including termination. Individuals shall be held accountable through the criminal

justice system and/or the Campus Hearing Board.

2. This prohibition may not apply to authorized law enforcement personnel pursuant to N.J.S.A. 2C:39-6, if an exemption applies to carry a weapon on campus.
3. All state and federal statutes and local ordinances regarding the possession of firearms and weapons, including imitation firearms, both legal and illegal, apply on all Rowan University (CMSRU) property and Rowan University (CMSRU) sponsored events and any applicable statutes, laws, regulations, and ordinances are hereby incorporated by reference as if set forth here at length.
4. Under New Jersey statutes, "Weapons" are defined as "Anything readily capable of lethal use or of inflicting serious bodily injury." The term includes, but is not limited to air guns, spring guns or pistols or weapons of a similar nature in which the propelling force is from an elastic band, carbon dioxide, compressed or other gas or vapor, air or compressed air or ignited by compressed air and ejecting a bullet or missile, knives, clubs, night sticks, metal knuckles, firearm silencers, armor piercing ammunition, zip guns, chemical substances, i.e. pepper spray over ¾ oz, and Tasers. (See N.J.S.A.2C:39-6 setting out permissible conditions for carrying chemical substances for personal self-defense.)

Please refer to the *Student Handbook* or contact Campus Police for more details regarding the Rowan University (CMSRU) "No Weapons" or "Weapons Prohibition" policy.

<https://confluence.rowan.edu/display/POLICY/Weapons+Prohibition+on+Campus>

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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Cooper Medical School
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Owner: William Kocher: Sr. Associate
Dean for Admissions
Area: Matriculation
References:

Admission Deferral Policy

POLICY:

Deferral of admission to CMSRU

PURPOSE:

This policy outlines the circumstances, under which a student can request a deferral of admission and the mechanism through which a deferral request is acted upon.

SCOPE:

Accepted students to CMSRU for the Doctor of Medicine degree

DEFINITIONS:

A deferral is a request made by an applicant to CMSRU, after notification of acceptance, to delay matriculation into a class year other than that, for which the student was initially accepted.

PROCEDURE:

Accepted students who would like to apply for deferral must communicate this request in writing (email is acceptable) to the Senior Associate Dean for Admissions and to the Senior Associate Dean for Student Affairs, indicating the reason for requesting deferral and the expected duration of the deferral. The basis for a deferral requests should generally be participation in a time-limited (usually one year), "once-in-a-lifetime" academic opportunity that will significantly enhance their medical education and training. Military service will also be considered as a reason for admission deferral.

While we understand that students may wish to spend a year between undergraduate college and the rigors of medical school for financial reasons, personal development, or family needs, it is less likely that deferrals will be granted for these reasons. All requests will be considered on an individual basis.

Admissions Deferment

- Written requests for deferral must be received by May 1 or within two weeks of notification of acceptance (if acceptance occurs after May 1) of the year of expected entry.
- If approved, the deferral is granted for one year.
- Each request will be reviewed by the Senior Associate Dean for Admissions and the Senior Associate

Dean for Student Affairs. Additional documentation that substantiates the request for deferral request is strongly encouraged.

- The deferment must be used for the purpose requested.
- Candidates granted a deferral must provide the Senior Associate Dean for Admissions and the Senior Associate Dean for Student Affairs by March 1 of the deferral year with written notification, reaffirming their intent to matriculate in August.
- All personal information that was provided in the original application must remain true and valid.
- All of the conditions in the acceptance letter must be met, including the ability to meet our technical standards, with or without accommodation, upon matriculation to CMSRU.
- The applicant must re-submit an application to CMSRU through the AMCAS system by November 15 of the deferral year (to allow for internal processing) and undergo another criminal background check as per CMSRU policy.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | William Kocher: Sr. Associate Dean for Admissions | 06/2025 |



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Owner: William Kocher: Sr. Associate
Dean for Admissions
Area: Matriculation
References:

Admissions Subcommittees Policy

POLICY:

Admissions Subcommittees Policy

PURPOSE:

The Admissions Committee, as defined by the bylaws, is a standing committee of the faculty at Cooper Medical School of Rowan University (CMSRU). To assist with and distribute the workload of the full committee, several subcommittees have been created. These subcommittees have been functional since the inception of CMSRU, but the purpose of this current policy is to further define and codify the subcommittees of the Admissions Committee and delineate their membership, functions, authority, and reporting structure.

SCOPE:

Admissions Committee

PROCEDURE:

The Admissions Committee has the following specialized subcommittees to assist with the overall work of the full committee. Subcommittee membership is derived from voting members of the full committee, with up to one-third of the full committee voting membership serving on each subcommittee. Additionally, non-voting members of the Admissions Committee may serve on subcommittees to facilitate the work of the subcommittees. Selection of subcommittee members is initially accomplished on a voluntary basis, but if a subcommittee is undersubscribed, the chair of the Admissions Committee may appoint additional members. Committee members may serve on more than one subcommittee, as necessary.

1. Waitlist subcommittee: The waitlist subcommittee is charged with the yearly development of a rubric for ranking students on both the priority and regular waitlists and is chaired by either the chair or the vice chair of the full admissions committee. Development of a ranking system ensures a uniform approach to the selection of students for acceptance from the waitlist, independent of outside influence or political pressure. This ranking system may be based upon various parameters, including initial committee vote and other factors related to the mission of CMSRU. Once developed, the ranking system is presented to the full committee for further discussion and approval. Upon committee approval, the ranking system is applied to all waitlisted candidates by the Office of Admissions. The ranked waitlists are then presented to the Admissions Committee for approval. Following this approval, the Office of Admissions, as seats become available and in accordance with the ranked waitlists, notifies candidates of the change in their status to that of an accepted

student.

2. Special Pathways subcommittee: CMSRU provides special opportunities for admission to certain programs (e.g., PULSE) and institutions (Rowan University, St. Joseph's University) affiliated with the medical school. The chair is selected annually by the membership of the subcommittee. The purpose of these special pathways is to support the affiliation agreements and pipeline programs. A full description of each of these articulation agreements can be found in separate documents that have been developed for each program. The special pathways subcommittee is charged with participation in the interviewing and evaluation of applicants from the joint BS/MD (3+4) program with Rowan University, as well as presentation of interviewed candidates to the full admissions committee.

3. Operations subcommittee: The operations subcommittee is charged with the yearly review of all aspects of the admissions process at CMSRU and is chaired by the chair of the full admissions committee. This review allows for on-going critical assessment and continual process improvement related to the admissions process and the function of the admissions committee. Based on this review, recommendations for change are then presented to the full admissions committee for further discussion and approval.

4. Additional *ad hoc* subcommittees/working groups: Additional *ad hoc* committees may be formed to address special issues or initiatives that may develop related to the admissions process at CMSRU. The chair of each *ad hoc* committee or working group is selected by the membership. Because the issues addressed by these *ad hoc* working groups may have broader application, additional stakeholders, who are not members of the admissions committee, may be added to the membership, as necessary. Recommendations developed by these committees are then presented to the full admissions committee for further discussion and approval. By a vote of the full admissions committee, a working committee may become a permanent subcommittee, if an on-going need is identified.

Attachments

No Attachments

Approval Signatures

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|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | William Kocher: Sr. Associate Dean for Admissions | 06/2025 |



Cooper Medical School
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Owner: William Kocher: Sr. Associate
Dean for Admissions
Area: Matriculation
References:

Application Screening Policy

POLICY:

Application Screening Policy

PURPOSE:

The purpose of this policy is to codify the guidelines for screening of applications to the MD program of Cooper Medical School of Rowan University (CMSRU). CMSRU seeks students who demonstrate academic readiness, who resonate with our mission, and who possess the special personal attributes required of physicians. More specifically, CMSRU is committed to selecting students who demonstrate a record of academic excellence, the potential to deliver competent and compassionate care, a passion for lifelong learning, intellectual curiosity, personal and professional integrity and ethical conduct, and community-oriented service. Student selection is based on a holistic review of a candidate's application and is not influenced by political or financial factors. Authority to screen applications is granted by the admissions committee to a select group of individuals, including faculty and staff from the office of admissions, who are specifically trained for this purpose.

SCOPE:

All applicants to the MD program of CMSRU.

PROCEDURE:

1. Candidates for admission to CMSRU are required to complete an application through the online American Medical College Application Service (AMCAS) at www.aamc.org.
2. Upon receipt of verified AMCAS applications, the office of admissions invites selected applicants, based on preliminary screening, to complete a CMSRU-specific secondary application. This preliminary screening of applicants includes an evaluation of academic readiness (e.g. undergraduate overall and science grade point average and MCAT score). Indicators of academic readiness are determined by data analysis from assessment personnel in the office of medical education, which is annually presented to and approved by the admissions committee. Secondary applications are sent only to applicants who demonstrate a high likelihood of success at CMSRU.
3. All candidates who submit a completed secondary application have their entire application screened manually by specially trained individuals, including faculty and staff from the office of admissions, using

criteria developed and approved by the admissions committee. Under authority granted by the admissions committee, screeners decide which applicants are invited for an interview. Assignment to a screener is done randomly to minimize the chance of a conflict of interest, however, if a screener has a conflict of interest, the application is re-assigned to a different screener. Screening includes a holistic review of the primary and secondary applications to determine academic readiness and mission match and includes an assessment of personal qualities, activities, and experiences that positively contribute to the culture of CMSRU. In this regard, there are no absolute criteria, and each applicant is considered individually. Interview selection criteria are annually reviewed and approved by the admissions committee. Each year, individuals involved in screening of applications are formally charged by the dean, so that a consistent approach to screening is ensured.

4. Upon completion of full review of an individual application, the designated screener chooses one of the following options: 1) recommend the candidate for interview, 2) place the candidate in a “hold” category for possible future review and consideration for interview, 3) reject the candidate, or 4) request additional screening by another individual. This decision is documented electronically by the screener in the admissions management system. Screeners are also able to provide comments in support of their decision. For each screener, the percentages of each screening decision are monitored by the office of admissions to help ensure consistency of the screening process.

Attachments

No Attachments

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Owner: William Kocher: Sr. Associate
Dean for Admissions
Area: Matriculation
References:

Conflict of Interest Policy-Admissions Committee

POLICY:

Conflict of Interest Policy-Admissions Committee

PURPOSE:

This policy delineates the process for disclosing and resolving real or potential conflicts of interest involving members of the admissions committee or other individuals involved in screening, interviewing, and/or waitlist ranking of candidates under consideration for admission to CMSRU. All conflicts of interest in the selection of students shall be identified and disclosed as soon as possible to the associate dean for admissions, the chair of the admissions committee, and/or the director of admissions. Conflicts will be resolved in the most appropriate manner as defined below.

SCOPE:

The conflict of interest policy applies when a committee member or other individual involved in screening, interviewing, and/or waitlist ranking of candidates under consideration for admission to CMSRU:

- Has a professional, personal, and/or family relationship with an applicant under consideration for admission or waitlist ranking
- Has a relationship with an individual who is personally invested in an applicant under consideration for admission or waitlist ranking (through professional, personal, and/or family personal relationships)
- Is subject to outside, political, and/or financial influence associated with an applicant under consideration for admission or waitlist ranking

DEFINITIONS:

Conflict of interest: A conflict between a person's relationships, loyalties and/or duties and their duty to CMSRU. These conflicts may be personal and family obligations, influence from professional associates (especially those in a supervisory or other influential role), and external political and/or financial influence.

Family relationship: Sharing an immediate or extended family (spouse, parent, grandparent, sibling, aunt/uncle, cousin, step-relation, etc.) relationship with the applicant by direct kinship, marriage, adoption or other legal arrangement.

Personal relationship: An association (either directly or through family) with the applicant through friendship,

romantic interest, or shared personal histories.

Professional relationship: An association with an individual through shared employment or institutional obligation, including but not limited to direct supervisors, employees under the committee member's supervision, members of the same department, and family of any of these categories.

Financial or political influence: An association with a policy maker (either public or intra-institutional), business/industry representative, or private citizen whose decisions may result in career, political, and/or financial actions impacting the committee member.

PROCEDURE:

1. Annually, all committee members and other individuals participating in the admissions process (blinded interviewers, screeners, etc.) must review and agree to comply with this policy. Any real or potential conflict that is identified must be discussed with the associate dean for admissions as soon as the conflict is identified, so that the affected candidate may proceed through the admissions process in a timely manner. The existence of a conflict may disqualify an individual from serving on the admissions committee and/or participating in the admissions process for all or part of the admissions cycle, during which the conflict arises.
2. When a real or potential conflict is identified, an appropriate resolution of the identified conflict may include:
 - A. The committee member or other individual participating in the admissions process is recused from interviewing the applicant involved.
 - B. The committee member is recused from discussing or voting on the applicant involved.
 - C. The committee member is recused from the meeting during which the candidate will be discussed.
 - D. The committee member is ineligible to participate in the waitlist ranking process.
 - E. The committee member is excused from the committee for the remainder of the academic year.
3. An identified conflict must be completely resolved before the affected candidate proceeds to an interview and is presented to the admissions committee for review and voting, in order to ensure that the candidate's confidentiality and best interests are maintained.
4. A committee member or other individual participating in the admissions process who fails to disclose a real or potential conflict of interest will be referred to the dean for determination of the appropriate action.

Attachments

No Attachments

Approval Signatures

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|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | William Kocher: Sr. Associate Dean for Admissions | 06/2025 |



Cooper Medical School
of Rowan University

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Owner: William Kocher: Sr. Associate
Dean for Admissions
Area: Matriculation
References:

Criminal Background Policy

POLICY:

Criminal background checks will be conducted on all students conditionally accepted for admission to Cooper Medical School of Rowan University (CMSRU).

PURPOSE:

Cooper Medical School of Rowan University follows the recommendation of the Association of American Medical Colleges (AAMC) and obtains a criminal background check on applicants upon their conditional acceptance to our medical school, through participation in American Medical College Application Service® (AMCAS®). The purpose of conducting a criminal record check prior to admission is to ensure the health, welfare and safety of patients, students, faculty, staff, and others at CMSRU.

SCOPE:

This policy applies to all students accepted to CMSRU.

PROCESS FOR CONDUCTING AND REVIEWING BACKGROUND CHECKS

- Failure to submit to the background check will disqualify the student from acceptance to CMSRU.
- This policy applies to all accepted applicants to the first-year medical school class.
- All applicants are asked to self-report military service dishonorable discharges, felony convictions, and misdemeanor convictions on their AMCAS application.
- Offers of admission are conditional, pending the applicant's submission to and CMSRU's review of the results of a background check.
- For applicants to the first year class, the results of the background check will be made available to CMSRU after an initial, conditional offer of admission has been made.
- The check will be conducted by an AAMC-designated vendor through the AMCAS Background Check Process.
- CMSRU may request that the AAMC vendor conduct background checks on a limited number of applicants in a select pool, who have not yet been offered admission, but may be offered conditional admission just prior to the start of the academic year.
- The results of the background checks on applicants in this select pool are not released to CMSRU unless and until a conditional offer of acceptance is issued.

- In the event that the applicant is not accepted, CMSRU will neither receive nor review his/her background check.
- Deferred applicants will be required to undergo two background checks. The first will be conducted after the initial, conditional offer of admission. This check **MUST** be successfully completed and the admission offer finalized prior to consideration of the request for deferment. Assuming the deferment request is granted, the student will be required to undergo a second background check as part of the application cycle for the class in which the applicant subsequently intends to matriculate.

The background check reported to CMSRU will include information about all convictions and conviction-equivalent adjudications for both felonies and misdemeanors. Additionally, it will include military service and discharge information for those who have served in the military. The Director of Admissions or their designee will conduct a preliminary review of all background checks.

An *ad hoc* committee will be formed in the event of a finding from the review. Applicants will have the opportunity to submit written comments to the office of admissions regarding the incident reported on the background check within five (5) calendar days of the date the office of admissions notifies the applicant that their file is being referred to the committee. The *ad hoc* committee will be established by the dean of the CMSRU, and will include the chair of the admissions committee, the senior associate dean for admissions, the senior associate dean for student affairs, and any others deemed appropriate by the dean. An attorney appointed by Rowan University may serve as counsel to the committee. The committee shall meet on an as-needed basis to review applications referred by the office of admissions. As necessary, members may participate in committee meetings virtually. The committee will review the background check report, any additional information provided by the applicant, and any other information it considers relevant. CMSRU may independently seek additional information about the incident that is the subject of the report. If it does so, it will share any additional information obtained with the *ad hoc* committee and the applicant.

Each case will be considered individually and a decision regarding final acceptance will be made only after careful review. The committee members shall vote either to finalize or withdraw the conditional offer of acceptance extended to the applicant. The office of admissions shall advise the applicant of the committee's decision within ten (10) business days of the date of the decision. All decisions are final.

For students who matriculate at CMSRU, the portion of the admissions file that is forwarded to the Registrar's Office to begin the student's academic file will include a notation that a pre-admission background check was conducted and reviewed, and that a final offer of admissions was made after that review. Records related to background reports for applicants who do not successfully matriculate, but for whom a background check is released to CMSRU, shall be maintained with the applicant's admissions file for one (1) year in the office of admissions.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|---------------------|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |

| Step Description | Approver | Date |
|--|---|---------|
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | William Kocher: Sr. Associate Dean for Admissions | 06/2025 |

COPY



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Next Review: 05/2026
Owner: Jessica Novak: Registrar
Area: Matriculation
References:

Family Educational Rights and Privacy Act (FERPA)

POLICY:

The Family Educational Rights and Privacy Act (FERPA)

PURPOSE:

FERPA protects the privacy of student education records.

SCOPE:

FERPA applies to all educational agencies and institutions that receive funding under any program administered by the Department of Education. FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records.

In compliance with FERPA, CMSRU does not disclose personally identifiable information contained in student education records, except as authorized by law. This policy applies to the educational records of all students who current attend or have attended CMSRU.

DEFINITIONS:

Educational Records: any records (with limited exceptions), maintained by the institution that are directly related to a student or students. The records can contain a student's name(s) or information from which an individual student can be personally (individually) identified. Education Records do not include: sole procession notes; law enforcement unit records; records maintained exclusively for individuals in their capacity as employees (individuals who are employed as a result of their status as students, medical & treatment records; and alumni records.)

School Officials: persons employed by the institution in an administrative, supervisory, academic research or support position including law enforcement, health staff personnel, a trustee, outside contractors and persons servicing as a student representative on an official committee (such as disciplinary or grievances committee), or assisting another school official in performing his or her tasks. School officials may obtain information from a student education records without prior written consist for legitimate educational interest. Legitimate educational interests must demonstrate: need to know by those officials of the institution who act in the student's educational interest (faculty, administrators, clerical and professional employees, and other persons who manage student information). A school official has a legitimate educational interest if the official need to

review is in order to fulfill his or her professional responsibility.

Directory Information: CMSRU reserves the right to disclose directory information without prior written consent, unless notified in writing to the contrary by a student by the deadline date established by CMSRU. CMSRU has designated the following items as Directory Information: student name, CMSRU- issued identification number, addresses (including electronic), telephone number, date and place of birth, field(s) of study or program(s), participation in officially recognized activities, photographs, enrollment status, dates of attendance, degrees, awards and honors received, previous schools attended, and graduate medical/ education placements.

POLICY:

Cooper Medical School of Rowan University will comply with the Family Educational Rights and Privacy Act of 1974 and all subsequent amendments (FERPA) providing students with the right to inspect and review their education record. CMSRU will respond to student requests to review records within 5 days of the day that CMSRU receives the request and provide guidelines for the correction of records, rather than the 45 day statement within the FERPA act of 1974.

STUDENT RIGHTS AND PROCEDURES:

- A. In accordance with the Family Educational Rights and Privacy Act of 1974 and its subsequent amendments (FERPA) current and former CMSRU students have the right to review and inspect their education records within 45 days of the date that CMSRU receives the request for access. CMSRU will respond to requests within 5 business days of the date that CMSRU receives the request for access.
- B. CMSRU is required by FERPA regulations to provide students with annual notification of their FERPA rights. CMSRU may promulgate, electronically or in a hard copy format, an annual notification in such publications as school bulletins or student handbooks, or in separate statements in registration or orientation packets, or on a web site.
- C. Access to Education Records
 1. Procedure to Inspect Education Records
 - a. Students may inspect and review their educational records upon request to CMSRU. Students shall submit to CMSRU a written request to the registrar that identifies as precisely as possible the record or records s/he wishes to inspect.
 - b. CMSRU will make the needed arrangements for timely access and notify the student of the time and place where the records may be inspected. Per Rowan University policy, access must be given within 45 days from the receipt of the request. CMSRU provides access within 5 business days following receipt of the request.
 - c. When a record contains information about more than one student, the student may inspect and review only the records that relate to him/her. Review of records may take place only under the supervision of the CMSRU registrar or an administrative representative from the Office of Student Affairs or the Office of Medical Education.
 2. Right of CMSRU to Refuse Access. CMSRU reserves the right to refuse to permit a student to inspect the following records:
 - a. The financial statement of the student's parents;
 - b. Letters and statements of recommendation for which the student has waived his or her right of

access, or which were placed in a student file before January 1, 1975;

- c. Records which are part of a previous application to CMSRU if that application was unsuccessful and the student subsequently applies and is admitted;
- d. Those records that are excluded from the FERPA definition of education records.

3. Right to Obtain Copies of Education Records

- a. With the exceptions listed below, a student may obtain copies of their education records from the CMSRU registrar upon submission of a written request and payment of a standard fee to cover duplication, reasonable labor costs and postage, if applicable.
- b. CMSRU reserves the right to deny copies of transcripts or education records in the following situations:
 - i. The student has an unpaid financial obligation to CMSRU; or
 - ii. There is an unresolved disciplinary action against the student.

D. Disclosure of Education Records

CMSRU may disclose information from a student's educational records only with the original, written and signed consent of the student, except:

- 1. To those CMSRU officials who have a legitimate educational interest in the records;
- 2. Upon request, to officials of non-CMSRU schools in which a student is enrolled or seeks or intends to enroll, or with which CMSRU has an academic or clinical affiliation. Such officials must have a legitimate educational interest;
- 3. To the comptroller of the United States, the secretary of the U.S. Department of Education, state and local educational authorities or to the attorney general of the United States, when the attorney general of the United States seeks disclosures in connection with the investigation or enforcement of federal legal requirements applicable to federally supported education programs;
- 4. In connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount or condition of the financial aid or scholarship, or to enforce the terms and conditions of the aid or scholarship; if required by a state law requiring disclosure that was adopted before November 19, 1974;
- 5. To organizations conducting certain studies for or on behalf of CMSRU;
- 6. To accrediting organizations to carry out their functions;
- 7. At the discretion of CMSRU officials, to parents of an eligible student who claim the student as a dependent for income tax purposes;
- 8. To comply with a judicial order or a lawfully issued subpoena, provided that CMSRU makes a reasonable effort to notify the student of the order or subpoena in advance of compliance, when the order or subpoena does not prohibit such notification;
- 9. To appropriate parties in a health or safety emergency;
- 10. To an alleged victim of any crime of violence or sex offense, the results (if the results were reached on or after October 7, 1998) of any University disciplinary proceeding against the alleged perpetrator with respect to that offense. Disclosure under this section shall include only final results of disciplinary proceedings within CMSRU, limited to the student's name, the violation committed and the sanction imposed. Disclosure of final results pursuant to this section may be made regardless of whether CMSRU determined that a violation has occurred. CMSRU may not disclose the name of

- any other student, including a victim or witness, without the prior written consent of the other student;
11. To parents of students aged 18-21 who have been determined by CMSRU to have violated any CMSRU policy governing the use or possession of alcohol or a controlled substance, or who have violated federal, state or local law governing such use or possession;
 12. To a court, with or without a court order or subpoena, education records that are relevant for the University to defend itself in legal action brought by a parent or student, or education records that are relevant for CMSRU to proceed with a legal action CMSRU initiated against a parent or student;
 13. To a court when relevant for CMSRU to proceed with legal action which involves CMSRU and the student as parties.

E. Record of Requests for Disclosure of Education Records

1. The registrar at CMSRU will maintain a record of all requests for and/or disclosures of information from a student's education records made by individuals not associated with CMSRU.
2. The record of requests for educational records will indicate the name of the party making the request and the legitimate interest the party had in requesting or obtaining the information. Such listing of those given access to a student's record may be reviewed by the eligible student.

F. Corrections/Challenges to Content of Education Records

1. A student has a right to a hearing to challenge education records which the student believes are inaccurate, incomplete, misleading or otherwise in violation of the privacy or other rights of the student, but a student does not have a right to a hearing on matters of academic judgment.
2. Following are the procedures for the correction of education records:
 - a. The student clearly identifies the part of the education record they want changed and specifies their reasons why it is inaccurate or misleading.
 - b. If a satisfactory solution of an issue cannot be reached informally, CMSRU must hold a hearing within 60 days after receiving a student's written request for such a hearing. The hearing shall be before a University official, designated by the associate dean for student affairs or designee.
 - c. A CMSRU official will prepare a written decision based solely on the evidence presented at the hearing within 21 days of such hearing. The decision will include a summary of the evidence presented and the reasons for the decision.
 - d. If CMSRU decides that the challenged information is inaccurate, misleading, or in violation of the student's right of privacy, it will amend the record and notify the student, in writing that the record has been amended.
 - e. If CMSRU decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the student that they have a right to place in their education record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision; the student's statement will be maintained as part of the student's education records as long as the contested portion is maintained. If CMSRU discloses the contested portion of the record, it must also disclose the student's statement.

G. Questions about FERPA and this policy concerning the release of student information should be directed to the Office of the Registrar:

Registrar

Cooper Medical School of Rowan University

401 S. Broadway
Camden, NJ 08103
Email: cmsruregistrar@coopermed.rowan.edu
Phone: 856-361-2886
Fax: 856-361-2828

- H. Students have a right to file a complaint with the U.S. Department of Education concerning alleged failures by CMSRU to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
US Department of Education
600 Independence Avenue, SW
Washington, DC 20202-4605

I. Crisis situations/Emergencies

If non-directory information is needed to resolve a crisis or emergency situation, CMSRU may release that information if CMSRU determines the information is "necessary to protect the health or safety of the student or other individuals." Factors to be considered or questions to be asked in making a decision to release such information in these situations are the:

1. Severity of the threat to the health or safety of those involved;
2. Need for the information;
3. Time required to deal with the emergency;
4. Ability of the parties to whom the information is to be given to deal with the emergency.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jessica Novak: Registrar | 05/2025 |



Cooper Medical School
of Rowan University

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Last Revised: 06/2025
Next Review: 06/2026
Owner: Jessica Novak: Registrar
Area: Matriculation
References:

Graduation Policy

POLICY:

Graduation at Cooper Medical School of Rowan University (CMSRU) is considered to be the successful completion of all academic requirements of the medical education program and compliance with the professional standards of CMSRU.

PURPOSE:

This policy outlines requirements for students to graduate.

SCOPE:

This policy applies to students in their final year of matriculation at CMSRU who are in good standing as certified by the Academic Standing Committee (ASC).

PROCEDURE:

Course Requirements and Sequencing

- Standard Four Year Curriculum
 - All required courses of all curricular years, including the required number of elective weeks, must be completed satisfactorily in the prescribed sequence before a student can be certified for graduation. Students who perform scholarly work or enroll in dual degree programs (e.g., MD/PhD) may extend the degree completion limit from six distinct academic years to ten distinct academic years upon the approval of the Academic Standing Committee. Any requests to extend the academic program beyond the time limits noted above and for any reason, must be approved by the Academic Standing Committee. Appeals of these decisions may be made to the Ad Hoc Committee for Student Appeals.
- Accelerated Three Year Curriculum (PC3)
 - The curriculum of this program is divided in three curricular years that must be completed in the prescribed sequence. All required courses of this curricular track must be completed satisfactorily before a student may be certified for graduation.
- Students must be in good standing to graduate. If a student is in the probationary process or on probation they are not qualified to graduate.
- If a student is on probation they will not be permitted to graduate until:
 - All the probationary conditions are satisfactorily met and
 - The student is removed from probation and

- The student is approved to graduate by the ASC and the Executive Council

Application Requirements

Students must complete the Rowan University online graduation application by the prescribed deadline in order to be reviewed for graduation and, if approved, awarded a medical degree. The application can be accessed through Self-Service Banner (SSB) (via www.rowan.edu/selfservice) and then by selecting "Apply to Graduate." Submitting an online application will trigger a graduation application fee to be billed to a respective student's Rowan University account shortly after submission.

Commencement Participation

At Rowan, the meaning of "commencement" is different from graduation. Commencement is facilitated as individual program/college ceremonies to honor students completing graduation requirements, occurring annually in May. Students who have completed their degree/program are invited to participate.

Students will be permitted to participate in the Convocation and Commencement ceremonies in May if it is anticipated that they will complete their degree requirements by May 30th. Students who are participating in the PC3 curriculum and expected to graduate in mid-June may participate in the Convocation and Commencement.

Graduating fourth year medical students are recommended to return their Cooper University Health Care and CMSRU badges, as well as their rented Commencement Regalia. If these items are not returned as requested, a restriction (hold) will be placed on the student's account which would delay receipt of the Doctor of Medicine (M.D.) diploma and transcript until these requirements are satisfied.

Graduation Dates

The Doctor of Medicine (M.D.) degree is typically awarded in May after completion of the final curricular year. CMSRU confers degrees in May of every academic year. Under the egis of Rowan University, CMSRU abides by the Rowan University standard graduation dates, which include:

- May 30
- August 30
- December 30

All students enrolled in the PC3 program will follow all guidelines above for course requirements and sequencing and will graduate in mid-June.

Alternate Graduation Dates

A student who will complete all of their degree requirements after the month of May can be awarded the M.D. degree at a later time in limited, special circumstances and as approved by the ASC and the CMSRU Dean. If granted approval, students may graduate in August or December.

In limited circumstances, students, in their final year of matriculation, may need to extend their expected date of graduation. Students will remain active in the Rowan University system up to 18 months after their expected graduation date. No medical degree will be conferred more than 18 months past the student's expected graduation date, determined in the student's fourth and final year, unless the student is on a medical leave of absence. If the student does not meet all requirements for graduation within this 18 month period, the student will no longer be eligible to receive the CMSRU Medical Degree (M.D.)

Awarding a Medical Degree Posthumously

Cooper Medical School of Rowan University seeks to recognize the academic achievements of its students.

This policy establishes guidelines for the posthumous awarding of a M.D. degree in the event a student succumbs before completing all of the requirements for the M.D. degree.

Consideration is given to academic and institutional integrity according to the following criteria:

- The student was enrolled in the second half of their final year of study at CMSRU at the time of death.
- The student successfully completed the core clinical rotations.
- The student was in good standing and would likely have completed all of the degree requirements had they not succumbed.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
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Cooper Medical School
of Rowan University

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Dean for Admissions
Area: Matriculation
References:

Letters of Recommendation Policy

PURPOSE:

This policy outlines the expectations of the Office of Admissions regarding applications submitted by candidates with respect to the accompanying letters of recommendation.

POLICY:

Letters of Recommendation

SCOPE:

Candidates for the Doctor of Medicine Degree

DEFINITIONS:

This policy refers only to those letters submitted at the time a student applies for admission to CMSRU.

PROCEDURE:

Note: AMCAS accepts Letters of Evaluation/Recommendation and attaches them to an applicant's file. This service enables CMSRU to receive all letters electronically via AMCAS, and enables the authors to send all letters to be considered by schools participating in this service to AMCAS. AMCAS will receive letters from users of VirtualEvals, Interfolio, and via the mail. In addition, letter writers who currently mail letters can opt to upload letters directly to AMCAS through the AMCAS Letter Writer Application. Letters of recommendation present an opportunity for people who know the applicant to evaluate the applicant's candidacy for medical school. Only letters submitted through the AMCAS system will be considered for evaluation of candidates.

A "good" letter will offer information about the applicant which is different from the information provided by the AMCAS application or the secondary application. The applicant should request letters only from people who know the applicant well and can provide substantive information about the applicant. Some of the applicant's letters should be from the applicant's former professors attesting to problem-solving skills, laboratory technique, writing skills, oral communication skills, interpersonal skills, etc. Other letters may be from former or present employers, associates, or physicians whom the applicant has shadowed, worked, and/or volunteered. No single individual is likely to be able to address all of the applicant's qualities, so letters from multiple individuals are recommended.

CMSRU prefers, whenever possible, to receive a committee letter, which is authored by a pre-health

committee or pre-health advisor and is intended to represent the institution's overall evaluation of the applicant. Letters of recommendation obtained from faculty members may be included with the committee letter, accompanied by a signed document indicating the applicant's decision to preserve or waive the applicant's right to see the letter. If the applicant's undergraduate institution does not have a Pre-Health Professional Advisory Committee, individual letters from faculty may alternatively be submitted. Recommendations for the number and type of letters submitted are as follows:

- At least two letters from Science Faculty who have taught the applicant
- At least one letter from other faculty or an individual who can provide an in-depth evaluation and recommendation
- One or more letters from other individuals who have worked with or observed the candidate and can provide an additional assessment

Letters submitted to CMSRU via other means (email, regular mail, etc.) will not be considered in evaluation of the candidate. Candidates should consult the AMCAS Instruction Book for Applicants for further details on letter of recommendation submission.

Attachments

No Attachments

Approval Signatures

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| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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Dean for Admissions
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References:

Readmission Policy

PURPOSE:

This policy outlines the process by which a student may apply for readmission to CMSRU.

POLICY:

Readmission Policy

SCOPE:

This policy applies to all CMSRU medical students

DEFINITIONS:

Readmission applies only to students previously enrolled in and attending CMSRU for any period of time.

PROCEDURE:

- A student who has withdrawn (but subsequently wishes to return to school) must apply for readmission in writing and submit the required materials, as stipulated below, to the Senior Associate Dean for Student Affairs and the Senior Associate Dean for Admissions.
- The reason for requesting readmission must be compelling. To be considered for readmission, the student must have been in good academic standing at the time of withdrawal from CMSRU and have had no prior actions by the Academic Standing Committee, including, but not limited to, professionalism violations.
- Official transcripts from any post-secondary institutions attended in the interval must be submitted.
- Three additional letters of recommendation are required and these will be sent directly to the CMSRU Office of Admissions.
- A \$100 reapplication fee is required.
- A criminal background check is required.
- An *ad hoc* committee consisting of the Senior Associate Dean for Student Affairs, the Senior Associate Dean for Medical Education, and the Senior Associate Dean for Admissions will review the student's written application for readmission in light of their entire record, including supporting documents. This committee may recommend: 1) readmission without conditions; 2) readmission with conditions; 3) denial of readmission until further proof of readiness to return to school can be demonstrated; or 4) denial of readmission. The recommendation of the *ad hoc* committee will be forwarded to the Dean for

consideration. If the recommendation is "readmission with or without conditions", the request for readmission will be forwarded to the Admissions Committee for consideration and vote. The vote of the Admissions Committee is final and no appeals are allowed.

Attachments

No Attachments

Approval Signatures

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Dean for Admissions
Area: Matriculation
References:

Special Admissions Pathway Policy for PULSE Students

POLICY:

Special Admissions Pathway Policy for PULSE Students

PURPOSE:

The admissions process at CMSRU is holistic in design and seeks to recruit students who have demonstrated academic readiness and resonance with the CMSRU mission. CMSRU has developed a series of pipeline programs. One of these pipeline programs is the Premedical Urban Leaders Summer Enrichment (PULSE) program. PULSE students who have shown clearly that they possess the knowledge, attributes and skills necessary to succeed at CMSRU are given the opportunity to secure a seat in the incoming class. This policy outlines the special admissions pathway for students who have participated in the PULSE program at CMSRU.

SCOPE:

This policy applies to all students who have successfully completed at least two of the three phases of the PULSE program and who are applying to the MD program at CMSRU.

DEFINITIONS:

PULSE program: The PULSE program is a competitive program with three distinct academic phases. Program content also includes activities designed to enhance preparedness for medical careers, including research, shadowing, and community outreach.

Holistic: Holistic review is a flexible, individualized way of assessing the capabilities of an applicant, by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, provide insight into how the individual might contribute value as a medical student and physician.

PROCEDURE:

All applicants to the MD program at CMSRU, including PULSE pathway applicants, are required to complete a primary application, which is verified through the AMCAS system. Student selection for participation in the special PULSE admissions pathway is based on academic achievement, who oversees the PULSE program.

Two PULSE pathway options exist, MCAT-optional and MCAT-required. Each of these options is described below.

A. Medical College Admissions Test (MCAT)-optional pathway: This option is available for up to four students for each admissions cycle. Candidates in this pathway are not required to take the MCAT. Applicants in this category are guaranteed an interview and are accepted for admission to CMSRU, if they meet the criteria listed below and are approved by a vote of the admissions committee. The final admissions decision includes consideration of other factors, including mission match, experiences, and performance on an interview.

- Complete at least 2 sessions of PULSE
- Complete all CMSRU-required coursework
- Complete at least 90 undergraduate credit hours
- Maintain a cumulative undergraduate science GPA ≥ 3.4 (minimum of 35 credit hours)
- Maintain a cumulative undergraduate overall GPA ≥ 3.6
- Complete a joint interview by a member of the admissions committee and a blinded interviewer
- Voting options for PULSE pathway applicants include only accept or reject.

B. MCAT-required pathway: This option is available for up to eight students for each admissions cycle. Candidates in this pathway are required to take the MCAT. Applicants in this category are guaranteed an interview and are accepted for admission to CMSRU, if they meet the criteria listed below and are approved by a vote of the admissions committee. The final admissions decision includes consideration of other factors, including mission match, experiences, and performance on an interview.

- Complete at least 2 sessions of PULSE
- Complete all CMSRU-required coursework
- Complete at least 90 undergraduate credit hours
- Maintain a cumulative undergraduate science GPA ≥ 3.4 (minimum of 35 credit hours)
- Maintain a cumulative undergraduate overall GPA ≥ 3.6
- Complete a joint interview by a member of the admissions committee and a blinded interviewer
- Voting options for PULSE pathway applicants include only accept or reject

PULSE program candidates accepted to CMSRU through this pathway are required to withdraw their applications to other medical schools and commit, in writing, to matriculate at CMSRU in the fall semester of the year of the entering class for which they are applying.

Attachments

No Attachments

Approval Signatures

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|---|---|---------|
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| Step Description | Approver | Date |
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| needed | | |

COPY



Cooper Medical School
of Rowan University

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Dean for Admissions
Area: Matriculation
References:

Student Selection Policy

POLICY:

Cooper Medical School of Rowan University (CMSRU) seeks students who demonstrate academic readiness, who resonate with our mission, and who possess the special personal attributes required of physicians. More specifically, CMSRU is committed to selecting students who demonstrate a record of academic excellence, the potential to deliver competent and compassionate care, a passion for lifelong learning, intellectual curiosity, personal and professional integrity and ethical conduct, and community-oriented service. Student selection is based on a holistic review of a candidate's application and is not influenced by political or financial factors. To be eligible for admission, an applicant must be a citizen or permanent resident of the United States of America. Verifying documents of residency status must be provided at time of application. All applicants are required to complete a bachelor's degree from an accredited four-year college or university in the United States or Canada prior to enrollment in the MD Program.

PURPOSE:

This policy outlines guidance for selecting students for admission to Cooper Medical School of Rowan University.

SCOPE:

This policy applies to all prospective students of CMSRU.

DEFINITIONS:

AMCAS – The American Medical College Application Service (AMCAS ®) is a non-profit, centralized application processing service for applicants to the first-year entering classes at participating U.S. medical schools.

MCAT – The Medical College Admission Test (MCAT) is a standardized, multiple-choice exam designed to assess problem solving, critical thinking, writing skills, and knowledge of science concepts and principles prerequisite to the study of medicine. The MCAT exam scores are part of the admission process.

PROCEDURE:

1. The final responsibility for selection of students for admission resides with the admissions committee, a standing committee of the faculty.

2. The office of admissions is responsible for support of student recruitment, annual education and training of the admissions committee members, interviewers, and application screeners, processing of admission documents, and organization of interviews.
3. Admission Process: All regular applicants follow the process delineated below for admission to CMSRU:
 - a. **AMCAS application:** Candidates for admission to CMSRU are required to complete an application through the online American Medical College Application Service (AMCAS) at www.aamc.org. Applicants are required to complete this application and submit an application fee. This initial process requires letters of recommendation submitted through the candidate's AMCAS application. Letters of recommendation may be obtained from, 1) undergraduate pre-medical committees (preferred); and/or 2) individual from faculty and supervisors, who are well-acquainted with the candidate. At least two letters should be from academic faculty. Additional information about this service can be found on the AAMC website (www.aamc.org/students/amcas/faq/amcasletters.htm). CMSRU will not consider incomplete AMCAS applications and only students with verified AMCAS applications will be considered for secondary applications and interviews. No transcripts or supplementary materials should be forwarded directly to CMSRU, as admission decisions are based only on the candidate's verified AMCAS file.
 - b. **Secondary Application:** Upon receipt of verified AMCAS applications, the office of admissions invites selected applicants, based on a preliminary screening rubric developed and approved by the admissions committee, to complete a CMSRU-specific secondary application. Preliminary screening of applicants includes an evaluation of academic readiness. Indicators of academic readiness are determined by data analysis from assessment personnel from the office of medical education, which is annually presented to and approved by the admissions committee. Secondary applications are sent only to applicants who demonstrate a high likelihood of success at CMSRU. This screening step ensures that applicants who fail to meet academic qualifications can be notified of rejection prior to remitting additional application fees. The secondary application includes responses to short-answer questions to help further determine a candidate's match to the CMSRU mission and community. The secondary application also includes several attestations from the candidate, indicating that they meet the educational and residency requirements described below. The secondary application fee is \$100, which is waived upon submission of the AMCAS Fee Assistance Program (FAP) waiver documents. Applicants not selected to receive a secondary application are notified of this decision.
 - c. **Screening for Interview:** All candidates who submit a completed secondary application will have their entire application screened manually, by specially-trained individuals, including faculty and staff from the office of admissions, using criteria developed and approved by the admissions committee. Under authority granted by the admissions committee, screeners decide which applicants are invited for an interview. This screening includes a holistic review of the primary and secondary applications to determine academic readiness and mission match. The holistic review includes an assessment of personal qualities, activities, and experiences that positively contribute to the culture of CMSRU. In this regard, there are no absolute criteria and each applicant is considered individually. Interview selection criteria are annually reviewed and approved by the admissions committee. Each year, individuals involved in screening of applications are formally charged by the dean, so that a consistent approach to screening is ensured. Because of the volume of applications received, this process may take several weeks to months to complete. Applications are screened in the chronological order in which they are received.
 - d. **Interview:** Interviews are scheduled on an invitation-only basis. Following screening of their primary and secondary applications, selected students are invited for an interview at CMSRU in Camden,

New Jersey (note: all interviews are currently being conducted virtually). The admissions process is highly competitive and the likelihood of being invited to interview depends on the overall size and qualifications of the applicant pool. Upon completion of the interview cycle for the current application year, unsuccessful applicants are notified that they will not be offered an interview (rejection). Once invited, candidates schedule their own interview date, but must receive authorization from the admissions office to reschedule their interview date.

The interview day consists of an introductory orientation session with the dean, an informational question-and-answer session hosted by the office of admissions, and a traditional interview jointly conducted by a member of the admissions committee and a "blinded" faculty or student member. Upon completion of the formal interview day program, applicants have an opportunity to informally meet with current CMSRU students. Currently, all portions of the interview day program are being conducted remotely.

- e. **Admission Committee Presentation and Voting:** Generally, in the week following each interview date, all interviewed applicants are presented to the admissions committee for consideration and vote. The presentation to the admissions committee is made by the committee member who interviewed the applicant. Following presentation of the applicant, there is an opportunity for further discussion of the candidate by all members of the admissions committee. Performance during the actual interview, in conjunction with the candidate's overall application, are significant factors considered by committee members in the evaluation of each applicant. Following any discussion, an anonymous vote is taken by the full voting membership of the admissions committee. Based on the results of this vote, one of the following decisions is applied: 1) immediate acceptance, 2) waitlist, or 3) rejection. All interviewed applicants are notified of their updated status, either via telephone call or email, in a timely fashion. As specified by Liaison Committee on Medical Education (LCME) standards, the authority for selection of prospective students rests in the hands of the faculty, under the auspices of the admissions committee. All decisions of the admissions committee are final.
- f. **Acceptance Offers:** Selected applicants are offered admission by the admissions committee, based on committee vote, on a rolling basis. Possible admissions actions, as described above, are defined and approved annually by the admissions committee. A vote of "immediate acceptance" indicates that the candidate receives immediate notification of acceptance to CMSRU. A vote of "waitlist" indicates that the candidate is approved for admission and receives notice of acceptance only if a seat in the class becomes available due to withdrawals from the candidates accepted previously (i.e. delayed acceptance). Guidelines for ranking of waitlisted candidates are developed annually by the waitlist subcommittee (see below) of the admissions committee and then approved by the full admissions committee. A vote of "rejection" indicates that a student receives immediate notification that the admission committee will not offer them a seat in the class. The dean is notified of the decision of the admission committee on each candidate, but the dean has no role in admissions decisions.

The waitlist subcommittee of the admissions committee is composed of faculty members selected from the full admissions committee and is chaired by the chair or vice chair of the admissions committee. Up to one-third of the membership of the admissions committee serves on the waitlist subcommittee. The waitlist subcommittee is responsible for development of criteria for ranking of waitlisted applicants. These criteria are then presented to the full admissions committee for approval. Following approval of waitlist ranking criteria, candidates on waitlist are ranked by the office of admissions. The ranked waitlists are then presented to the admissions committee for final approval.

The full admissions committee then grants authority to the office of admissions to extend new offers of acceptance in accordance with approved criteria, as seats become available. The full admissions committee receives a final report at the close of the admissions cycle to inform them of the outcome of the waitlist process.

Admitted students must submit an acceptance deposit within two weeks of receipt of an acceptance offer. The deposit is applied to first semester tuition and is refundable prior to May 1st, if the applicant chooses to withdraw their acceptance. A decision to withdraw after May 1st may result in forfeiture of the \$100 deposit. Deposit requirements are waived in cases of extreme financial disadvantage. Failure to submit an acceptance deposit in a timely fashion may result in rescindment of the original acceptance offer.

4. Admission Requirements:

To be eligible for admission, an applicant must be a citizen or permanent resident of the United States of America. Verifying documents of residency status must be provided at time of application.

A verified AMCAS application is required for consideration of an applicant.

Applicants must take the MCAT (except for students in the MCAT-optional PULSE pathway) and MCAT scores must be submitted through AMCAS. Test scores may not be more than 3 years old (at the time of application). The "highest" MCAT score is based on the aggregate best performance on an individual examination. The Admissions Committee does not compile a composite "highest" score by considering best performance on individual subsections from multiple examinations.

CMSRU welcomes applicants with a wide-range of academic interests. Students from all majors are invited to apply to CMSRU, as long as minimum academic requirements are met. All applicants are required to complete a bachelor's degree from an accredited four-year college or university in the United States or Canada prior to enrollment in the MD Program. Applicants to CMSRU must take the following required courses from an accredited four-year college or university in the United States or Canada. Advanced Placement (AP) credit or on-line courses do not satisfy these basic requirements. For applicants with credits obtained by advanced placement or through a community or junior college, it is acceptable to satisfy this requirement by taking advanced level courses, in the disciplines specified, at their degree-granting institution. In addition to the required course work, several recommended courses are listed below. These recommended (but not required) courses have been identified as being beneficial to students enrolled at CMSRU. Students are encouraged to take a broad array of courses as undergraduates.

Required Courses:

- Biology (any two courses with lab), 8 credits total
- Chemistry (any two courses with lab), 8 credits total
- English or Composition, 3 credits total

Recommended Courses:

- Physics (any two courses with lab)
- Organic Chemistry (any two courses with lab)

- Biochemistry
- Behavioral Sciences (e.g. Psychology, Sociology)
- Ethics
- Biostatistics
- Humanities
- Spanish

CMSRU seeks to recruit a student body that will add value to our school and contribute to the education of all students.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | William Kocher: Sr. Associate Dean for Admissions | 06/2025 |



Cooper Medical School
of Rowan University

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Area: Medical Education
References:

Active Learning Group Room Policy

POLICY:

Active Learning Group Policy

PURPOSE:

To provide a policy guiding maintenance of a professional and educationally-focused atmosphere in the CMSRU Active Learning Group Rooms (ALGs).

SCOPE:

This policy applies to all Active Learning Group Rooms in the CMSRU medical education building and users of these spaces.

PROCEDURE:

The Active Learning Group rooms (ALGs) are designed as collaborative educational spaces where students, faculty, and others can hold a variety of educationally-focused activities without outside distractions. They also serve as around-the-clock study space for many students, and are also occasionally accessed for purposes of faculty and administrative recruitment and selectives. As such, the ALGs must be maintained in a professional, clean/sanitary and safe state that neither distracts nor detracts from their intended purpose.

Note: The statements included below apply specifically to "assigned" ALGs – those rooms to which a group of approximately 10 students are designated at the beginning of the academic year. All other conference room and meeting spaces are public and should not have personal items, appliances, etc., stored within them at any time. The conference and meeting rooms are used for a variety of purposes, and while they may be used temporarily by students as short-term study spaces, they should always be left in a neat, clean, and unmodified state.

Appliances

In order to augment the comfort of students studying in these spaces, a limited number of appliances are permitted in the assigned student ALG rooms. Approved appliances include equipment that does not pose a fire hazard, is unlikely to attract insects or other pests, does not detract from the overall appearance of the room, and does not consume significant energy. Appliances shall be maintained in a clean and sanitary state at all times. **Prohibited and/or unsanitary appliances will be removed immediately.**

Approved appliances:

1. Single cup coffeemakers (e.g., Keurig) that do not have a continuous heating element
2. Multiple cup coffeemakers with an auto-off feature
3. Small refrigerators (must fit under the counters). Refrigerators **may not** be stored on countertops, and may not be plugged into extension cords.

Prohibited appliances:

1. Toasters/toaster ovens
2. Microwave ovens
3. Hot plates
4. Coffee makers without an auto-off feature
5. Any appliance with damaged/altered cords

*These list of appropriate appliances may be changed at any time based on a number of factors, including need to limit electrical power usage, recurrent unsanitary conditions, or other factors.

General Room Conditions

Rooms should always be maintained in a clean condition, with specific avoidance of states that may attract insects and other pests. This includes:

1. Cleaning/removal of any dirty dishes, containers, and cutlery following room use
2. Disposal of any food/beverages and empty food/beverage containers in an appropriate trash receptacle
3. Storage of retained food in sealed, pest-proof containers, preferably put away in refrigerators or removed to a student's home or apartment
4. General maintenance of a professional, non-cluttered appearance to rooms

It is not the role of CMSRU custodial staff to wash dishes or other utensils. **Evening shift staff members are directed to throw away any food and dirty dishes, containers, and cutlery left in the ALGs.**

Bicycles may not be stored in the ALGs or anywhere else inside the CMSRU medical education building (MEB). Bike racks are available immediately outside the MEB within view of the security desk; all bicycles should be stored in this location.

Attachments

No Attachments

Approval Signatures

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|---------------------|---|---------|
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Change Preceptor Procedure

PROCEDURE:

Change in Preceptor Procedure

PURPOSE:

This procedure outlines the process to which a M3 or M4 student can change their preceptor.

SCOPE:

CSMRU M3 and M4 students.

PROCEDURE:

If the student has an issue with their preceptor, the following protocol will be followed:

The student should attempt to meet with the preceptor and discuss the issues directly. If after doing so both the preceptor and the student agree that a change in the assignment of the preceptor would be the best solution, they will both reach out to the Office of Medical Education:

- M3s will contact the M3 Director
- M4s will contact the M4 Director

If the student is concerned that mistreatment is involved, that student should review the Mistreatment Policy in the Student Handbook.

If a student feels that there is an issue of mistreatment, is unsure, or uncomfortable addressing the preceptor directly the following options are available:

- Meet with the Assistant Dean for Student Affairs; or
- Meet with the Chief Student Affairs Officer
- Meet with any Dean or Director in the Office of Medical Education
- Meet with any Dean or Director at CMSRU
- Utilize the CMSRU Ombudsman (see Policy in Handbook)

All related Policies will be followed and FERPA honored in all such issues. Matters will be addressed in a timely fashion.

CMSRU will balance the needs of each student and the need to offer an educational atmosphere that allows

our students to develop the skills and knowledge needed to care for patients.

Attachments

No Attachments

Approval Signatures

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Conflict of Interest

POLICY:

Conflict of Interest Policy

PURPOSE:

To establish guidelines for interactions between Industry and faculty, staff and students of Cooper Medical School of Rowan University.

SCOPE:

This policy applies to all faculty, staff, and students of Cooper Medical School of Rowan University (CMSRU), to all healthcare professionals and staff employed and/or contracted by Rowan University at CMSRU, and to all facilities owned or controlled by Rowan University at CMSRU or in which faculty and trainees are working. In all cases where this policy is more restrictive than Rowan University conflict of interest policies, this policy shall take precedence. This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry, including those individuals whose purpose is to provide information to clinicians about company products, even though such personnel are not classified in their company as "sales or marketing."

DEFINITIONS:

N/A

PROCEDURE:

CMSRU is committed to providing humanistic education in the art and science of medicine within an environment in which excellence in patient care, innovative teaching, research, and service to our community are valued. These goals require that faculty, students, trainees and staff of CMSRU interact with representatives of pharmaceutical, biotechnology, medical device, and hospital equipment supply industry (hereinafter "Industry"), in a manner that advances the use of the best available evidence so that medical advancements and new technologies become broadly and appropriately used. While the interaction with Industry can be beneficial, Industry influence can also result in unacceptable conflicts of interest that may lead to increased costs of healthcare, compromised patient safety, negative socialization of students and trainees, bias of research results, and diminished confidence and respect among patients, the general public and regulatory officials. Because provision of financial support or gifts may exert an impact on recipients' behavior, CMSRU has adopted the following policy to govern the interactions between Industry and CMSRU personnel

(defined above under Scope). This policy has been designed to reflect the best available literature on conflict of interest and is intended to provide guiding principles that members of the CMSRU community as well as representatives of Industry can use to assure that their interactions result in optimal benefit to clinical care, education, research, and maintenance of the public trust.

STATEMENT OF THE POLICY:

It is the policy of CMSRU that clinical decision-making, education, and research activities are free from influence created by improper financial relationships with, or gifts provided by Industry. These general principles should guide interactions and relationships between CMSRU personnel and Industry representatives. The following limitations and guidelines are directed to certain specific interactions. For situations not specifically addressed, CMSRU personnel should consult in advance with their deans, departmental chairs and/or their administrators to obtain further guidance and clarification.

SPECIFIC ACTIVITIES:

1. Support of Continuing Education in the Health Sciences:

Industry support of continuing education ("CE") in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is made available to healthcare practitioners. In order to ensure that potential for bias is minimized, all CE events in which CMSRU participates as a co-sponsor must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CE credit is awarded for attendance at the event. CMSRU conducts educational events in conjunction with Cooper University Health Care (CUHC) as they have ACCME accreditation and abide by those standards. All agreements for Industry support must be negotiated through and executed by the CUHC Department of Continuing Education and must comply with all policies for such agreements. Industry funding for such programming should be used to improve the quality of the education and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level.

Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on or off campus). At CMSRU co-sponsored Continuing Education programs, if there is an area utilized and designated for vendor displays, that area will be separate from the location assigned for the educational presentations. All vendors are required to sign a CE agreement. Any materials utilized by the industry vendors will be subject to the guidelines established in Section 3. Promotional materials shall be limited to those which do not include product brand names and logos. Additionally, no gifts or enticements such as food or snacks will be permitted at these displays.

2. Industry Sponsored Meetings or Industry Support of Off-campus Meetings:

CMSRU faculty, personnel, students or CMSRU providers or staff are discouraged from participating in or attending Industry-sponsored meetings or other off-campus meetings where Industry support is provided. However, if they do attend or participate:

- a. The activity must be designed to promote evidence-based clinical care and/or advance scientific

research;

- b. The financial support of Industry must be prominently disclosed;
- c. Industry may not pay attendees' travel and expenses;
- d. Attendees may not receive gifts or other compensation for attendance;
- e. Meals provided must be modest (value comparable to Standard Meal Allowance as specified by IRS); and
- f. If participating as a speaker, lecture content may not be promotional in nature but purely educational, its content determined by the speaker and not industry, reflect a balanced assessment of the current science and treatment options, and the speaker must make clear that the views expressed are the views of the speaker and not of CMSRU. Additionally, compensation must be reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium not to exceed \$2,500 per event.

3. Gifts and Provision of Meals:

CMSRU personnel shall not accept or use personal gifts (including food) from representatives of Industry, *regardless of the nature or dollar value of the gift*. Although personal gifts of nominal value may not violate professional standards or anti-kickback laws, such gifts do not improve the quality of patient care, and research has shown they may subtly influence clinical decisions, and add unnecessary costs to the healthcare system. Gifts from Industry that incorporate a product or company logo (e.g., pens, notepads or office items such as scales or tissues) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system.

Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by Rowan University at CMSRU. CMSRU personnel may not accept meals or other hospitality funded by Industry, whether on-campus or off-campus, or accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event that complies with the provisions of subsection 2, above, may be accepted.

All full-time and part-time CMSRU faculty, as well as CMSRU medical students will act in accordance with CMSRU policy at all times, including during time spent in the community with CMSRU clinical faculty.

Industry wishing to make charitable contributions to CMSRU may contact the Development Office. Such contributions shall be subject to any applicable policies maintained by CMSRU.

4. Consulting Relationships:

CMSRU recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member and CMSRU. However, consulting arrangements that simply pay CMSRU personnel a guaranteed amount without any associated duties (such as participation on scientific advisory boards that do not regularly meet) shall be considered gifts and are consequently prohibited. Consulting or advising relationships for purely commercial or marketing purposes are discouraged, while consulting or advising relationships for research and scientific activities are permissible.

In order to avoid gifts disguised as consulting contracts, where CMSRU personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment commensurate with the tasks assigned and at fair market value. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved by the Associate Dean for Research or departmental chair prior to initiation in accordance with appropriate CMSRU

policies. For employees of Rowan University at CMSRU who are not faculty, prior written approval of the appropriate supervisor within CMSRU is required for any outside consulting. CMSRU reserves the right to require faculty and employees to request changes in the terms of their consulting agreements to bring those consulting agreements into compliance with CMSRU policies.

5. Frequent Speaker Arrangements (Speakers Bureaus):

While one of the most common ways for CMSRU to disseminate new knowledge is through lectures, "speakers bureaus" sponsored by Industry may serve as little more than an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration should be given to determine whether the event meets the criteria set forth in Section 2 of this policy, relating to Industry Sponsored Meetings. CMSRU personnel may not participate in, or receive compensation for, talks given through a speaker's bureau or similar frequent speaker arrangements if any of the following are true:

- a. Events do not meet the criteria of Section 2;
- b. Content of the lectures given is provided by Industry or is subject to *any* form of prior approval by either representatives of Industry or event planners contracted by Industry;
- c. Content of the presentation is not based on the best available scientific evidence;
- d. Company selects the individuals who may attend or provides any honorarium or gifts to the attendees; and

Speaking relationships with company or company event planners are subject to review and approval of the participant's department chair, or dean as delineated in Section 4, Consulting Relationships.

6. Ghostwriting:

Under no circumstances may CMSRU personnel be listed as co-authors on papers ghostwritten by Industry representatives. In addition, CMSRU personnel should always be responsible for the content of any papers or talks that they give, including the content of slides.

7. Industry Support for Scholarships or Fellowships and other Educational Funds to Students and Trainees:

CMSRU may accept industry support for scholarships and discretionary funds to support trainee or student travel or non-research funding provided that the following criteria are met:

- a. Industry support for scholarships and fellowships must comply with all CMSRU requirements for such funds, including a written pledge agreement through the Development Office. It will be maintained in an appropriate restricted account, managed at the school as determined by the dean. CMSRU will select the recipients of such funds with no involvement by the donor industry. Written documentation of the selection process will be maintained.
- b. Industry support for other student or trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by a written agreement and will only be accepted into a common pool

of discretionary funds, which will be maintained under the direction of the dean. Industry cannot designate contributions to fund specific recipients or specific expenses. Departments may apply to use monies from this pool to pay for reasonable travel and tuition expenses for students, or other trainees to attend conferences or training that have legitimate educational merit. Recipients will be selected by the department based on merit and/or financial need. Proper documentation must accompany the request.

- c. Final approval and possible exceptions shall be at the discretion of the dean.

8. Samples:

Utilization of drug or device samples at CMSRU run clinics will be judicious and cost-effective. Utilization of drug samples will be at the discretion of the appropriate medical care provider solely for the purpose of patient care (e.g., allowing patients to begin early treatment; testing a therapeutic option prior to filling a prescription; offering an alternative for individuals having difficulty affording their medicines). Utilization of equipment or device samples will be deemed appropriate when healthcare practitioners are developing a familiarity with new materials. Samples of any kind are not intended for personal use by faculty, staff or students. The sale or trade of any industry related sample is strictly prohibited.

Wherever possible, a central distribution and documentation site for medication samples should be established in each healthcare facility that maintains storage of such samples. Samples should be logged in through a designated and secure sample storage process. Logs should include the name of the medication, lot number, expiration date, date of receipt, quantity received, and the name of the individual receiving the samples, including those received on behalf of a group practice. Logs will be maintained in the healthcare facility for a specified time as designated per policy. All samples will be labeled and dispensed in accordance with federal and state laws. A Sample Medication Form will be used to document dispensing information, patient counseling and auxiliary notes. Utilization of vouchers is preferable to actual physical drug samples. The preferred method of obtaining pharmaceuticals for indigent patients would be through specific corporate plans which provide such product directly to the patient.

9. Site Access for Industry Representatives:

All Industry professionals wishing to gain access to CMSRU designated sites will be required to check into the facility through a centralized, appointed individual. Purposes which are appropriate for site visits include the exchange of scientific information, dissemination of materials/information regarding new therapeutic options, and training or discussions which can lead to the advancement of healthcare. Name badges are required for all Industry personnel when visiting a CMSRU site. Industry representatives are prohibited from roaming areas frequented by faculty or students. They may provide informational material, such as product literature or journal articles, only at the request of a faculty or staff member.

Prior to gaining access, the individual must have a scheduled appointment with appropriate CMSRU personnel. There may be designated times for Industry representatives to convene in a specific location as pre-determined by department heads in order for questions to be answered or for information to be distributed regarding new equipment or therapeutic options. Any marketing activities will be limited as per sections 1 and 3 of this policy.

Upon an initial visit to a CMSRU site, industry representatives will be provided a vendor policy sheet which will outline procedures that they must follow while visiting the facility.

10. Conflict of Interest Disclosure:

CMSRU faculty and staff will disclose all ties to Industry on an annual basis using either the CUHC and/or Rowan University Conflict of Interest disclosure form, depending on the employer of record. Additionally, any CMSRU faculty and staff lecture must disclose all Industry ties to trainees and/or audience that could potentially influence their clinical or educational duties.

11. Conflict of Interest Curriculum for Medical Students

CMSRU is committed to educating its medical students about the ways that Industry may attempt to influence prescribing and treatment habits of physicians. Toward that end, CMSRU has developed a conflict of interest curriculum that is integrated within our Active Learning Groups (ALG), Scholar's Workshop, and Foundation of Medical Practice. Methods of instruction include lectures, small group discussions, and panel discussions. The curriculum will aim to educate the students on the impact that Industry marketing may have on physician practice, and how Industry may influence the regulation and marketing of drugs and devices.

12. Policy Enforcement

Faculty and Staff: Any violations of this policy should be reported to the Rowan University Hotline (855-431-9967) or <http://rowan.edu/integrityline>, where it will be directed to the Conflict of Interest Committee. Possible consequences of policy violation include but are not limited to: counseling, training, requiring repayment of monies acquired in violation of policies, fines or termination.

Industry personnel: Any violations of this policy may be subject to any of the following disciplinary actions: warnings issued to corporation and supervisory personnel (written &/or verbal); access to CMSRU revoked for offending representative and other company personnel; and lengthy restriction by all personnel from any access to the property for varying lengths of time.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 06/2025 |



Cooper Medical School
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Area: Medical Education
References:

CRC Food/Beverage Consumption

POLICY:

CRC Food/Beverage Consumption

PURPOSE:

To establish guidelines pertaining to the consumption of food and beverage within the CRC (Cooper Rowan Clinic).

SCOPE:

This policy applies to all CMSRU medical students.

PROCEDURE:

The consumption of food and beverage is not permitted in any direct patient care or specimen handling areas within the CRC. The consumption of acceptable items (as noted below) is permitted in all other work areas of the CRC. Students must ensure proper disposal of these items after consumption.

Examples of Acceptable Items:

- Beverage containers with lids. Lids should be kept on bottles and containers except when drinking to avoid spillage.
- Dry snack items (i.e. chips, cookies, pretzels, dried fruits, granola bars, muffins, power bars, etc.)
- As is with all NJ state educational institutions, no alcohol of any type is permitted.

Attachments

No Attachments

Approval Signatures

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|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
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Curricular Interruption Process Procedure

PROCEDURE:

Curricular Interruption Process Procedure

PURPOSE:

The purpose of this procedure is to develop a process for curricular interruptions.

SCOPE:

This procedure applies to all CMSRU medical students

PROCEDURE:

Any student who has a period of time during which they are not participating in the scheduled curriculum for any reason has the following options:

- Leave of Absence: A student must formally apply for this using Change of Enrollment Status form and adhere to the approval process. The time period and the plan for return to the curriculum will be developed on a case by case basis.
 - During this period, the student is not a student at CMSRU and will not have access to the building or the resources of the school. All possessions must be removed from the building and access cards will be inactivated.
 - The student will be subject to any rules surrounding their existing loans in place federally or locally.
 - This period of time will not be included in the time periods designated to complete a curricular phase as per the Grading ,and Promotions, and Appeals Policy.
- Enroll in the Independent Study Course: 01900. Completion of the Change of Enrollment Status form is required.
 - Approval to take this course is via the senior associate dean for medical education and the assistant dean for student affairs.
 - A student on an approved Leave of Absence for one or more semesters is not eligible for the Independent Study course while on a LOA.
 - The student will be a full-time student at CMSRU while enrolled in this course.
 - The transcript will indicate the student's enrollment, the time period, and the grade.
 - Each student must meet with Financial Aid to determine the process for application for loan support during this period.

- Student Fees in addition to the course fee will be paid to the Bursar's office.
 - The cost and term for fees will be the prevailing fee in place at the time of enrollment in the course.
- The period of time spent in the Independent Study Course will be applied to the time period spent completing a curricular phase as per the Grading and, Promotions, and Appeals Policy.
- Student Scholar Year: Students may enroll in a Student Scholar year in order to complete a research experience at another medical school, university, or health system. Approval is via the senior associate dean for medical education and the assistant dean for student affairs. Completion of the Change of Enrollment Status form is required.

Attachments

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Approval Signatures

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Duty Hours Limitations

POLICY:

Duty Hours Limitations Policy

PURPOSE:

The faculty and academic administrators of CMSRU recognize the need to balance the learning and wellbeing of CMSRU students during their clinical clerkship education. Therefore, they have established this policy setting duty hours limitations to which students must adhere in Phase 2 of the curriculum.

SCOPE:

This policy applies to all candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:

Duty Hours: as defined by the Accreditation Council for Graduate Medical Education (ACGME) website October 24, 2013.

"Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include self-directed learning time."

Duty hours are explained at CMSRU as:

- Time spent in all clinical and scheduled educational activities.
 - This *includes*:
 - Patient care in hospital, office, skilled nursing facility, rehabilitation center, etc.
 - Administrative activities related to the educational program
 - Scheduled conferences; advisory college meetings; meetings with administrators, learning support specialists, student affairs officers, etc.
 - Any virtual meetings / virtual lectures
 - Approved research-related activities
 - It *excludes* self-directed learning time.

A *stint* is defined as a continuous period of duty.

PROCEDURE:

I. PROCEDURE:

- **Maximum hours of clinical and educational work per week:**
 - Students are allowed to work no more than 80 hours per week, averaged over 4 weeks.
 - Students may be on-call in-house no more often than every third night.
- **Maximum hours of clinical work and education per stint:**
 - Students must work no more than 24 hours of continuous scheduled time (clinical plus educational) per stint.
- **Mandatory time free of clinical work and educational activities:**
 - Students must have at least 8 hours off between stints lasting less than 24 hours.
 - Students may, of their own accord, choose to shorten this interval to check on a patient, but they cannot exceed the 80 hours per week maximum.
 - Students must have at least 14 hours free of clinical work and scheduled educational activities after a 24-hour continuous stint.
 - Students must have at least one day in seven (averaged over 4 weeks) free of clinical work and scheduled educational experiences.

II. RESPONSIBILITY

Implementation

1. Office of Medical Education and the Office of Student Affairs and Admissions

M3 and M4 students will complete a self-reported duty hour exception report, through the One45[®] curriculum management system, at the end of each inpatient block, listing violations of the duty hour limitations policy during that block, and the reasons for each violation. The assistant dean for assessment and CQI will report duty hour policy violations every month to the assistant dean for curriculum, phase 2, and will report every three months any patterns of violation to the phase 2 subcommittee of the curriculum committee. The phase 2 subcommittee of the curriculum committee provides reports to the curriculum committee.

2. Students

Students must comply with these duty hour limitations policies and procedures. Any student who repeatedly fails to comply will meet with the assistant dean for curriculum, phase 2 for counseling. Recalcitrant noncompliance may be taken as evidence of unprofessional behavior (see Grading, Promotions and Appeals Policy, V.B.). Students may be referred to the Director of Professionalism for review and possible remediation plan. The Director of Professionalism may refer students directly to the Academic Standing Committee.

3. Faculty

Faculty members must encourage students to adhere to duty hour policies and procedures. Faculty members agree to abide by the above duty hours limitations in the design and implementation of their courses and clerkships, and in the supervision of CMSRU students. A faculty member who repeatedly encourages student noncompliance with the duty hour limitations will meet with the assistant dean for curriculum, phase 2 for counseling. Faculty members responsible for a pattern of student violations of the duty hour limitations will meet with the dean, who may recommend

revocation of their faculty appointment.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 04/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 11/2013
 Effective: 06/2025
 Last Approved: 06/2025
 Last Revised: 06/2025
 Next Review: 06/2026
 Owner: Chadash Broadway: Clerical Support
 Area: Medical Education
 References:

Elective Policy

POLICY:

Elective Policy

PURPOSE:

The purpose of this policy is to clarify the opportunities and procedures related to elective courses in the M3 and M4 years at CMSRU.

SCOPE:

CMSRU M3 and M4 students.

DEFINITIONS:

Electives are courses of the student's choice, distinct from required courses and clerkships. Students take electives in the M3 and M4 years.

PROCEDURE:

APPROVED ELECTIVES:

Students may select elective courses from:

- elective courses at CMSRU
- visiting electives at:
 - other LCME-accredited medical schools
 - approved international (global health) sites on the AAMC Visiting Student Learning Opportunities (VSLO) program as well as the Cooper Medical trip to Ghana, Africa (see the *CMSRU Fourth Year Guide* for details)
 - ACGME-accredited residency programs not affiliated with a medical school
- courses required during active duty service for those students with military obligations

M3 ELECTIVES:

M3 students must complete four (4) one-week electives. Students may choose from a wide variety of electives

offered by CMSRU. Students cannot repeat an elective course; they will have to take four different courses. The elective courses are intended to provide M3 students with early exposure to areas of interest, to enrich their understanding of clinical medicine, and help them plan their career path. CMSRU M3 electives are assigned by lottery. A military elective option is available for students required to complete outside military obligations during active-duty service. The military elective must be arranged by the student and must be approved at least four weeks in advance by the Director of the M3 Curriculum.

M4 ELECTIVES:

M4 students must complete sixteen (16) weeks of electives. Twelve (12) of those weeks may be completed at outside institutions ("visiting electives," as defined above); four (4) weeks must be completed at CMSRU. In addition, students can complete a maximum of twelve (12) weeks in the same discipline. For example, a student can complete a four-week Orthopedics Sub-Internship at CMSRU, a four-week Orthopedics Sub-Internship at Visiting Institution #1, and a four-week Orthopedics Sub-Internship at Visiting Institution #2. A rotation in Orthopedic Trauma would be viewed as a separate rotation and will not be counted as the same rotation as an Orthopedics Sub-Internship. For students wanting to do more than twelve (12) weeks of the same elective, they will need to reach out to the Director of the M4 Curriculum who will make the determination on a case-by-case basis.

Students are responsible for arranging outside electives, which must be approved by the Director of the M4 Curriculum. (Please refer to the *CMSRU Fourth Year Guide* for details of application for, and scheduling of M4 electives.)

NEW ELECTIVES

The Curriculum Committee must approve any new elective before students may be enrolled. All CMSRU electives must be directed by a CMSRU faculty member.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 06/2025 |



Cooper Medical School
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Owner: Chadash Broadway: Clerical
Support
Area: Medical Education
References:

Evaluation Compliance Policy

POLICY:

Evaluation Compliance Policy

PURPOSE:

Thoughtful reflections on educational experiences at CMSRU are vitally important to CMSRU. It's one of the best sources of information and insight to help us provide an even better experience for future classes. Completing course evaluations and evaluations of preceptors and other faculty is required. Numerical and commentary ratings of the course will be solicited by the Office of Medical Education.

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

RESPONSIBILITY:

Each student will be asked to complete evaluations related to educational activities through the One45® system. Requests to complete course evaluations will be sent from One45® to Rowan student email addresses. These emails will contain a link to take the recipient directly into One45® to complete the new evaluations. Students can also log directly into the One45® system at <https://cmsru.one45.com> to view their "To Do" list for outstanding evaluations. Evaluation compliance is mandatory and completion of all requested evaluations is considered a part of student professionalism at CMSRU. As per the CMSRU Curriculum Committee, students who do not complete their evaluations will have their course scores withheld from the grade book (Progress IQ ®) until they complete their required evaluations.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 04/2025 |

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Next Review: 06/2026
Owner: Chadash Broadway: Clerical
Support
Area: Medical Education
References:

Formative Feedback Policy

POLICY:

Formative Feedback

PURPOSE:

In its efforts to ensure excellent medical education and to provide for appropriately timed formative feedback to medical students the following policy defines the requirements for course directors, clerkship directors and faculty to submit formative feedback at the Cooper Medical School of Rowan University (CMSRU).

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

PROCEDURE:

RESPONSIBILITY:

It is the responsibility of the course and clerkship directors to ensure that all students receive formative feedback early enough in each required course and clerkships to permit remediation prior to the awarding of final grades. The assessment subcommittee of the curriculum committee reviews and approves all assessment activities within courses and clerkships and ensures that formative assessment activities appropriate to the course or clerkship are provided for. Courses and clerkships less than four weeks use meetings with students to provide formative feedback.

All course and clerkship assessments are monitored by the Office of Medical Education. Course or clerkship directors who are not compliant with these assessments will be reported to the Senior Associate Dean for Medical Education. The Senior Associate Dean for Medical Education can ask the department chairperson to complete assessments for a course or clerkship to ensure timely compliance.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 06/2025 |

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 Next Review: 07/2026
 Owner: *Marion Lombardi: Assistant Dean
for Student Affairs*
 Area: *Medical Education*
 References:

Grading, Promotions, and Appeals

POLICY:

Grading, Promotions, and Appeals Policy

PURPOSE:

The faculty and academic administrators of CMSRU (CMSRU, School) recognize their responsibility to maximize the probability that graduates of the School are qualified and have the maturity and emotional stability to assume the professional responsibilities implicit in the receipt of the degree of Doctor of Medicine. Therefore, they have established these policies to guide themselves and medical student colleagues in pursuing a level of academic and professional excellence required for the conferral of that degree. Specific procedures have been established to provide uniformity and equity of process in all situations requiring administrative action.

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:

This document deals with those students who are candidates for the MD degree.

Remediation: A defined process created by a course or clerkship director to ensure that a student who fails a course or clerkship has subsequently gained the knowledge and skills required. The process is tailored to the student and consists of activities to improve competency and reassessment.

Appeal: A petition filed by a student challenging a course or clerkship grade, a clinical assessment in the M3 year, time in the program, and promotional decisions. An action in favor of a student does not imply wrongdoing by the faculty or the administration.

Promotional decisions: The Academic Standing Committee reviews students annually or on an as-needed basis to advance them in the medical education program, certify them for graduation, or consider them for dismissal.

Academic or performance improvement plan: A defined plan developed by the Academic Standing Committee and/or the Ad Hoc Committee for Student Appeals in collaboration with the Committee for Professional Growth (CPG), as needed) with approval by the Office of Medical Education and the Executive

Cabinet. The improvement plan is developed to ensure that a student who fails to complete the courses and/or clerkships in a medical education program year will have successfully completed the failed courses and/or clerkships and demonstrated competence in the knowledge or skills required to move to the next level in the medical education program. The process is tailored to the student and addresses academic or other deficiencies related to their academic or professional performance. A student may be required to meet special conditions or take an extra academic year as part of their plan. An academic improvement plan is not an adverse action and, therefore, not subject to appeal.

Final grade: A grade entered into the academic transcript at the end of a course or clerkship or the resolution of a grade appeal.

Probation: A warning period imposed on a student due to issues with academic performance or professional/ethical behavior. During probation, a student may be subject to certain conditions or restrictions. Failure to meet probationary requirements may lead to more severe consequences, including dismissal from the educational program.

1. RESPONSIBILITY

Implementation

1. Faculty

The faculty is responsible for implementing grading policies, regulations, and procedures. For the courses or clerkships for which they are responsible, faculty members:

- a. establish standards to be met for attaining course or clerkship credit and criteria for assigning specific grades, and
- b. assign final grades for the course or clerkship within six weeks of the last day of the course or clerkship.

2. The senior associate dean for medical education

The senior associate dean for medical education administers the grading and promotion policy regulations and procedures with the support of the assistant dean for curriculum for phase 1 and the assistant dean for curriculum for phase 2, as appropriate.

3. Academic Standing Committee

The Academic Standing Committee reviews student progress and makes decisions regarding the placement on and removal from academic and non-academic probation. The Committee makes recommendations for certification of the graduating class to the departmental chairs, who review and approve on behalf of the faculty. The Committee also makes recommendations to the dean about student promotions and decisions regarding dismissal. Students have the right to appeal all promotional decisions made by the Academic Standing Committee. Committee members who have a significant relationship with a CMSRU student who is under review for a potential adverse action by the Academic Standing Committee must recuse themselves from hearing that particular case.

4. Ad Hoc Committee for Student Appeals

The Ad Hoc Committee for Student Appeals is convened by the senior associate dean for medical education or designee to hear appeals of promotional decisions by the Academic Standing Committee. It is comprised of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, or the Curriculum Committee.

5. Executive Cabinet

The Executive Cabinet at CMSRU is comprised of all the associate and assistant deans at CMSRU. This

group will review and approve all Academic Improvement or Performance Improvement Plans for students.

2. COURSE REQUIREMENTS, SEQUENCING, AND GRADUATION

All required courses of all curricular years, including the required number of elective weeks, must be completed satisfactorily in the prescribed sequence before a student can be certified for graduation. A student may not repeat a course or clerkship more than once, and no more than three distinct academic years in the curriculum may be utilized to fulfill the requirements of either the first and second years (Phase 1), or the third and fourth years (Phase 2) of the curriculum. Students enrolled in the Student Scholar Year opportunity or an Independent Study are considered to be enrolled in the academic program, and this year counts as completed time in Phase 1 or 2 of the curriculum. Total time in each Phase cannot exceed four years, allowing a maximum degree completion time of eight years. This includes any time spent in a leave of absence. Students who perform scholarly work or enroll in dual degree programs (e.g., MD/PhD) may extend their MD degree total time completion limit from six distinct academic years to ten distinct academic years upon the approval of the Academic Standing Committee. Students pursuing a PhD or other combined degree programs after their 2nd year must have passed all Phase 1 courses/clerkships and taken and passed Step I prior to starting their PhD/additional degree program.

The medical school curriculum builds on the essential knowledge and skills required for the practice of medicine and therefore certain courses/clerkships must be taken in a particular sequence. Foundations of Medical Practice must be taken with their corresponding basic science blocks and Medical Literature Interpretation must be taken in sequence. In Phase 1, students who are unsuccessful in their completion of Molecular Basis for Medicine (MBM) and Microbiology, Immunology and Infectious Disease (MIID), will not be permitted to advance in the standard curriculum. Students who are unsuccessful in one of these courses will be permitted to advance in the curriculum and attempt remediation.

Students must complete and pass Phase 1 of the curriculum, as well as take USMLE Step 1 prior to starting Phase 2, which starts with a week-long required M3 orientation. Students must complete and pass all required clinical clerkships before starting 4th year required courses. A grade of UR, U, I, or W (see below) is not considered a passing grade.

Of important note, most state licensing boards require the completion of USMLE Steps 1, 2, and 3 within seven years. Step 3 is usually taken during the first or second year of postgraduate training. All students should be familiar with the medical licensing requirements for the states where they intend to practice medicine, and if a waiver of the seven-year requirement is possible.

Any requests to extend the academic program beyond the time limits noted above and for any reason, must be approved by the Academic Standing Committee. Appeals of these decisions may be made to the Ad Hoc Committee for Student Appeals.

Students returning from a Leave of Absence, Independent Study, or Student Scholar research experience of equal to or greater than one academic year, will need to demonstrate their ability to resume patient care within the CMSRU medical education curriculum. A student with significant degradation of clinical skills may need remediation prior to returning to the medical education curriculum.

The Academic Standing Committee reviews all students to ensure that all graduation requirements have been met. The graduation list is forwarded to the CMSRU Executive Council of departmental chairs for approval. Students are approved for graduation in May of their M4 (final) academic year. A student who will complete all

of their degree requirements after the month of May can be awarded the M.D. degree at a later time in limited, special circumstances, and as approved by the Academic Standing Committee and the CMSRU Dean. If granted approval, students may graduate in August or December of that same calendar year as the May graduation date. In limited circumstances, students, in their final year of matriculation, may need to extend their expected date of graduation. Students will remain active in the Rowan University system up to 18 months after their expected graduation date. No medical degree will be conferred more than 18 months past the student's expected graduation date, determined in the student's fourth and final year, unless the student is on a medical leave of absence. If the student does not meet all requirements for graduation within this 18-month period, the student will no longer be eligible to receive the CMSRU Medical Degree (M.D.) (See the CMSRU Graduation Policy).

3. ASSESSMENT AND STANDING OF STUDENTS

A. Grading

All courses or clerkships, whether required or elective, and all research experiences specifically approved as part of an individual student's curriculum must be graded according to the grading system for Phase 1 or Phase 2. Final grades must be submitted to the registrar within six weeks of the completion of a course or clerkship. If the final grade for a course or clerkship is a UR (unsatisfactory remediable) or a U (unsatisfactory), the assistant dean for assessment and CQI in the Office of Medical Education informs the appropriate assistant curricular dean promptly by phone or email and submits that information in writing within three weeks.

a. The CMSRU Grading System

i. Phase 1

Preclinical Grading System:

In the preclinical curriculum, student performance is evaluated using a **tiered grading system** designed to promote excellence, support academic development, and provide meaningful feedback. The grading system for Phase 1 provides five levels of credit (Low Pass **[LP]**, Pass **[P]**, High Pass **[HP]**, Honors **[H]**, and Remediated Pass **[RP]**) and four levels of non-credit (Unsatisfactory **[U]**, Unsatisfactory Remediable **[UR]**, Incomplete **[I]**, and Withdrawn **[W]**). Unsatisfactory is equivalent to failure. The Ambulatory Clerkship and Selectives are the only exceptions to the tiered grading system. Grading for the Ambulatory Clerkship and Selective is Pass (P)/Unsatisfactory (U).

Honors (H)

Awarded to students who demonstrate **exceptional mastery** of the course material, consistently perform at a high level across all assessments, demonstrating critical thinking, application, and synthesis of knowledge. Students who receive Honors are expected to show exemplary professionalism, teamwork, and engagement in active learning activities.

High Pass (HP)

Granted to students who exhibit **strong performance** and a solid understanding of the course content. These students meet all learning objectives and often exceed basic competency on assessments and practical

evaluations. High Pass students demonstrate reliable critical reasoning skills and professional behavior but may have minor areas for improvement. Professionalism and participation are expected to be above satisfactory.

Pass (P)

Given to students who meet the **minimum expectations** of the course. These students demonstrate **adequate understanding** of the material and basic competency in assessments and skills evaluations. While there may be some gaps in performance, they do not raise concern regarding the student's readiness to advance. Professionalism and participation are satisfactory.

Low Pass (LP)

Assigned to students who have demonstrated **marginal performance** and **insufficient mastery** of key content areas. Although the student has not failed the course, performance raises concerns about readiness for more advanced material. Professionalism or engagement issues may also contribute to this grade. Required review, academic support, or targeted feedback may be mandated to address identified deficiencies.

Unsatisfactory Remediable (UR)

Indicates that the student has not met the basic requirements for the course. This may include poor performance on assessments, failure to demonstrate core competencies, or significant professionalism concerns. Students receiving an Unsatisfactory (UR) grade will be required to complete a remediation plan and may be subject to academic review by the Academic Standing Committee.

Unsatisfactory (U)

Indicates a student was unable to successfully remediate the course.

Remediated Pass (RP)

Grade assigned to a student who has met basic course/clerkship requirements upon the successful completion of the remediation plan, following an unsatisfactory course grade (UR). Please note that a student cannot earn a Remediated Honors or Remediated High Pass. Remediated Pass is the highest grade that can be awarded.

Incomplete (I)

A grade of **Incomplete (I)** is assigned when a student is **unable to complete the required coursework** within the scheduled time due to **extenuating circumstances**, such as illness, personal emergency, or other significant life events. The Incomplete designation is a temporary status that indicates the student has the potential to successfully complete the course upon fulfilling the outstanding requirements.

Students receiving an Incomplete must work with the course director and the Office of Medical Education to develop a **completion plan and timeline**. Failure to complete the outstanding work within the approved time frame will result in a conversion of the Incomplete to a Unsatisfactory (**U**) unless an extension has been granted under special circumstances and approved by the Academic Standing Committee.

Withdrawn (W)

A grade of **Withdrawn (W)** is recorded when a student **formally withdraws from a course** prior to its completion, typically in consultation with the Office of Medical Education. A "W" indicates that the student **did**

not complete the course and **no credit was earned**, but **no academic penalty** is applied.

Withdrawal may occur for academic, personal, medical, or other significant reasons. The timing of the withdrawal and the rationale may be documented in the student's academic record. A grade of Withdrawn may prompt academic review or advising to ensure appropriate student support and progression planning.

ii. Phase 2

The grading system for Phase 2 provides four levels of credit (Honors [**H**], High Pass [**HP**], Pass [**P**], and Remediated Pass [**RP**]) and four levels of non-credit (Unsatisfactory [**U**], Unsatisfactory Remediable [**UR**], Incomplete [**I**], and Withdrawn [**W**]). The grading mechanism for each course will be detailed in the syllabus of that course or clerkship.

Incomplete (I)

Grades of Incomplete are applied at the School as described below:

- A course/clerkship director, following consultation with the appropriate phase dean, may assign the grade of **I** to indicate that a student has been unable to complete all of the course requirements for a reason(s) beyond his/her control (e.g., death in the family, significant illness or injury, etc.).
- When the grade of **I** is assigned to a course/clerkship, the student must complete the course/clerkship requirement before progressing in any course that requires this course/clerkship as a prerequisite.
- Once the student has completed all course/clerkship requirements, the course/clerkship director must assign a final grade (Phase 1 = **LP**, **P**, **HP**, **H**, **UR**, or **U**, Phase 2 = **H**, **HP**, **P**, **UR** or (**U**) in place of the **I** grade. If the requirements for the incomplete course/clerkship have not been met within the appropriate time frame, a final grade of **U** will be assigned. **Withdrawn (W)** If the student has withdrawn from a course or clerkship, the appropriate phase dean for medical education will assign a **W** (Withdrawn) grade to the student's record.

M3 Courses/Clerkships:

Clerkship grades are based on student clinical performance and other components as noted in the individual syllabi for each clerkship, including NBME examination scores. Each clerkship defines the score ranges for each of the grades listed below.

- **Honors (H)**: clearly a superior performance that reflects comprehensive achievement of course/clerkship objectives.
- **High Pass (HP)**: a performance well beyond minimum achievement of course/clerkship requirements.
- **Pass (P)**: a satisfactory performance that meets basic course/clerkship requirements including showing up on time, knowing your patients, and demonstrating a desire to learn.
- **Remediated Pass (RP)**: a satisfactory performance that meets basic course/clerkship requirements upon the successful completion of the remediation plan, following an unsatisfactory course grade (UR).
- **Unsatisfactory Remediable (UR)**: a temporary grade for performance below acceptable minimum standards (grade less than 70.00) which the student has been granted the opportunity to remediate. This grade can only be replaced by either an RP or a U (see below).
- **Unsatisfactory (U)**: a final grade for student performance below acceptable minimum standards (grade less than 70.00)

If a student repeats a curricular year, the final grade recorded on the transcript for the repeated course/ clerkship shall be the actual grade earned (**H, HP, P, or U**). The original grades earned in previous academic years remain on the transcript (including U grades).

M4 Courses/Clerkships:

The M4 courses and clerkships provide for grades of **Honors (H), High Pass (HP), Pass (P), Unsatisfactory Remediable (UR), and Unsatisfactory (U)**, except in the case of one and two-week electives which are graded as **Pass (P), Unsatisfactory Remediable (UR), and Unsatisfactory (U)**.

When written confirmation of a final grade for an M4 course/clerkship has not been received within seven days prior to the student's scheduled graduation date from the school, the course or clerkship director in consultation with the appropriate departmental chairperson, may assign an administrative Pass and have duly recorded on the student's academic transcript a final grade of **P**, if the student has met all requirements for that course/clerkship.

Grading when a student leaves the curriculum mid-semester (M1 through M4):

If a student takes a leave of absence (or Independent Study), the following policies will apply regarding grading courses/clerkships at the time of the leave:

1. The student will receive a final grade for all courses/clerkships for which they have met all requirements in the course or clerkship syllabus.
For courses/clerkships for which the student has not completed all requirements, the student will receive one of the following grades.
 - a. **Incomplete (I)** if the student is assigned an I grade to a course/clerkship that is a pre-requisite for progression, the student must complete the course/clerkship requirement before progressing in the curriculum. The completion of the course/clerkship cannot exceed one year from the completion date of the course/clerkship. If there is a compelling reason that the course/clerkship can't be completed within the timeframe above, the exception must be approved by the Academic Standing Committee.
 - b. **Withdrawn (W)**: will be issued if the student will not be completing the course/clerkship requirements and had not completed enough work to determine performance at the time of the leave. The **W** grade remains permanently on the transcript. The student will be required to repeat and complete the course starting at the beginning of the course when the student returns from leave. The course will be listed a second time on the transcript with the final grade the student earns in that course in the academic year that it is taken.
2. If the student is assigned a **UR** grade for a course/clerkship and then begins a Leave of Absence (or Independent Study) later in the same semester, the student must complete remediation of the course/ clerkship before returning to the curriculum. Any exceptions must be approved by the Academic Standing Committee.
- 3.

Narrative Assessments

When the teacher-student interaction permits, students will receive a narrative assessment as part of their evaluation in a course or clerkship. In phase 1, students will receive a formative narrative assessment at the conclusion of each course lasting greater than or equal to four weeks. This formative narrative must be submitted to the Office of Medical Education within 6 weeks of the conclusion of the course/clerkship. In Phase 2, students will receive a summative narrative assessment after all M3 clerkships, and after the required clerkships in M4. This narrative assessment of each student's performance must be submitted to

the Office of Medical Education within 6 weeks of the end of the clerkship. These narrative comments will become part of the academic record. M3 clerkship summative assessments will be included in the medical student performance evaluation (MSPE). In Phase 1, narrative assessments are written by the active learning group (ALG) and Medical Literature Interpretation (MLI) facilitators and by the course faculty for the Foundations of Medical Practice Course and Ambulatory clerkship. M3 and M4 clerkship directors provide the narrative assessment in Phase 2.

Errors in Statements of Fact in Narratives

If any student feels that there are errors of fact in their narrative, a request to have the narrative amended must be submitted through the grade appeal process within three days of receiving the final course or clerkship grade.

Mid-course and Mid-Clerkship Feedback

Interim feedback from the ALG, MLI, and FMP facilitators, clinical preceptors, and/or clerkship directors made directly to the student are required during all courses and clerkships. Such interim feedback must be given at approximately the mid-point of each course or clerkship when faculty communicate to each student information concerning the student's performance to date and, as appropriate, recommendations for improvement.

A. Standing of Students

Students are placed into one of the following two categories by the Academic Standing Committee based upon their academic performance:

1. In good standing

The status of "good standing" indicates that the student is eligible to continue at CMSRU, to return to CMSRU, or to transfer elsewhere. It implies good academic progress as well as good citizenship.

2. Not in good standing

The status of "not in good standing" indicates that the student is not eligible to progress in the CMSRU medical education program due to an academic or citizenship issue. If a student is on probation, they are "not in good standing" and must successfully complete the requirements to be removed from probation to be able to have their status changed to "in good standing". Students who have been dismissed from CMSRU are unable to re-enroll at CMSRU.

All decisions made by the Academic Standing Committee regarding the standing of students are final. See Satisfactory Academic Progress (SAP) policy regarding financial aid implications.

4. THE PROMOTIONAL SYSTEM

A. Phase 1

Students must pass all Phase 1 courses/clerkships and take the USMLE Step 1 examination prior to beginning Phase 2, which begins with a required weeklong M3 Orientation. Students must score a minimum of 62 on the Comprehensive Basic Science Examination (CBSE) prior to taking the USMLE Step 1 examination. Students not completing the Step 1 exam before M3 Orientation may use up to six additional study weeks and enter the M3 year during the second clerkship block. This requires the student to take a prolonged absence for which they must initiate a Change of Enrollment Status (CES) form with the Office of Medical Education. Taking a prolonged absence at this time point will restrict clerkship

options during blocks 1 and 2 of the M4 year and could potentially impact the options for residency selection.

- The minimal passing score for all courses in Phase 1 is 70.00
- Minimal competency for all summative written and practical examinations in a course is set at a score of 60.00. Any score on a summative written or practical examination below 60.00 will result in an unsatisfactory grade (U or UR) in the course, regardless of the overall course score.
- In M1 and M2 Foundations of Medical Practice, students must pass each end-of-year OSCE domain with a score of greater than or equal to 60.00. A score below 60.00 will result in an unsatisfactory grade (U or UR), regardless of the overall course score.
- A student who receives an unsatisfactory/remediable (UR) grade in 1 or 2 courses/clerkships in an academic year in Phase I will be permitted the opportunity to remediate the course(s)/clerkship(s) during the remediation period. A student who fails to remediate an unsatisfactory grade in 1 or 2 courses/clerkships will be placed on academic probation and must repeat the course/clerkship in the subsequent year. A student may not advance to any course that requires the uncompleted courses/clerkships as a prerequisite. If the student is unsuccessful in their repeated course/clerkship, they will not be permitted to remediate the repeated course/clerkship and they will be reviewed for dismissal by the Academic Standing Committee.
- A student who receives an unsatisfactory/remediable (UR) or (I) grade in 3 courses in an academic year in Phase I will be reviewed by the Academic Standing Committee for repeat of the academic year, or dismissal notwithstanding their remediation. A third remediation can take place only after the Academic Standing Committee grants the student the ability to continue in the program.
- A student who chooses to repeat a year without having successfully completed all the academic requirements for that year will be placed on academic probation since he/she has not successfully remediated the courses and is choosing to repeat them.
- If an absence occurs without being submitted to the Absence Tracking System and/or the appropriate faculty notified, the student will be contacted, and the absence will be judged as excused or unexcused depending on the reason for lack of notification. If a student is found to have an unexcused absence, this will be considered unprofessional, and a professionalism form will be submitted and/or they will be referred to the Director of Professionalism. In addition, if this is a repeated offense or there have been other unprofessional events during the course or clerkship the student's grade in their enrolled course or clerkship may result in an Unsuccessful Remediable (UR). A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase 1 to discuss remediation plans.
- A student with an identified area of concern about their professionalism in their course narratives may be referred to the director of professionalism for review and action, which may include an Unsuccessful Remediable (UR) grade in the course, non-academic or academic probation and/or review for dismissal.

| Phase 1 | |
|--------------------------------------|---|
| Event | Outcome |
| UR or I in 1 or 2 courses/clerkships | Students who are unsuccessful in their completion of Molecular Basis for Medicine (MBM) and Microbiology, Immunology and Infectious Disease (MIID), will not be permitted to advance in the standard curriculum. The student is placed on probation and must repeat the |

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|---------------------------------|--|
| | <p>courses.</p> <p>For other failures, remediation is permitted; if unsuccessful, student is placed on academic probation and must repeat the non-remediated courses. If unsuccessful in any of the repeated courses/clerkships, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee.</p> |
| UR or I in 3 courses/clerkships | <p>All students with UR in 3 courses/clerkships are reviewed by the Academic Standing Committee for the repeat of the academic year or dismissal notwithstanding their remediation. A third remediation can occur only after the Academic Standing Committee grants the student the ability to continue in the program.</p> |
| | |

B. Phase 2

- Students must pass all required clerkships in Year 3 before beginning a sub-internship. Students must complete all required courses and clerkships to be promoted to Year 4 and take the USMLE Step 2 CK examination.
- In the M3 year, a student must successfully complete all assessment components of his/her course and clerkship requirements. A student who needs to remediate assessment components for courses or clerkships during the M3 year must do so before starting the 4th year. Remediation may delay the start of the M4 year and therefore may delay graduation. A student who needs to remediate any portion of an M3 course or clerkship can only receive a final grade of Remediated Pass (RP) in those courses or clerkships. A student who fails to remediate a course/clerkship will be placed on academic probation, must repeat the course/clerkship, and cannot advance in the curriculum. If the student is unsuccessful in their repeated course/clerkship, they will not be permitted to remediate the repeated course/clerkship and they will be reviewed for dismissal by the Academic Standing Committee.
 - In the M3 year, minimal competency for all clerkship NBME Subject examinations is set at 2 standard deviations below the national mean for the most recent published national means for each of the subject examinations. Any score below the posted pass score will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.
 - In the M3 year, minimal competency for all clerkship summative clinical assessments is set as the mean score for all competency domains at greater than or equal to 2. Any **mean score** below 2 will result in an unsatisfactory grade (U or UR) in the clerkship regardless of the overall clerkship score.
 - In the M3 summative OSCE, students must pass each OSCE domain with a score of greater than or equal to 60.00.
- Students are required to pass all M4 clerkships and electives, USMLE Step 2 CK, and satisfactorily complete their MLI capstone project to be eligible for graduation.
- A student who receives a final grade of UR in three M3 courses or clerkships will be placed on academic probation and be required to repeat the M3 year. Additional failures will result in review for dismissal by the Academic Standing Committee, notwithstanding their remediation.
- A student who receives a final grade of UR in three M4 courses or clerkships will be reviewed by the Academic Standing Committee for dismissal.

- A student with an identified area of concern in their clerkship narrative assessments may be referred to the director of professionalism for review and action that may include academic or non-academic probation and/or review for dismissal.
- **Unexcused absences in the M3, PC3, and M4 year are unacceptable.** If an absence occurs without being submitted to the Absence Tracking System and/or the appropriate faculty notified, the student will be contacted, and the absence will be judged as excused or unexcused depending on the reason for lack of notification. If a student is found to have an unexcused absence, this will be considered unprofessional, and a professionalism form will be submitted and/or they will be referred to the Director of Professionalism. In addition, if this is a repeated offense or there have been other unprofessional events during the course or clerkship the student's grade in their enrolled course or clerkship may result in an Unsuccessful Remediable (UR). A course or clerkship director cannot overturn this grade. The student will need to meet with the Assistant Dean of Phase 2 to discuss remediation plans.

| Phase 2 | |
|---|---|
| Event | Outcome |
| UR in 1 or 2 M3 course/ elective/clerkship | Remediate the failed course(s), elective(s), or clerkship(s), if unsuccessful, placed on academic probation and repeat the course/elective/clerkship. If unsuccessful in the repeated course/elective/clerkship, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee. |
| UR in 3 M3 courses/ electives/clerkships | Repeat entire M3 year and placed on academic probation. Students will be allowed to complete Medical Literature Interpretation and Ambulatory Clinic so that they do not have to remediate those two courses when repeating the M3 Year. If unsuccessful in any of the repeated courses/electives/clerkships, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee. |
| UR in 1 M4 course/ elective/clerkship | Immediately stop progression in the M4 year. Remediate the failed course, elective, or clerkship, if unsuccessful, the student is placed on academic probation and repeat the course/elective/clerkship. If unsuccessful in the repeated course/elective/clerkship, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee. |
| UR in 2nd M4 courses/ electives/clerkships | Immediately stop progression in the M4 year. Remediate the failed course, elective, or clerkship, if unsuccessful, the student is placed on academic probation and repeat the course/elective/clerkship. If unsuccessful in the repeated course/elective/clerkship, remediation is not permitted. The student is reviewed for dismissal by the Academic Standing Committee. |
| UR in 3rd M4 courses/ electives/clerkships | Review for dismissal. All students are reviewed immediately upon receipt of the third unsatisfactory grade. Students may remediate no more than 2 of the failed courses/clerkships. Review for dismissal is notwithstanding remediation. |

C. USMLE Examinations:

- All students studying for the MD degree at CMSRU are required to pass Step 1 and Step 2 CK of the U.S. Medical Licensure Examination (USMLE) as a condition of continued matriculation and of graduation.
 - Step 1 shall be taken prior to beginning Phase 2 of the medical school curriculum and no later than the Sunday before the beginning of the M3 year orientation. There will be no extensions of this deadline.
 - Students must successfully complete all academic requirements of Phase 1 before they will be permitted to take the Step 1 examination and enter Phase 2. Students will receive a conditional permit to register for the Step 1 examination in October of the M2 year.
 - Rising M2 students are conditionally promoted to Phase 1 M3 pending the results of the Step 1 Examination.
 - M2 students who do not matriculate to the M3 year, for any reason (eg, students who are on Independent Study and/or Leave of Absence before taking or re-taking Step 1) are required to take the Step 1 examination prior to April 15th of the year they will matriculate to the M3 year.
 - Students taking a leave of absence to pursue another degree must take and pass step 1 prior to starting their degree.
 - Step 2 CK (Clinical Knowledge) shall be taken no later than August 1st of the calendar year in which medical students are enrolled in Year 4 of the medical school curriculum. If a student has to miss M3 Block 1, their deadline will be moved to August 15th. There will be no exceptions to these deadlines.
- A student who fails to pass Step 1 on the initial attempt will have two choices:
 1. Complete the first block of the M3 year. The student will then enter a temporary Step 1 Prolonged Absence for up to 6 weeks in Block 2 of the M3 year and develop a Step 1 remediation plan approved by the Assistant Dean for Curriculum - Phase 2 which must be completed during block 2 of the M3 year.
 - Take Step 1 again within 40 days after completing the first block of the M3 year.
 - Resume the third-year program following the remediation time by entering the next block in the M3 curriculum.
 - Completion of the M3 year will require an extension of time (a minimum of four weeks) to complete all requirements, thus delaying the start of the fourth year.
 2. Students may choose to take an Independent Study or a leave of absence for the remainder of the M3 year and begin the M3 year with the subsequent class. Step 1 must be taken by March 1st prior to the return to the M3 curriculum.
- A student who fails to pass Step 1 on their second attempt shall:
 - Stop all activities in the M3 year and be placed on academic probation by the Academic Standing Committee.
 - May enroll in an independent study program or take a leave of absence. The Independent Study Program will be monitored by the Office of Medical Education.
 - Take Step 1 for the third time no later than May 1st of the original third academic year.
 - If the student successfully completes the Step 1 examination, the student may reenter the

medical education program.

- A student whose M3 year may have been extended for the above reasons and has met all requirements of the Year 3 program may begin their Year 4 program. The student will have the option of starting the M4 curriculum late, or choosing a leave of absence or independent study and re-entering the Year 4 program with the subsequent class. The amount of time extended into the M4 year may have an impact on a student's ability to graduate on-time.

A student who fails the Step 1 examination a third time shall be reviewed for dismissal by the Academic Standing Committee.

- A student who does not take Step 2 CK by August 1st of the fourth year (or August 15th if had to miss M3 Block 1) shall not be permitted to continue clinical rotations until he/she takes the Step 2 examination(s).
- A student who fails to pass Step 2 CK shall:
 - Take Step 2 CK prior to January 30th in their M4 academic year.
 - Complete the fourth-year curriculum.
- A student who fails to pass Step 2 CK for the second time can continue in the M4 year and will be placed on academic probation by the Academic Standing Committee. They must:
 - Take Step 2 CK for the third time, no later than March 15th and receive a passing score in time to graduate with their current class. A passing score for Step 2 CK must be reported to the Office of Medical Education no later than one week prior to graduation in order for the student to be awarded a diploma with his/her class.
 - The student may choose to take a Leave of Absence or an Independent Study to finish out the current academic year. They must take Step 2 CK by May 31st in order to move to the next academic year and finish with the next academic class. A passing score must be received by July 1st in order to continue their academic program. If needed, the student may be registered for an M4 independent study program at some point in the new M4 academic year, to allow for a potential May graduation date of the next year.
- A student who fails the Step 2 CK examination three times shall be reviewed for dismissal by the Academic Standing Committee.

D. Promotional Decisions

The Academic Standing Committee is responsible for assessing the overall academic performance of each student and the decision for promotion.

For issues related to professionalism within the curriculum, a student's case is referred to the director of professionalism by the associate dean for professional development. The student is entitled to a meeting with the director of professionalism prior to their rendering a decision about the case. The director of professionalism determines if the case should be referred to the Committee for Professional Growth or the Academic Standing Committee for review and possible promotional decision.

Remediation of a Failing Performance

Phase 1 Remediation:

Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in

any course/clerkship. Remediation examinations are subject to minimal competency scores of greater than or equal to 60.00 in addition to a remediated overall score of 70.00. The final remediation plan and assessments are at the discretion of the course/clerkship directors. Students who fail remediation cannot progress in the curriculum, cannot take the USMLE Step 1 examination, and must repeat the course or clerkship in the following academic year. Students who are unsuccessful in their remediation attempts will be placed on academic probation until they have successfully repeated the failed courses or clerkships. If unsuccessful in their repeated course or clerkship in Phase 1 of the curriculum, the student will be reviewed by the Academic Standing Committee for dismissal.

Phase 2 Remediation:

Remediation for courses and clerkships in the M3 and M4 year occurs on a case by case basis within 21 days of the posting of the final grade.

- Only one attempt is permitted to remediate by reexamination or other course assessment a UR grade in any assessment component in the M3 or M4 year. The highest grade a student can earn with successful remediation in any M3 or M4 course or clerkship is a remediated/pass (RP). A student who is unsuccessful in remediation will be placed on Academic Probation, cannot take the USMLE Step 2 CK examination, and must repeat the course/clerkship as soon as possible. If the student is successful, they will be removed from Academic Probation and proceed in the curriculum. If unsuccessful, the student will be reviewed by the Academic Standing Committee for dismissal. Remediation is not permitted for second course/elective/clerkship failures.
- A student who fails three courses, electives, and/or clerkships in the M3 year will be placed on Academic Probation and must repeat the entire M3 year. If the student is successful, they will be removed from Academic Probation and enter the medical education program for the M4 year. If the student fails one or more courses or clerkships in the repeated year, the student will be reviewed by the Academic Standing Committee for dismissal. Remediation is not permitted for second course/elective/clerkship failures.
- A student who fails three courses, electives, and/or clerkships in the M4 year will be reviewed by the Academic Standing Committee for dismissal. All students are reviewed immediately upon receipt of the third unsatisfactory grade. Students may remediate no more than 2 of the failed courses/clerkships. Review for dismissal is notwithstanding remediation.

Remediation Process:

Students will follow a plan developed for course/clerkship/elective remediation by the course director(s)/clerkship director(s). The plan will be developed regardless of the student's intent to appeal the final grade, within fourteen (14) days of student notification of unsuccessful performance in a course/clerkship/elective, except in the last course, elective, or block in an academic year when the plan is developed within 3 days. The course/clerkship/elective director(s) will:

1. Within seven (7) days of notification of unsuccessful performance, meet with the student to help identify obstacles to achieving satisfactory performance
2. Meet with course/clerkship/elective faculty, as necessary, to discuss the student's learning needs and plan remedial experiences
3. Work with the Phase 1 or Phase 2 assistant dean to create a written plan for remediation, including:
 - a. goals
 - b. method(s) of study/practice

- c. duration of the program
 - d. frequency of meetings between the student and designated faculty or course/clerkship director
 - e. planned assessments
4. Share the proposed program with the assistant dean for assessment and CQI for review and written approval. In the event the student is in Year 3, the M3 director will be required to review and approve the plan. For students in Year 4, the M4 director will be required to review and approve the plan.
 5. Review the plan with the student within one week of the original meeting.
 6. Present the student with the written plan, which will be signed by the student.
 7. If the student successfully remediates, the grade is changed from a UR to an RP.
 8. If the student fails to remediate, the grade is converted to a U and the student is referred to the Academic Standing Committee for promotional review.

5. PROBATION

A. Academic

A student shall be placed on academic probation by the Academic Standing Committee:

- when the student has unsuccessfully completed the remediation process for a course/clerkship and/or is required to repeat a course /clerkship due to unsatisfactory academic performance;
- when a student is repeating an academic year; or
- When a student fails a USMLE Step 1 or Step 2 CK examination for the second time.
- Please see Satisfactory Academic Progress (SAP) Policy regarding financial aid implications.

A student shall be removed from academic probation by the Academic Standing Committee:

- when the student has successfully completed a repeated course/clerkship due to unsatisfactory academic performance;
- when a student has successfully completed all courses and clerkships in a repeated academic year; or
- when a student passes a USMLE Step 1 or Step 2 CK examination on the third attempt.

All decisions made by the Academic Standing Committee regarding the academic status of students are final.

A student who is on probation in either Phase 1 or Phase 2 of the curriculum and fails a course or clerkship for the second time shall be reviewed by the Academic Standing Committee for dismissal.

B. Non-Academic

Professionalism is a core competency of the CMSRU curriculum. All matters related to professionalism within the curriculum are reviewed by the director of professionalism. When, in narrative comments evaluating a student, or any other formal communication such as a Professionalism Intervention Report, faculty members express concern about a student's professionalism, the director of professionalism may, after discussion with the faculty and/or the relevant assistant or associate deans, refer the student to the

Committee for Professional Growth or the Academic Standing Committee for review. Procedures of the Committee for Professional Growth are described in the Professional Conduct Policy. If the Academic Standing Committee hears the concern and places a student on non-academic probation, the chair of the Academic Standing Committee will forward the decision to the director of professionalism. The Academic Standing Committee, with the support of the senior associate dean for medical education, will provide the conditions for removal from non-academic probation. The director of professionalism will notify the student of their status and will state in writing the specific duration and conditions of the probationary status. The director of professionalism will monitor the student's adherence to the conditions of the probation and inform the Academic Standing Committee of the student's progress. If a student completes the requirements of their probation, they will be removed from probationary status and informed in writing by the Academic Standing Committee. If a student does not complete the requirements of their probation, they will be reviewed for dismissal by the Academic Standing Committee.

Students who are currently on academic probation, and are subsequently reviewed for and placed on non-academic probation, or vice versa, will be reviewed for dismissal.

6. GRADE APPEALS*

A grade appeal may be made only on the basis of a **Procedural Irregularity**: a documented error in, or divergence from, the prescribed or customary process of evaluating and grading students. Appeals will be acted upon favorably only when real, clear and convincing evidence of a procedural irregularity. Testing conditions that are not identical to prior testing conditions are not necessarily a procedural irregularity. The student should include all relevant information in the first level of the appeal, as this will constitute the basis for the appeal from the course or clerkship director through the Grade Appeal Committee. The basis of the appeal cannot be modified once the appeal is submitted.

Extenuating circumstances will not be accepted as the basis for a grade appeal. Extenuating circumstances may represent the basis for a postponement of an assessment event. Students must present evidence for extenuating circumstances related to course or clerkship assessments to the Chief Student Affairs Officer before an assessment event. Excuses will not be accepted after the assessment event and are not considered procedural irregularities associated with the course or clerkship requirements or assessment activities.

Students may begin remediation during a grade appeal process for courses or clerkships with unsatisfactory grades and not involved in the appeal. A student who receives a final grade of UR in three courses or clerkships in an academic year in Phase 1 will be reviewed by the Academic Standing Committee for dismissal. A student who receives a final grade of UR in four M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

Appealing a Course or Clerkship Assessment or Grade

1. Appeal to the Course/Clerkship Director

A student who believes that there is a procedural irregularity with his/her course/clerkship grade including course and clerkship data (e.g., examination performance or narrative assessments) must first appeal the grade to the course/clerkship directors within three (3) working days of having been notified of the grade. The student submits the Grade Appeal Form to the Office of Medical Education email address: cmsru-ome@rowan.edu. Course/clerkship directors will be notified of all appeals for the course or clerkship

block on the appeal submission deadline. The course/clerkship directors, in consultation with the course/clerkship teaching faculty, will review the grade appeal and notify the Office of Medical Education of the decision within five (5) working days. The Office of Medical Education will then notify the student of the appeal outcome.

2. Appeal to the Office of Medical Education

If the student believes that the decision reached by the course/clerkship directors is unjustified, s/he may appeal that decision, in writing, to the Grade Appeals Committee via the cmsru-ome@rowan.edu email. The written appeal must be made within three (3) working days of receiving notice upholding the original grade from the course/clerkship directors. The Office of Medical Education monitors and documents this process. The Grade Appeals Committee reviews the appeal and offers a decision within five (5) working days of the appeal deadline. The decision of the Grade Appeals Committee is final. The decision is communicated to the student and the course/clerkship directors. The course/clerkship directors implement the decision of the Grade Appeals Committee.

3. **Actions:** An action in favor of a student does not imply wrongdoing by the course or clerkship directors, faculty, or administration.

7. PROMOTIONAL APPEALS

Appealing Promotional Decisions

All information pertaining to a student's academic promotion and professional attributes, including that contained in departmental files, may be utilized in the appeals processes described below. Appeals may be based upon procedural irregularity or extenuating circumstances.

Extenuating Circumstances are severe and documented situations which were beyond the student's control and which prevented the student from performing in a manner truly reflective of his/her knowledge and skills.

Students may begin remediation during a promotional appeal process for up to two courses/clerkships. A student who receives a final grade of UR in three courses or clerkships in Phase 1, or UR in four courses or clerkships in M3, or three courses or clerkships in M4 during an academic year will be reviewed by the Academic Standing Committee for dismissal. This is notwithstanding any successful remediation of the courses or clerkships in which a UR grade was awarded.

1. Academic Performance Appeals to the Ad Hoc Committee for Student Appeals

Process of Appeal

- A student may appeal the promotional decision of the Academic Standing Committee by requesting that the senior associate dean for medical education or his/her designee convene an Ad Hoc Committee for Student Appeals within 10 working days of the notice from the Academic Standing Committee decision. The appeal is made through the senior associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the administrative assistant in the Office of Medical Education.
- The senior associate dean for medical education or designee convenes an Ad Hoc Committee for Student Appeals that shall be composed of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, or the Curriculum Committee. Potential members are queried by the senior associate dean for medical education regarding conflicts of interest. The chair will be elected from among the Ad Hoc Committee for Student Appeals committee

members.

- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within fifteen (15) working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing. The student may provide a written and/or an oral statement to the committee at the hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her to the hearing in the capacity of advisor and/or advocate. The advisor/advocate has no voice in the appeal process. All other advocacy efforts must be in the form of written communications to the committee, and must be received by the committee no later than 48 hours preceding the time scheduled for the start of the appeals hearing.
- The decision of the ad hoc committee shall be communicated orally and in writing to the dean or designee and will be final. The dean or designee shall communicate this final decision to the student.
- If the appeal is successful, an Academic Improvement Plan to address the student's academic deficiencies will be developed by the ad hoc committee in consultation with the office of medical education as needed. This academic plan cannot be appealed and may include a repeat of all courses/clerkships in the academic year including courses/clerkships where foundational knowledge is deemed poor even if there was a passing grade.
- An action in favor of a student does not imply wrongdoing by the faculty or the administration.

2. Non-academic Performance Appeals to the Ad Hoc Committee for Student Appeals

Promotional decisions based solely on non-academic issues related to professionalism, when other competencies within the curriculum are not an issue, are made by the Academic Standing Committee. A student may appeal the decision of the Academic Standing Committee for reasons of procedural irregularity or extenuating circumstances.

Process of Appeal

- A student may appeal the non-academic performance promotional decision of the Academic Standing Committee by requesting that the senior associate dean for medical education or designee convene an Ad Hoc Committee for Student Appeals within 10 working days of the notice from the Academic Standing Committee decision. The appeal is made through the senior associate dean for medical education in the Office of Medical Education. The process is monitored and documented by the Office of Medical Education administrative assistant.
- The senior associate dean for medical education or designee convenes an Ad Hoc Committee for Student Appeals that shall be comprised of five members of the faculty who are not advisory college directors, members of the Academic Standing Committee, or the Curriculum Committee. Potential members are queried by the associate dean for medical education regarding conflicts of interest. The chair will be elected from among the Ad Hoc Committee for Student Appeals committee members.
- The Ad Hoc Committee for Student Appeals shall hear the appeal and provide a decision within fifteen (15) working days of receiving written notice of intent to appeal.
- The student shall be given at least 72 hours' notice of the time and place of the committee's hearing. The student may provide a written and/or an oral statement to the committee at the hearing.
- At the discretion of the student making the appeal, one individual may accompany him/her to the

hearing in the capacity of advisor and/or advocate. The advisor/advocate has no voice in the appeal process. All other advocacy efforts must be in the form of written communications to the committee and must be received by the committee not later than 48 hours preceding the time scheduled for the start of the appeals hearing.

- The decision of the ad hoc committee shall be communicated orally and in writing to the dean or designee and will be final. The dean shall communicate this final decision to the student. If the appeal is successful, a Performance Improvement Plan to address the student's professionalism deficiencies will be developed by the ad hoc committee, supported by the senior associate dean for medical education. The performance plan is not subject to appeal.
- An action in favor of a student does not imply wrongdoing by the faculty or the administration.

ACCELERATED THREE YEAR CURRICULUM

A student in the accelerated three-year curriculum (referred to in this section as student) may change to the four-year track if it is believed to be in the student's best interest academically or professionally.

- **COURSE REQUIREMENTS AND SEQUENCING**

- The curriculum of this program is divided in three curricular years that must be completed in the prescribed sequence. Phase 1 comprises the M1 and M2 curricular years. Phase 2 comprises the M3 year and Sub-internship. All courses and academic requirements of a particular year must be completed satisfactorily before a student may begin any course or clerkship in the ensuing curricular year. All required courses of the curriculum, including the required number of elective weeks, must be completed satisfactorily before a student may be certified for graduation.

- **ASSESSMENT AND STANDING OF STUDENTS**

- Identical to the applicable portions of Section III. ASSESSMENT AND STANDING OF STUDENTS

- **THE PROMOTIONAL SYSTEM**

- Phase 1

1. Identical to Section IV.A. Phase 1 with the following **conditions for mandatory conversion from the three-year curriculum to the four-year curriculum**:

- a. A student who receives an unsatisfactory grade in 2 courses in an academic year in Phase 1, regardless of successful remediation.
- b. A student who fails to remediate an unsatisfactory grade in one course/clerkship
- c. A student who chooses to repeat a year without having successfully completed all the academic requirements for that year
- d. A student who decides not to pursue their specialty track in PC

- Phase 2

1. Identical to Section IV.B. Phase 2 with the following **conditions for mandatory conversion from the three-year curriculum to the four-year curriculum**:

- a. Based on NBME subject exam performance in an accelerated three-year curriculum clerkship:
 - i. A student who receives an unsatisfactory grade in 2 clerkships or one clerkship and the Medical Literature Interpretation course, regardless of successful remediation.
 - ii. A student who fails to remediate an unsatisfactory grade in one course/clerkship
- b. Based on global clinical assessment in an accelerated three-year curriculum clerkship:

- i. A student who fails one clerkship.
- c. A student who receives an unsatisfactory grade in the sub-internship
- d. A student who receives an average of less than 4 on any summative CLOC assessment.
- e. A student who chooses to repeat the year without having successfully completed all the academic requirements for the year
 - i. This decision must be communicated to the Director of the PC3 Curriculum no later than January 1 of the M3 year.
- f. A student who decides not to pursue their specialty track in PC3
 - i. This decision must be communicated to the Director of the PC3 curriculum no later than January 1st of the M3 year.
- USMLE Examinations
 - 1. Identical to Section IV.C. USMLE Examinations with the following **special conditions**:
 - a. Students must achieve a passing score in Step 1 and Step 2 CK before June 1st of the accelerated M3 year to begin residency training at the completion of the accelerated M3 year.
 - b. Step 1:
 - i. A student who fails Step 1 may be allowed one other attempt:
 - 1. Step 1 must be retaken before September 30th of the M3 year
 - ii. A student who fails Step 1 on the second attempt must convert from the three-year curriculum to the four-year curriculum
 - 1. The student will get credit for M3 courses and clerkships successfully completed
 - a. Any P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.
 - c. Step 2:
 - i. Students must take USMLE Step 2 CK by March 1st of the M3 year
 - ii. Students who fail Step 2 must convert from the three-year curriculum to the standard four-year curriculum. The student
 - 1. will get credit for the M3 courses and clerkships successfully completed
 - a. Any P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.
 - 2. will enroll in the M4 year in the following academic year
 - 3. will retake the failed Step 2 component(s) no later than August 31st of the M4 year.

- **PROMOTIONAL DECISIONS**

- Identical to Section IV.D. Promotional Decisions, except
 - 1. Students will begin the remediation process for a failed M3 clerkship, based on NBME subject exam performance only, after PC3 Block 7, notwithstanding any ongoing appeal of the grade.
 - a. Remediation must be completed no later than March 8th.
 - 2. A student who leaves the accelerated three-year curriculum during the M3 year, either by

mandate or by choice, will get credit for the clerkships successfully completed (including the associated NBME subject examinations).

- a. The P grade will be converted to the H/HP/P system by interpolation with the grades of the standard M3 cohort at the end of the academic year.

- **PROBATION**

- Identical to Section V. PROBATION.

- **GRADE APPEALS**

- Identical to Section VI. GRADE APPEALS.

- **PROMOTIONAL APPEALS**

- Identical to Section VII. PROMOTIONAL APPEALS.

The medical school may change the deadlines for grades, promotional appeals, and graduation requirements as necessitated by natural disasters or other events outside of the control of the medical school. During these circumstances, the medical school will ensure that changes are reviewed by the appropriate faculty committee such as Curriculum Committee and/or Academic Standing Committee.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Marion Lombardi: Assistant Dean for Student Affairs | 07/2025 |



Cooper Medical School
of Rowan University

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Owner: Chadash Broadway: Clerical
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Area: Medical Education
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HIPAA Privacy Policy

POLICY:

HIPAA Privacy Policy

PURPOSE:

To insure that all students, faculty, and staff of CMSRU are compliant with the Health Insurance Portability and Accountability Act (HIPAA).

As a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act), and the implementing regulations for both statutes, Cooper University Health Care (CUHC) is required to take certain actions in order to protect the privacy of Protected Health Information (PHI). CUHC is also subject to other federal and state laws and regulations intended to protect the confidentiality and privacy of PHI. The purpose of this policy is to set forth CUHC's responsibilities and activities regarding the privacy of PHI, and to establish the framework for the specific actions that CUHC will take to comply with all relevant requirements for the protection of PHI, and to honor individual rights regarding PHI. These policies, H-001 through H-038 are one element of CUHC's comprehensive Privacy Compliance Program.

SCOPE:

Candidates for the Doctor of Medicine Degree, faculty, and staff of CMSRU. This policy, while being that of Cooper University Health Care, our primary academic affiliate, will be applicable to our students regardless of the site at which they interact with patients.

DEFINITIONS:

- A. **Covered Entity** means an entity that is subject to the HIPAA Privacy Rule contained in 45 CFR Part 164. A covered entity is either a health plan, a health care clearinghouse or a health care provider who transmits any health information in electronic form in connection with a transaction that is covered by HIPAA.
- B. **"Protected Health Information" or "PHI"** means individually identifiable health information that is:
1. Transmitted by electronic media;
 2. Maintained in electronic media; or

3. Transmitted or maintained in any other form or medium. and
 4. excludes individually identifiable health information in:
 - a. Employment records held by a covered entity in its role as employer; And
 - b. Regarding a person who has been deceased for more than 50 years.
- C. **"Business Associate"** means a person or entity, other than a member of CUHC's workforce, who either:
- (i) on behalf of CUHC, creates, receives, maintains, or transmits PHI for a function or activity regulated by these policies, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities, billing, benefit management, practice management and re-pricing; or (ii) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for CUHC, where the provision of services involves disclosure of PHI.
1. A Business Associate includes any person or company that provides data transmission services with respect to PHI and requires access on a routine basis to PHI
 2. Business Associate does not include (1) a health care provider with respect to disclosures by a covered entity concerning treatment of the individual; (2) a health plan sponsor with respect to disclosures by a health plan to the sponsor; (3) a government agency with respect to determining eligibility for enrollment in a government health plan; or (4) a covered entity participating in an organized health care arrangement performing a function of that arrangement on behalf of the organized health care arrangement.
- D. **"Correctional Institution"** means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian nation, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, individuals detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.
- E. **"Designated Record Set"** means a group of records maintained by or for a Covered Entity, including the following: (a) the medical records and billing records about individuals maintained by or for a covered health care provider; or (b) used, in whole or in part, by or for the Covered Entity to make decisions about individuals. A "record" is any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a Covered Entity.
- F. **"Electronic Protected Health Information" or "EPHI"** means PHI that is maintained in electronic media or transmitted by electronic media. EPHI is a subset of PHI.
- G. **Family Member** includes any dependent and any other person who is a first, second, third or fourth degree relative of the individual and further includes relatives by affinity as well as consanguinity (by marriage and by blood)
- H. **Genetic Information** means
1. information about:
 - a. The individual's genetic tests;
 - b. The genetic tests of family members of the individual;
 - c. The manifestation of a disease or disorder in family members of such individual; or

- d. Any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual.
- 2. The genetic information of (i) A fetus carried by the individual or family member who is a pregnant woman; and (ii) Any embryo legally held by an individual or family member utilizing an assisted reproductive technology.
- 3. Genetic information excludes information about the sex or age of any individual
- I. **Health Information** means any information, including genetic information, whether oral or recorded in any form or medium, that:
 - 1. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
 - 2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
- J. **"HIPAA Privacy Rule"** means the provisions of Title II of HIPAA relating to protecting the privacy of individually identifiable health information, as amended by the HITECH Act and implemented by 45 C.F.R. Parts 160, 162, & 164.
- K. **"HIPAA Security Rule"** means the provisions of Title II of HIPAA relating to securing individually identifiable health information, as amended by the HITECH Act and implemented by 45 C.F.R. Parts 160, 162, & 164.
- L. **"Individually Identifiable Health Information" or "IIHI"** means information provided to a Business Associate by CUHC, or provided to or created by a Business Associate on behalf of CUHC, including demographic information, which is (1) created or received by a health care provider, a health plan, employer, or health care clearinghouse; and (2) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to the individual; or the past, present or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- M. **"Information System"** means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
- N. **"Law Enforcement Official"** means an officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian nation, who is empowered by law to investigate or conduct an official inquiry into a potential violation of law or to prosecute or otherwise conduct a criminal, civil or administrative proceeding arising from an alleged violation of law.
- O. **"Lawful Custody"** means persons held by law enforcement including juvenile offenders adjudicated delinquent, individuals detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.
- P. **"Limited Data Set"** means PHI that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual: (1) names; (2) postal address information, other than town or city, State, and zip code; (3) telephone numbers; (4) fax numbers; (5) e-mail addresses; (6) social security numbers; (7) medical record numbers; (8) health plan beneficiary numbers; (9) account numbers; (10) certificate/license plate numbers; (11) vehicle identifiers and serial numbers;

(12) device identifiers and serial numbers; (13) web URLs; (14) Internet Protocol (IP) address numbers; (15) biometric identifiers, including finger and voice prints; and (16) full face photographic images and any comparable images.

Q. **"Unsecured PHI"** means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5 on the website of the U.S. Department of Health and Human Services. The current version of that guidance, which is subject to annual updates by the Secretary, can be found in hard copy at 74 F.R. 19006 (April 27, 2009) and at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/federalregisterebreachrfi.pdf>

R. **"Workforce"** means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for CUHC or a Business Associate of CUHC, is under the direct control of such entity, whether or not they are paid by CUHC or the Business Associate.

PROCEDURE:

A. CUHC's Privacy Compliance Program is an organization-wide initiative intended to meet the requirements of federal and state laws and regulations regarding the confidentiality and privacy of the health information of individuals served by CUHC, including its employees. CUHC's Privacy Compliance Program is comprised of the following elements:

1. **Policies and Procedures.** The policies and procedures included in the Privacy Compliance Program serve as a set of guidelines for CUHC's conduct of business with respect to the privacy of PHI that CUHC receives, maintains or otherwise uses or discloses. Policies and procedures are developed to address specific areas of privacy and confidentiality, as required by state and federal laws and accreditory and regulatory requirements. Where there is conflict between such laws, regulations or standards, CUHC generally adopts the most restrictive approach — i.e., the approach that affords the maximum protection to PHI. The policies and procedures that make up CUHC's Privacy Compliance Program may be revised as necessary, but revisions will be made only in accordance with requirements regarding notice of such revisions contained in CUHC's Notice of Privacy Practices. This is in keeping with the underlying principle of the Privacy Compliance Program — that individuals have certain rights with respect to their PHI, and that CUHC has certain complementary duties and obligations regarding PHI.
2. **Chief Privacy Officer.** CUHC's privacy official is its Chief Information Assurance and Privacy Officer who reports to the Chief Compliance Officer. The Chief Privacy Officer is responsible for overseeing and coordinating all aspects of CUHC's Privacy Compliance Program. The overall success of the Privacy Compliance Program, however, ultimately depends on the participation and cooperation of the members of CUHC's workforce and its business associates and contractors.
3. **Training and Education.** The Privacy Compliance Program represents a renewed interest in and attention to the privacy and confidentiality of health information. While many of the components of the Privacy Compliance Program are not new requirements for CUHC, HIPAA does require us to re-examine our practices and work methods to ensure compliance, and to implement changes and additional levels of protection where necessary. Training and education is the key to the success of CUHC's Privacy Compliance Program, and CUHC is committed to providing the appropriate training to all affected employees to help ensure the success of the Privacy Compliance Program.
4. **Complaint Investigation.** In recognition of the fundamental right to privacy that individuals have regarding their health information, CUHC investigates each complaint where an individual believes

his/her privacy rights have been violated. CUHC undertakes such investigations in a non-discriminatory manner, so that individuals exercising their right to lodge a complaint should not be discouraged from doing so for fear of retaliation or reprisal. Open lines of communication, whether from individual subjects of PHI, employees or others, are a key element to the success of CUHC's Privacy Compliance Program.

5. **Disciplinary Actions.** As an indication of the seriousness with which CUHC undertakes its responsibility to protect individuals' rights regarding the privacy of their health information, violations of or non-compliance with CUHC's Privacy Compliance Program will be dealt with through disciplinary action. Such actions are taken as necessary only after a full investigation of the facts and circumstances surrounding a particular allegation of a violation or instance of non-compliance.
6. **Auditing and Evaluation.** Compliance with the Privacy Compliance Program is a valuable indicator of its success. Compliance is measured periodically as a part of CUHC's quality improvement program.
7. **Corrective Action Initiatives.** Violations of or non-compliance with CUHC's Privacy Compliance Program threaten its status as a reliable, honest and trustworthy health care provider. In addition to any individual actions taken in response to complaint investigations, the Privacy Compliance Program is evaluated periodically to identify opportunities for systematic, program-wide improvement. The Privacy Compliance Program will also be revised accordingly as laws, regulations and accreditation standards evolve. Corrective actions may also be taken in connection with external reviews, such as compliance reviews undertaken by the Department of Health and Human Services.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 06/2025 |



Cooper Medical School
of Rowan University

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Area: Medical Education
References:

Medical Literature Interpretation Phase 2 Policy for Students with Dual or Second Degrees

POLICY :

The Capstone Project is a required curricular component of the Medical Literature Interpretation course required for all CMSRU students. The purpose of the Capstone Project is to enable students to become independent investigators and participate in student driven scholarly activity. Each Capstone is supervised by a CMSRU faculty member who serves as the Capstone mentor throughout the tenure of the student's medical school years and often well beyond this period of time. Some students elect to take time out of the curriculum and pursue additional scholarly activities. Some of these activities include pursuing a degree granting program such as an MPH, or PhD.

PURPOSE:

The purpose of this policy is to have a pathway to award credit for both M3 semesters of the Medical Literature Interpretation course to the student who takes time out of medical school to pursue significant scholarly activities and has produced sufficient scholarly work of a caliber that warrants credit for some or all of the Capstone Project. If a student has completed investigator-initiated research as the lead investigator, has submitted their work to a peer-reviewed journal as the lead author, and can develop a poster of this work for the fourth year then the student is eligible for receiving credit. See below for detail.

The other purpose of this policy is to establish the requirements of the M4 year of Medical Literature Interpretation, given the above.

SCOPE:

Candidates for the Doctor of Medicine degree (M.D.)

PROCEDURE:

For students on CMSRU Leave of Absence (LOA) from the curriculum between M2 and M3 year

To receive credit for the Medical Literature Interpretation course in the M3 year, students must complete the necessary paperwork prior to beginning their LOA from the CMSRU curriculum after the second year. Upon

their return, students must communicate with the Medical Literature Interpretation Course Directors, the Capstone Director, and the Office of Medical Education Senior Associate Dean for Medical Education to review the scholarly products completed during the period of time the student was on LOA.

Students will be required to submit all of the following:

- Letter of support from the mentor of the scholarly activity demonstrating that the scholarly activity was of the caliber of a Capstone Project, led by the student, and successfully completed by the student. The letter should indicate the level of effort put forth by the student to complete the project.
- Thesis or manuscript representing the scholarly activity
- If a manuscript, notice of acceptance from the peer-reviewed journal or, manuscript has been submitted to a peer-reviewed journal and is being considered, or under revision after review. (Student must be the first author.)
- Scholarly work has medical/health care applications at the basic science, translational, clinical or public health level.

Students who have scholarly work that is accepted by the Medical Literature Interpretation Course Directors, the Capstone Director, and the Office of Medical Education Senior Associate Dean for Medical Education are eligible to receive credit towards degree completion for the Medical Literature Interpretation course for the third year. They will not receive a grade for the course, for either semester. Students will be exempt from activities related to the Medical Literature Interpretation course for the third year upon their return to the CMSRU curriculum, including deliverables, progress report and related activities.

Requirements for the M4 Year

For students who return to the fourth year after a LOA, or for students on LOA after the M2 year and who meet criteria above to satisfy the requirements of the Medical Literature Interpretation course in the M3 year as stated above, the fourth year will be comprised of the following:

- The first progress report, due in the fall, will be comprised of a statement of work. This is defined as a description of the summary of the scholarly work achieved during the time the student stepped out of the curriculum.
- The abstract and poster draft must be completed as stated in the syllabus.
- Thesis is required, however may be substituted by a published manuscript as long as student is first author and the manuscript has been published in a peer-reviewed journal.
- If the student's mentor on the project is not a CMSRU faculty member, the statement of work, abstract, poster draft, and thesis/manuscript will be graded by a committee comprised of three members including the Medical Literature Interpretation course directors and the Capstone director.
- Students are required to produce a poster that reflects the work of their thesis, manuscript, or publication, with appropriate authors and attributions, and meeting specifications stated in the syllabus.
- The posters will be graded by an independent group of faculty members in the manner used for all M4 students' posters.
- Institute for Healthcare Improvement (IHI) modules must be completed by the student as stated in the course syllabus.
- Grades of Honors, High Pass, Pass and Unsatisfactory will be assigned according to the requirements, assessment, and grading as outlined in the M4 syllabus.

Medical Literature Interpretation (MLI) Phase 2 Eligibility for Capstone Project Credit

Date: _____

Academic Year: _____

Student Name: _____

Anticipated year of graduation: _____

Academic Year and dates student stepped out of curriculum:

M2: _____

M3: _____

Degree(s) or Certificates achieved during period student stepped out of curriculum:

Institution and location: _____

Title of Scholarly Work: _____

Mentor: _____

Is the mentor a CMSRU faculty member? _____ Yes _____ No

Student Signature: _____ Date: _____

MLI Course Directors Signatures:

_____ Date: _____

_____ Date: _____

Committee Review of Scholarly Work Completed and Credit for M3 Medical Literature Interpretation in
_____ AY Approved.

MLI Course Directors Signatures:

_____ Date: _____

_____ Date: _____

Capstone Director Signature:

_____ Date: _____

Senior Associate Dean for Medical Education Signature:

_____ Date: _____

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 07/2025 |

COPY



Cooper Medical School
of Rowan University

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References:

Medical Student Documentation in the Patient Health Record

PROCEDURE:

Medical Student Documentation in the Patient Health Record

PURPOSE:

This procedure outlines a unified policy regarding medical student documentation in the medical record.

SCOPE:

CSMRU M3 and M4 students.

PROCEDURE:

- All aspects of patient care are ultimately the responsibility of the attending/teaching physician and any consultants who are involved.
- The general standard for documentation for Cooper University Health Care is the Medicare standard.
- Medical students are expected to document medical care in the patient record, however an independent evaluation or procedure provided by a medical student cannot be used in determining the appropriate level of service.
- In February 2018, CMS documentation requirements changed, allowing teaching physicians to verify in the medical record student documentation of components of E/M services rather than re-documenting this work provided that the physician (1) is physically present and (2) personally performs (or re-performs) the physical exam and medical decision-making activities of the E/M service being billed.
- If the teaching physician was not physically present to observe the student's history and physical examination, they will need to personally perform/obtain an document the history of the present illness, physical examination, and medical decision-making components of the E&M service.
- Teaching physicians are responsible to provide proper documentation for billing purposes. If the service involves a medical student, then the Medicare teaching physician documentation rules for working with a medical student must be met if the service is to be billed.
- Procedures:
 - Procedures performed by medical students or procedures where students performed significant parts of the procedure are not billable.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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Area: Medical Education
References:

Medical Student Supervision During Required Clinical Activities Policy

POLICY:

Medical student supervision during required clinical activities

PURPOSE:

In its efforts to ensure excellent medical education and to guard patient and student safety, CMSRU has developed the following policy with the goal of providing guidance for faculty physicians when supervising medical students during clinical activities. The following policy defines the supervision of medical students during clinical activities.

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

PROCEDURE:

(specific outline/details of the policy/procedure)

RESPONSIBILITY:

It is the responsibility of the supervising faculty member to ensure policy standards are followed for all students participating in clinical activities.

Medical students participating in patient care must be supervised at all times. The primary supervising physician is an attending physician employed by Cooper University Health Care, or a volunteer physician with a CMSRU faculty appointment, practicing within the scope of his/her discipline as delineated by the credentialing body of the health system.

When resident physicians, clinical post-doctoral fellows or other healthcare professionals are actively involved in medical student supervision during clinical activities, it is the responsibility of the supervising faculty physician to ensure all those personnel are appropriately prepared for their roles for supervision of medical students, and are acting within the scope of their practice.

When the attending physician is not physically present in the clinical area, the responsibility for supervising CMSRU medical students will be delegated to the appropriately-prepared resident physician or clinical post-

doctoral fellow at the discretion of the primary attending physician. Students are provided with rapid, reliable systems for communicating with faculty and resident physicians.

Clinical supervision is designed to foster progressive responsibility as students progress through the curriculum. The intensity of medical student supervision in any given situation will depend on the medical student's level of education and experience, demonstrated competence, and the learning objectives of the clinical experience. Course/clerkship directors will provide specific faculty members and other preceptors with guidance for each clinical experience, including the students' level of responsibility and scope of approved activities and procedures during the rotation. Clinical faculty preceptors will be knowledgeable about CMSRU Institutional Educational Objectives, clerkship-specific objectives, supervisory recommendations, and access to educational resources, including assessment instruments. Relevant resources will be emailed to faculty prior to the start of the medical student's clinical experience, and reviewed with them by the clerkship director. They will also be available remotely on the CMSRU Canvas® and one45®.

First- and second-year medical students will be directly supervised, with the supervising physician **present or immediately available**, and prepared to take over the care of the patient if needed. Under the direct supervision of the supervising physician, first- and second-year students may participate in history taking, physical examinations and critical data analysis, performing procedures, and may have access to the medical record.

Third- and fourth-year medical students will be directly supervised, with the supervising physician **available** to provide direct supervision. Students may participate in the care and management of patients, including performing procedures, under the direct supervision of the credentialed resident physician and/or supervising physician at all times, with patient permission. Clinical interventions are never to be executed by medical students without a supervising physician's awareness and permission.

Medical student participation in invasive procedures requires direct supervision by the supervising attending physician or credentialed resident physician at all times during the procedure. The supervising physician must have the credentials to perform the procedure being supervised. A student may assist in procedures only when the supervising attending physician agrees that the student has achieved the required level of competence, maturity, and responsibility to perform the procedure.

Supervising physicians and other preceptors are expected to provide opportunities for students to demonstrate responsibility for patient care. These opportunities may be in the form of history-taking; physical examination; reporting and entering findings in the patient's medical record with the explicit approval of the patient's supervising attending physician. In all patient care contacts the patient shall be made aware that the individual providing the care and/or performing the procedure is a student. Patients have the right to decline to have a student participate in their care.

The supervising physician will be responsible for reviewing student chart documentation and providing constructive feedback. Medical student findings entered in the medical record of the patient will be for educational and student evaluation purposes only and cannot be used *in lieu* of any required attending staff or house staff documentation. Students must clearly sign all entries in the medical record, along with the designation that they are medical students. Supervising attending physicians or graduate medical trainees must review student notes. Fourth-year students may enter orders in the electronic medical record but those orders cannot, by virtue of an electronic "hard stop," be executed until they are countersigned by the supervising attending physician or senior resident.

Supervising faculty physicians or residents must provide medical students with regular, timely, and specific feedback based on their supervision. Supervising faculty will notify the clerkship or course director if there is concern for any potential academic and/or professional gaps in student performance. Should students have

any concern regarding clinical, administrative, professional, educational, or safety issues during their rotation, they will be encouraged to immediately contact the supervising physician, clerkship/course director, or the Assistant Dean for Curriculum, Phase 2.

A CMSRU faculty physician who provides medical and/or psychiatric care, psychological counseling, or other sensitive health services to a medical student, or who has a close personal relationship with a medical student, must recuse himself/herself from the supervisory role. In such cases, the faculty physician must have no involvement in assessing or evaluating the medical student's academic performance, or participating in decisions regarding his/her promotion and/or graduation. The faculty physician and the medical student are advised to immediately contact the appropriate clerkship/course director and/or Assistant Dean for Curriculum, Phase 2, should the potential for these conflicts of interest arise.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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Cooper Medical School
of Rowan University

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Support
Area: Medical Education
References:

MSPE Development and Update Policy

PURPOSE:

The Cooper Medical School of Rowan University (CMSRU) prepares the MSPE following the standards set forth by the Association of American Medical Colleges (AAMC) in the *Guide to the Preparation of the Medical Student Performance Evaluation*. The MSPE is a letter of evaluation, not a letter of recommendation, used for residency application. It is the property and responsibility of CMSRU to provide accurate documentation of the performance of a medical student during their matriculation in the medical education program and is part of a student's permanent academic record.

POLICY:

This policy outlines the process and requirements to provide each medical student with the Medical Student Performance Evaluation (MSPE) for the Electronic Residency Application Service (ERAS) during the residency application process during the M4 year of the medical education program. It includes the process for updating an MSPE by the CMSRU Office of Medical Education if necessary, during the residency application process to ensure that the student, as well as residency programs participating in the National Residency Match Program (NRMP), have an accurate representation of the student's performance.

The NRMP requires a medical school to provide complete, timely, accurate, and up-to-date information on the MSPE that is included in the residency application. CMSRU will update MSPEs to include adverse actions that have been levied against a student for academic or professionalism issues, including convictions of criminal charges that may impact whether a student will be able to obtain a state medical license necessary to enter a training program. The omission of information that would reasonably be considered pertinent to a residency program's decision to rank an applicant, ascertain circumstances that may adversely impact licensure status, visa status or the ability to start a training program on time will be considered a violation of the Match Agreement. Prior to graduation, the NRMP requires the medical school to update or attach an addendum to an MSPE that becomes outdated because of superseding events. The NRMP is authorized to take appropriate action, including, but not limited to, reporting the violation to the dean of such school and suspending or terminating such school's access to the R3 Match system.

SCOPE:

This policy applies to M4 students applying to any residency, including those enrolled in the NRMP annual Match process, as well as the SF Match and Military Match and is enforced by the CMSRU Academic Standing Committee and operationalized through the Office of Medical Education.

PROCEDURE:

The MSPE is compiled by the Office of Medical Education from summative assessments in the M1, M2, and M3 academic years and is reviewed by members of the Dean's office. Each student is assigned a member of the Dean's Office but has the option to choose a different member if requested. In addition, students will provide up to three noteworthy characteristics for inclusion in their MSPE. These characteristics must be reviewed by the student's medical school college director prior to submission to the Office of Medical Education. Clerkship information provided in the MSPE is presented in chronological order. A summary paragraph is developed for each student that provides a rank statement related to the overall performance of the student: Outstanding (top 20% of the class), Excellent (30% of the class), Very Good (30% of the class), and Good (20% of the class). Memberships in the Alpha Omega Alpha Honor Medical Society, the CMSRU Chiron Honor Society for academic achievement, and the Gold Humanism Honor Society are reported in the summary paragraph, along with CMSRU Service Learning Awards. Graphs are provided representing each student's performance in the clerkships and their categorical rank. The Dean reviews the draft MSPE before it is provided to students and signs the final copy.

The Office of Medical Education provides each student with the opportunity to review a draft of their MSPE and correct errors of fact prior to the MSPE being uploaded to ERAS. The MSPE is uploaded by the CMSRU registrar to ERAS on or after October 1 of the student's final year of the medical education program. The MSPE is part of the student's permanent academic record. Graduates may request their MSPE be sent for fellowship positions or additional residency programs by contacting the Registrar's office.

The NRMP requires a medical school to maintain accurate and up to date MSPEs throughout the Match Process during a Match Cycle. Section 5.2.2 of the Match Participation Agreement for Medical Schools states that "a medical school shall amend or attach an addendum to an applicant's MSPE if the school has confirmed knowledge the MSPE, as written, is no longer accurate." At CMSRU, any adverse action adopted by the Academic Standing Committee that results in an M4 student being placed on academic or non-academic probation for academic or professionalism reasons will be reported on an addendum to their originally submitted MSPE. Similarly, students who are removed from probation in the M4 year will have that information included on the MSPE addendum. All adverse actions and removal from such actions prior to the development and upload of the original MSPE on or before October 1 of the M4 academic year will be included on the original MSPE. All students have the opportunity to review their amended MSPE prior to upload by the medical school.

Students will be notified when there is a revision to any policy during an academic year. Please address any questions you may have about the medical education program policies to the Assistant Deans for Phase 1 or Phase 2 or the Senior Associate Dean for Medical Education. Any questions about the NRMP Match program should be directed to the Senior Associate Dean for Student Affairs.

COVID-19 addendum: Due to the COVID-19 pandemic, some students may require changes to the MSPE. All guidance supplied by the AAMC will be followed to clearly delineate courses and clerkships impacted by COVID-19 on the MSPE. This same process will be followed for other catastrophic events that may impact the education of medical students and create alterations to the medical education program.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Chadash Broadway: Clerical Support | 06/2025 |

COPY



Cooper Medical School
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References:

Preparing Residents/Fellows as Instructors in Medical Education (PRIME)

POLICY:

Preparing Residents/Fellows as Instructors in Medical Education (PRIME) Program

PURPOSE:

The PRIME program is a mandatory, centrally monitored program designed to ensure that all residents and fellows (GME trainees) who interact with medical students in educational settings are adequately prepared as educators. Specifically, the PRIME program provides GME trainees the following: 1) knowledge and understanding of the learning objectives of the course, clerkship, or elective; 2) understanding of key school policies pertinent to their role as educators; 3) preparation for their roles in teaching and assessment; and 4) resources to enhance teaching and assessment skills as provided by CMSRU. The PRIME program is monitored by the Office of Medical Education (OME), both UME and GME divisions; participation by all trainees is mandatory and is monitored by OME (GME division), by the designated institutional official (DIO)/Associate Dean for Graduate Medical Education (GME), and the Senior Associate Dean for Medical Education. Departments and divisions may have supplementary programs. This program replaced the previous Resident as Teacher program in 2015.

BACKGROUND

Medical education is a continuum from Undergraduate Medical Education (UME) to Graduate Medical Education (GME) to practice. GME trainees spend a significant amount of their time teaching near peers, including medical students. GME trainees also play a significant role in the professional identity-formation of medical students. To do their work most effectively, GME trainees need to have received, reviewed, and understood the objectives of the course, clerkship, or elective they are involved with and be provided education in methods of teaching and assessment. Accordingly, CMSRU has developed this policy and program.

SCOPE:

All GME trainees (residents and fellows) who interact with CMSRU medical students in educational settings.

DEFINITIONS:

Resident: A graduate of a medical school who is actively enrolled in specialty medical training.

Fellow: A graduate of a medical school who has successfully completed residency training and is now enrolled in subspecialty or advanced training.

GME trainee: A resident or a fellow.

PROCEDURE:

All GME trainees receive the CMSRU institutional medical education program objectives during orientation where they will be reviewed and subsequently on an annual basis.

COPY

All GME trainees are required to attest to receiving and reviewing and agreeing to abide by the Compendium of Student Policies for Faculty, Residents and Staff on an annual basis.

All GME trainees receive the course or clerkship syllabus from the respective course/clerkship director and the course/clerkship director reviews the syllabus with the GME trainees to ensure understanding and provides an opportunity to ask questions. In addition, clerkship directors of required M3 clerkships and the Emergency Medicine clerkship will solicit questions about the course/clerkship objectives after distribution and again at mid-academic year.

All PGY-1 and new to Cooper GME trainees must complete basic education from the PRIME curriculum (5 on-line modules on teaching and assessment) in addition to reviewing the institutional and course/ clerkship objectives and Compendium of Student Policies for Faculty, Residents and Staff as outlined above. It is the responsibility of the PD to ensure that the GME trainees have completed the education. This is monitored centrally by the Senior Associate Dean for Medical Education and the DIO/Associate Dean for GME. A report on PRIME curriculum completion will be provided by the DIO/Associate Dean for GME to the Senior Associate Dean for Medical Education by established deadline set by CMSRU OME and Cooper GME for the academic year.

All PGY-2 and above GME trainees (except for those who were required to complete the PRIME modules in the academic year) must complete the American Medical Association (AMA) GME competency education program (GCEP) modules annually. Compliance will be monitored centrally by the Senior Associate Dean for Medical Education and the DIO/Associate Dean for GME. A report on GCEP module completion will be provided by the DIO/Associate Dean for GME to the Senior Associate Dean for Medical Education by established deadline set by CMSRU OME and Cooper GIVIB for the academic year.

A GME trainee who does not complete the PRIME, CMSRU Compendium and/or AMA Resident as Teachers GCEP modules by the established deadlines will have a letter of professionalism place in their file. If non-compliance persists the DIO/Associate Dean for GME will address the GME trainee and department chair. Persistent or repetitive non-compliance may result in an adverse disciplinary outcome per the GME disciplinary policy.

In addition, all required M3 clerkships and the Emergency Medicine clerkship will provide department-specific resident as teacher supplemental sessions in an effort to provide additional educational development for more senior trainees with progressive responsibilities.

The PD will assess the performance of their trainees as teachers as part of their regular assessment program using program-specific milestones.

The CMRSU OME (UME division) is responsible for soliciting and compiling medical students' evaluations of the teaching effectiveness of the GME trainees they have worked with, and for sending those evaluations to the DIG/Associate Dean for GME who reviews and disseminates the evaluations to the appropriate PD.

Notices of faculty development programs that may be of interest to GME trainees, but are not mandatory, are sent by the Office of Faculty Affairs to the GME Office for dissemination to the trainees.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Andrew Nyce | 06/2025 |

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Satisfactory Academic Progress (SAP) Policy

POLICY:

Satisfactory Academic Progress (SAP)

PURPOSE:

To Outline the Relationship of Financial Awards and Academic Performance

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:

Satisfactory Academic Progress (SAP) is defined as the successful progression through the curriculum to obtain degree requirements within the maximum degree completion timeframe/pace of six **distinct academic years (150% requirement)**. The degree completion limit and curriculum pace/requirements are set forth within the Grading, Promotions and Appeals policy within the CMSRU Student Handbook.

A student who is placed on Academic Probation will be automatically placed on Financial Aid Probation.

In order to receive federal financial aid, per federal regulations, students must demonstrate Satisfactory Academic Progress (SAP) toward the attainment of their medical degree.

All students (whether they receive financial aid or not) during all periods of enrollment are placed into one of the two categories listed below based upon their academic performance:

1. A student is not meeting Satisfactory Academic Progress (SAP) requirements:

- when the student has unsuccessfully completed the remediation process for a course/clerkship and/or is required to repeat a course /clerkship due to unsatisfactory academic performance;
- when a student is repeating an academic year; or
- when a student fails a USMLE Step 1 or Step 2 CK examination on the third attempt.

2. A student is meeting Satisfactory Academic Progress (SAP) requirements:

- when the student has successfully completed a repeated course/clerkship due to prior unsatisfactory

academic performance;

- when a student has successfully completed all courses and clerkships in a repeated academic year; or
- when a student passes a USMLE Step 1 or Step 2 CK examination on or before the third attempt.

From the CMSRU Grading, Promotions and Appeals policy: All required courses of all curricular years, including the required number of elective weeks [and USMLE Step examinations], must be completed satisfactorily in the prescribed sequence [as detailed *within the Grading, Promotions and Appeals policy (within the CMSRU Student Handbook)*] before a student can be certified for graduation. A student may not repeat a course or clerkship more than once, and no more than three distinct academic years may be utilized to fulfill the requirements of either the first and second years (Phase 1), or the third and fourth years (Phase 2) of the curriculum. Students who perform scholarly work or enroll in dual degree programs (e.g., MD/PhD) may extend the degree completion limit from six distinct academic years to ten distinct academic years upon the recommendation of the Academic Standing Committee to the Dean. Of important note, most medical licensing authorities require the completion of USMLE Steps 1, 2 and 3 within a seven-year period. Step 3 is taken during the first or second year of postgraduate training. All students should be familiar with the medical licensing requirements for the States where they intend to practice medicine, and if a waiver of the seven-year requirement is possible.

| Degree Program | Standard Length | Maximum Length |
|---------------------------|-----------------|----------------|
| M.D. | 4 years | 6 years |
| M.D. – Scholarly Research | 5 years | 10 years |
| M.D./Ph.D. | 7-9 years | 10 years |

PROCEDURE:

SAP will be reviewed at the end of every academic year by the CMSRU Financial Aid Services. The CMSRU Financial Aid Services will notify students via email about SAP. Additionally, students will be notified about the SAP Appeal process if they are still within the maximum degree completion limit.

- If a student does not have SAP at the end of the academic year, federal aid will be revoked going forward until the student attains SAP. Or, the student can [appeal](#), and if approved, the student can be placed on financial aid PROBATION for the upcoming academic year.
- The CMSRU Financial Aid Services will determine whether or not the student is granted PROBATION with an additional year of federal funding. If the student is placed on an academic plan by the Academic Standing Committee, the student can continue to receive federal aid as long as the student follows the academic plan set forth by the Academic Standing Committee*. The academic plan option is determined on a case by case basis.
- The CMSRU Financial Aid Services must follow all SAP guidelines as set forth by federal regulations.

NOTE: If a student does not have SAP at the end of the academic year, institutional scholarships from CMSRU will be revoked and decisions regarding academic standing (for institutional scholarship purposes) cannot be appealed.

RESPONSIBILITY:

If a student is not attaining Satisfactory Academic Progress (SAP), the Academic Standing Committee will inform the Financial Aid Services about the student's standing. Federal regulations mandate that institutions

have a SAP policy to monitor academic progress.

*The Academic Standing Committee considers matters of academic standing, promotion and graduation of medical students. This committee has the responsibility of ensuring that each student meets the grading and promotions standards established for CMSRU (see the CMSRU Student Handbook to access the Grading, Promotion and Appeals policy). This committee will ensure that students are assessed against defined learning objectives and that specific competencies have been achieved. The Academic Standing Committee has the responsibility to determine that students have satisfactorily met the requirements of each academic year in the M.D. curriculum; recommend to the faculty the candidates for the M.D. degree; consider individual requests for exceptions; determine whether students are to be placed on an academic plan or academic probation and the conditions for suspension. The committee may recommend the dismissal of a medical student to the dean in accordance with the policy.

Attachments

No Attachments

Approval Signatures

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Student Attendance Policy

POLICY:

Student Attendance

This policy outlines the importance of attendance at educational sessions and the required process if a student is unable to attend a session.

PURPOSE:

A physician has the great responsibility and privilege to care for patients. When they are unable to fulfill this duty, they must alert colleagues to find and/or determine coverage. Medical students have a similar responsibility for their education and the education of their colleagues through teamwork and collaborative learning. They must participate in learning sessions and assessments to ensure they are prepared to care for their future patients. We know that students may have events during their medical education that will result in an absence from a required educational session or assessment. This policy outlines the educational sessions that are required and the process for an absence.

SCOPE:

This policy applies to students at CMSRU in all four years.

DEFINITIONS:

Attendance is defined as presence during the entire scheduled session. Students are expected to arrive on time and participate fully in the educational session.

Attendance is required for any sessions occurring in small groups where students contribute to team learning, in any sessions in the clinical setting with patients (including clinical simulation and standardized patients) and any session with an assessment component. Attendance may also be required for any sessions designated as required by the program leadership. This includes the following sessions:

- All Orientations and Match Week sessions
- All ALG sessions
- All small group sessions, including but not limited to anatomy labs and FMP small group sessions
- All clinical and/or patient related activities: Ambulatory Clerkship, Simulation or Standardized Patient sessions, clinical clerkships and clinical rotations
- All Selective sessions and WOW week sessions

- All assessment sessions, including but not limited to Jigsaw, POPs, TBL and FMP mini-cex exams
- Any session designated by the course director on the syllabus to be a required session

Attendance is encouraged for all other educational sessions to enhance your learning.

If a student will be absent from a required educational session, they must: 1) Contact the appropriate faculty/ session leader and the course/clerkship director to notify them of their absence and inquire about make-up work in a timely manner and 2) Submit the absence via the Absence Tracking Google Form.

If a student will be absent from an assessment session, they must: 1) Contact the Assistant Dean for Assessment for an exam, the faculty leader for a Jigsaw, POPs or TBL or the Assistant Director of Simulation for an OSCE and 2) Submit the absence via the Absence Tracking Google Form.

For anticipated absences (see below), this must be done at least 4 weeks prior to the event. For unanticipated events, this should be done as soon as possible. The faculty will assign any make-up work for the missed session. Types of absences are defined below:

- **Anticipated absence:** an absence that is known about weeks or months ahead of the dates of the absence (for example - a religious holiday or important family event)
- **Unanticipated absence:** an absence that becomes necessary the day before or the day of the date of absence (for example an illness)
- **Unexcused absence:** an absence that occurs without logging the absence and/or notifying the appropriate faculty

PROCEDURE:

Please note that all policies that apply to the medical education program are available via the CMSRU Handbook of Policies (Student Handbook). You will be notified when there is a revision to any policy during an academic year. Please address any questions you may have about the medical education program policies to the Assistant Deans for Phase 1 or Phase 2.

All absences for required sessions must be documented using the Absence Tracking Google Form . This can be found on all syllabi and in Canvas. and below. Students must also notify the appropriate faculty (Course/ Clerkship Director and session leader) via email about the absence. If an absence occurs without being submitted to the Absence Tracking Google Form and/or the appropriate faculty notified, the student will be contacted, and the absence will be judged as excused or unexcused depending on the reason for lack of notification.

Link to Absence Tracking Google Form <https://forms.gle/53gv6kUSwwrNYJMc9>

Phase I

First and Second Year Students

Your engagement and participation in educational sessions is vital for your success as well as that of your classmates. CMSRU data demonstrates a significant relationship between student attendance at educational sessions and performance in our medical education program and on USMLE Step exams.

Students must attend all required sessions and assessments. If a student knows they will be absent from a required session or assessment, they must submit a request to the Absence Tracking Google Form and contact the appropriate faculty as soon as they know of the expected absence. For an unexpected absence (healthcare issue or personal emergency), the student must submit the absence and notify the appropriate

faculty as soon as they are able.

If a student is absent from a required session or assessment and has not logged the absence and/or notified the appropriate faculty, the student will be contacted, and the absence will be judged as excused or unexcused depending on the reason for lack of notification.

Absences in Phase I

- A. Students may have important personal events that occur during medical school that will conflict with required educational sessions. These may include family events, weddings, professional meetings etc. Students will need to consider the importance of attending these events versus their obligation to their education and colleagues. Students may submit up to three absences for personal events per semester.
- B. Students may also miss required educational sessions for reasons out of their control - due to health care issues, personal emergencies or religious reasons. These absences are not included in the three absences allowed per semester for personal events.
- C. Because of the importance of attendance at required sessions for your education and that of your colleagues, you must attend 85% of all required small group sessions in a course, including but not limited to ALG, anatomy labs and FMP small groups to receive credit for that course. If a student does not attend at least 85% of all required small group sessions in a course, they will not receive credit for that course and will receive an Incomplete grade (I) until the assigned make-up work is completed.
- D. Students in the PC3 program may not miss more than 2 days during the summer session.
- E. It is solely the student's responsibility to ensure that their presence at required sessions is recorded.
- F. If a student misses any assessment session, it must be made up at a time designated by the assessment team within a week after the initial assessment. If a student can not take the make-up assessment at the designated time, they will receive an Incomplete for the course and will re-take the assessment at the end of the academic year during the remediation period.
- G. All absences are monitored by the Office of Medical Education. If a student exceeds the number of allowed absences for personal events or has a pattern of absences that is inconsistent with the principles of this policy, they will be required to meet with and be counseled by the course director or phase dean and may have a professionalism form submitted and/or be referred to the Director of Professionalism.

If a student is found to have an unexcused absence, this will be considered unprofessional, and a professionalism form will be submitted and/or they will be referred to the Director of Professionalism. In addition, if this is a repeated offense or there have been other unprofessional events during the course or clerkship the student's grade in their enrolled course or clerkship may result in an Unsuccessful Remediable (UR).

Please note, referrals may also be made to the Director of Professionalism when:

- Students are excessively tardy.
- Students sign-in or swipe-in for a session and leave.
- Students sign-in or swipe-in for someone else.
- Students leave early during a required session.

Phase II

Attendance and engagement in the clinical experience is critical for learning and assessment and is required on all clerkships and electives. All sessions and assessment sessions are required during clinical clerkships

and rotations. We understand that students will have circumstances that come up where they will need to be absent from a clinical rotation. It is the students' professional responsibility to let the appropriate people know of the absence.

Absences in Phase 2 - 3rd Year

- If a student is absent for more than 2 days for any reason during a 6-week clerkship block during the third year, the missed time must be made up. There are also specific educational sessions that will have to be made-up if missed, including but not limited to Ultrasound sessions, Ob/gyn call, M3 formative OSCE's.
- If a student is absent on the day of a shelf exam, it must be made up at a time designated by the assessment team within a week after the initial shelf exam. If a student does not take the make-up shelf exam at the designated time, they will receive an Incomplete for the course and will re-take the assessment at the end of the year during the remediation period.
- Any absence during a one-week elective or during Ambulatory Clerkship must be made up.
- Students in the P3 program must make-up any absence over 1 day per 4-week rotation and/or 1 day during a 4-week period during CLOC.
- If a student will be absent from a clinical rotation, they must: 1) Contact the appropriate faculty/preceptor and the course/clerkship director to notify them of their absence and inquire about make-up work in a timely manner and 2) Submit the absence in the Absence Tracking Google Form.
- If a student will be absent from an assessment session, they must: 1) Contact the Assistant Dean for Assessment if it is a shelf exam or the Standardized Patient (SP) Program Coordinator for an OSCE and 2) Submit the absence in the Absence Tracking Google Form.
- If a student is absent from a required session or assessment and has not logged the absence and/or notified the appropriate faculty, the student will be contacted, and the absence will be judged as excused or unexcused depending on the reason for lack of notification.
- All absences are monitored by the Office of Medical Education. If a student has a pattern of absences that is inconsistent with the principles of this policy, they will be required to meet with and be counseled by the course director or phase dean and may have a professionalism form submitted and/or be referred to the Director of Professionalism.

If a student is found to have an unexcused absence, this will be considered unprofessional, and a professionalism form will be submitted and/or they will be referred to the Director of Professionalism. In addition, if this is a repeated offense or there have been other unprofessional events during the course or clerkship the student's grade in their enrolled course or clerkship may result in an Unsuccessful Remediable (UR).

Absences in Phase 2 - 4th Year

The M4 Academic year consists of 40 weeks, including eight (8) flexible weeks that can be utilized for residency interviews, vacation, and other personal time.

- These 8 weeks may be broken up into 4-week, 2-week, or 1-week time spots or can be taken as an entire 8 weeks, so long as the 32 weeks of required clerkships/electives can be completed in the time frame to graduate. This time cannot be taken within a clerkship, elective or Sub-Internship – you cannot start your Sub-Internship and then take a week off within the Sub-Internship block.
- If a student is absent for any time during a sub-internship or elective, the missed time must be made-up in order to receive credit for the rotation. Please note an exception will be made if necessary during residency interview season:
 - CMSRU will ensure students are able to go on residency interviews while obtaining the clinical knowledge and experience necessary to succeed in residency.

- Students should anticipate missing days during residency interview season and should try to plan their schedule accordingly. This can include scheduling part of the 8-flexible weeks, an elective or a rotation with intermittent schedules (Emergency Medicine) during residency interview season.
- Students who need to go on interviews during a clerkship will be allowed up to 1 day per week for residency interviews.
- If a student is absent on the day of an exam, it must be made up at a time designated by the coordinator within a week after the initial exam. If a student does not take the make-up exam at the designated time, they will receive an Incomplete for the course and will re-take the assessment during a remediation period.
- If a student will be absent from a clinical rotation, they must: 1) Contact the appropriate faculty/preceptor and the course/clerkship director to notify them of their absence and inquire about make-up work in a timely manner and 2) Submit the absence via the Absence Tracking Google Form.
- If a student will be absent from an exam, they must: 1) Contact the rotation coordinator and 2) Submit the absence via the Absence Tracking Google Form.
- If a student is absent from a required session or assessment and has not logged the absence and/or notified the appropriate faculty, the student will be contacted, and the absence will be judged as excused or unexcused depending on the reason for lack of notification.
- All absences are monitored by the Office of Medical Education. If a student has a pattern of absences that is inconsistent with the principles of this policy, they will be required to meet with and be counseled by the course director or phase dean and may have a professionalism form submitted and/or be referred to the Director of Professionalism.

If a student is found to have an unexcused absence, this will be considered unprofessional, and a professionalism form will be submitted and/or they will be referred to the Director of Professionalism. In addition, if this is a repeated offense or there have been other unprofessional events during the course or clerkship the student's grade in their enrolled course or clerkship may result in an Unsuccessful Remediable (UR).

Match Week

- Students are required to attend all required CMSRU Residency Match Week sessions.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
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Student Clinical Assignment Policy

POLICY:

Student Clinical Assignment

PURPOSE:

The faculty and academic administrators of CMSRU recognize their responsibility to maximize the fair and equitable assignment of CMSRU students during their clinical clerkship education. This policy guides the assignment and as needed, the reassignment, of clinical supervisors to third and fourth year medical students.

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:

Clinical assignment: Students are assigned preceptors and supervising physicians who are responsible for teaching and assessing students in the clinical clerkship education program.

PROCEDURE:

I. RESPONSIBILITY

Student Clinical Assignment: A medical student will have clinical preceptors and supervising physicians assigned as part of their clinical clerkship education program. Assignments will be carried out by clerkship directors in conjunction with the office of medical education staff. Whenever possible, a lottery system will be used to provide for fair and equitable assignment of CMSRU medical students to their clinical clerkships. Students may request a change in their clinical assignment location, preceptor or supervising physician. These requests are reviewed on a case-by-case basis.

1. M3 Block courses

The Office of Medical Education assigns each student to a block schedule for the M3 year based upon a lottery held prior to the M3 orientation. M3 students are assigned to preceptors and supervising physicians on duty in the inpatient setting during their assigned M3 block. A student may request a change in preceptor or supervising physician for extenuating circumstances. The clerkship

director, in conjunction with the M3 director and the Assistant Dean for Phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the Assistant Dean for Phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours

PC3 - Cooper Longitudinal Outpatient Clerkship (CLOC) placements

Similarly, PC3 students are randomly assigned to Cooper Longitudinal Outpatient Clerkship (CLOC) outpatient based clinical offices in the M3 year. A student may request a change in preceptor or clinical learning site with the Cooper Health System for extenuating circumstances. The clerkship director, in conjunction with the M3 director and the Assistant Dean for Phase 2, reviews the request and makes the change, if appropriate, within 48 hours. If the request for change is denied, the Assistant Dean for Phase 2 meets with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

2. M4 Clinical education placements

Students have considerable control over the sequence of required clerkships and elective courses in their M4 year. The preceptors to whom they are assigned for a particular rotation are largely determined by their schedule. Some rotations may have alternative assignment options in a given block (e.g., internal medicine sub-internship), but others may not. M4 students may request a change in preceptor or clinical learning site in the M4 clinical education program for extenuating circumstances. The clerkship director, in conjunction with the M4 director and the Assistant Dean for Phase 2, will review the request and make the change, if appropriate and available, within 48 hours. If there is no alternative preceptor or site during that block, the student may have to schedule the rotation at a different time during the year. If an alternative site/preceptor is available, but the change request is denied, the Assistant Dean for Phase 2 will meet with the student to explain the rationale for not making the change. The student may appeal the decision to the associate dean for medical education, who will review the case and make the final decision within 48 hours.

Attachments

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Academic and Career Counseling

POLICY:

Academic and Career Counseling

PURPOSE:

This policy delineates the activities and processes of the CMSRU academic and career counseling system. CMSRU is committed to assisting students in achieving their academic, personal and career goals.

SCOPE:

This policy applies to all medical students

DEFINITIONS:

MSPE – The Medical School Performance Evaluation (MSPE) is an evaluative tool indicative of a residency program applicant's entire medical school career created by the applicant's medical school.

Advisory Colleges – The four academic and career counseling units of CMSRU made up of faculty advisors and assigned medical students.

Primary Career and Academic Advisor – A CMSRU faculty member who provides advising to students and is not a departmental chair, an associate dean, a course director, or small group facilitator. Previously known as Advisory College Director.

Career Coaches – A CMSRU faculty member who assists first and second year students with choosing a medical specialty.

Sub-Specialty Mentors - A CMSRU faculty member of a specific specialty who assist students who will be applying to their respective specialty for residency or are highly interested.

PROCEDURE:

A. Advisory Colleges

1. Upon acceptance to CMSRU, students will be assigned to one of the four advisory colleges for their four years of school.
2. The four advisory colleges are overseen by the Office of Student Affairs.

3. The advisory college system gives students appropriate guidance depending on the nature of the issue.
4. Each advisory college will be assigned an approximately equal number of admitted students.
5. Each student will have a primary career and academic advisor (previously known as advisory college director) who is responsible for overseeing issues related to their assigned advisees and will make appropriate referrals to other faculty mentors and staff. In addition, the primary advisors will connect students with resources to support social and emotional well-being as necessary (e.g. stress management, anxiety counseling/management, situational or grief counseling and prevention of burnout.)
6. The areas covered by the primary career and academic advisors include:
 - General academic advisement
 - Identification of students in need of tutoring/specific academic counseling or intervention
 - Career counseling
 - Specialty academic advisement
 - Residency guidance
 - Student oriented non-academic activities
 - Mentoring
 - Facilitating contact with specialty specific faculty mentors
 - Peer Advisory Liaison (PAL)
7. Career coaches assist first and second year students with choosing a medical specialty.
 - Each student will be assigned a specific career coach and is required to meet with them at least once during Phase I.
8. Subspecialty mentors are available for students who will be applying to their respective specialty for residency or are highly considering it. They will provide guidance on how to create a competitive application for the specialty, assist with program application selection and elements of the supplemental application.
9. Guidance in choosing intramural and extramural electives will be given by the student's primary career and academic advisor and their specialty advisor.
10. Students are paired with a Peer Advisory Liaison (PAL) (M2 student) during orientation who can provide support during transition into each curriculum year; provide insight into career choices; assist with time management and overall attention to physical and mental well-being.
11. All student PALS are assigned within the same advisory college and serve as student mentors throughout all four years creating "families" within each college. In this system, M1 students may have the guidance of M4 students as well.

B. Academic Counseling

1. Primary Career and Academic Advisors will review course grades with their students during their fall and spring semester meetings and make referrals to the appropriate faculty and staff, (e.g. learning specialists) for those students with substandard academic performance.
2. Students may be enrolled in the Proactive Advising for Student Support (PASS) Program where they will meet with the Asst. Directors of Student and Learning Support Services to discuss their

academic and personal progress and wellness. They will receive assistance with coping skills, time management, test anxiety, boundary setting and link to other appropriate resources. Students may be referred to this program by their college advisor, faculty member, learning specialist, or by self-referral. Students will automatically qualify for the PASS program based on pre-determined academic thresholds for academic performance.

3. Asst. Directors of Learning Support provide academic support through counseling related to study strategies and enhancing individual learning styles. Students may make appointments for their assistance or may be referred by CMSRU faculty or staff.

C. Residency and Career Counseling

1. Multiple opportunities for students to receive counseling regarding residency and career choices will be provided by the school throughout the students' medical school experience.

1st and 2nd year (Phase I)

2. Students can explore different career paths during Phase 1 through the Careers in Medicine program, which includes panel presentations featuring physicians from different specialties and those working in other areas of medicine.
 - Students will be introduced to the AAMC Careers in Medicine program in year one and will be guided through this throughout all four years by their advisory college director.
 - Career coaches will help students define their specialty interests and provide opportunities to explore the stated career.

3rd and 4th year (Phase II)

3. Students will work with their Primary Career and Academic Advisor to narrow down their career interests and ensure their elective selection is appropriate for the residency they wish to pursue. Their advisor will also facilitate referral to the appropriate subspecialty mentor.
4. Primary Career and Academic Advisors will also work closely with their students to provide education on how to solicit letters of recommendation and help with selection of residency programs to which they apply.
5. Primary Career and Academic Advisors and subspecialty mentors will review the CV and personal statements used for residency application for the students to whom they are assigned.
6. Advisory colleges learning communities will arrange for educational sessions provided by experts on the interview process for residency and will hold mock interview sessions with immediate feedback to assist students with their interviewing skills.
7. The respective deans for medical education and for student affairs will hold 4th year planning meetings throughout the spring term of the M3 year.
8. Primary Career and Academic Advisors and the subspecialty mentors will advise on the selection of residencies and guide the student in evaluating individual programs.
9. The Registrar, Senior Associate Dean for Student Affairs, Executive Director of the Advisory Colleges, Director of Student Affairs, and Primary Career and Academic Advisors will assist students in navigating the ERAS system or other residency application services, where applicable.
10. All who advise students will counsel students to consider a sufficient number of residency programs to which to apply based on established data and assist in reevaluation of that number based on interviews granted.

11. The MSPE will conform to AAMC Guidelines and NRMP requirements. (see MSPE Policy)
12. The Primary Career and Academic Advisors, Senior Associate Dean for Student Affairs, Executive Director of the Advisory Colleges and Director of Student Affairs will guide students in applying to residency programs through MATCH and other services, Supplemental Offer and Acceptance Program (SOAP) and post-SOAP.
13. A resource guide will be provided to all students who do not match to residency and the Office of Student Affairs and Primary Career and Academic Advisors will assist the student with career planning.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 05/2025 |



Cooper Medical School
of Rowan University

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Last Revised: 07/2025
Next Review: 07/2026
Owner: *Marion Lombardi: Assistant Dean
for Student Affairs*
Area: *Student Affairs*
References:

CMSRU Overview

POLICY:

CMSRU Overview

Attachments

[CMSRU Overview 2025-Updated 070325.pdf](#)

Approval Signatures

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CMSRU Overview

Welcome to CMSRU

Attachments

No Attachments

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Area: *Student Affairs*
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Honor Code

POLICY:

Honor Code

PURPOSE:

The purpose of the Honor Code is to foster an environment of academic integrity in the medical community that promotes trust, responsibility, and respect among students and between students and faculty in teaching and learning. All members of the medical community must be academically accountable.

SCOPE:

This policy applies to all CMSRU medical students and visiting medical students.

DEFINITIONS:

Academic integrity involves acting with truthfulness, diligence, fairness, mutual respect, and responsibility in learning, testing, and performing scholarly work.

PROCEDURE:

Students will abide by the CMSRU Honor Code, which aims to reinforce academic integrity throughout medical school. Alleged violations will be addressed initially by course or clerkship directors in conjunction with the relevant assistant dean for curriculum and senior associate dean for medical education, who may refer the concerns to the Academic Standing Committee and or the Director of Professionalism.

Student Responsibilities

Students will not:

- Give or receive aid during an examination.
- Give or receive unpermitted aid in assignments.
- Plagiarize any source in the preparation of academic papers or clinical presentations.
- Use artificial intelligence in a way that violates an instructor's specified policy or use it to complete course work in a way not expressly permitted by the faculty member.
- Falsify any clinical report or experimental results.
- Infringe upon the rights of any other students to fair and equal access to educational materials.

- Violate any other commonly understood principles of academic honesty.
- Lie

No code can explicitly enumerate all conceivable instances of prohibited conduct. In situations where the boundaries of proper conduct are unclear, the student has the responsibility to seek clarification from the Office of Student Affairs and or the Office of Medical Education.

Each student has the responsibility to participate in the enforcement of this Code. Failure to take appropriate action when one becomes aware of a violation is in itself a violation of the Code.

Students must agree to participate in the enforcement of this Honor Code, and prior to matriculation, must sign a statement agreeing to uphold its principles while enrolled at Cooper Medical School of Rowan University.

Attachments

No Attachments

Approval Signatures

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 References:

Planning Events at CMSRU

PROCEDURE:

Planning an Event at CMSRU

PURPOSE:

(reason for the policy/procedure)

- To ensure the appropriate allocation of spaces and meeting rooms, catering, and other logistical resources, including but not limited to technical, environmental services and public safety support.
- To ensure that non-academic activities in the building have minimal impact on the learning and working environment.
- Finally, to ensure that CMSRU is following the protocol set forth by Rowan University Events, which states that *"all events held on any campus of Rowan University, as well as, virtually or at an outside venue must register through the Office of University Events for review and approval by the Events Committee."*

SCOPE:

(who is included/covered by the policy/procedure)

SGA clubs and organizations; community service/service-learning groups; advisory colleges; CMSRU faculty and staff affiliates and non-affiliates requesting the use campus facilities and/or services must follow CMSRU/Rowan University event protocol.

DEFINITIONS:

For these guidelines, an **Event** is defined as an occasion, activity or experience planned by a student, faculty or staff member for a purpose related to their role at CMSRU. An Event will include one of the following: catering, external guests, décor, support with promotion, or another logistical resource.

A **Meeting** is a gathering of a small group of individuals to discuss CMSRU business. Meetings only require a room reservation and are not covered under this Policy/Procedure. Meetings typically do not require any additional resources.

RULES/GUIDELINES:

- All Event Requests must be submitted BY DEPARTMENT REPRESENTATIVES to the CMSRU Event coordinator 30 or more days in advance of the event date. The Event Coordinator will submit Event Registrations to Rowan University Events. The Event Coordinator will not accept Event Requests directly from students.
- All Student Event Requests must first be approved by a Department Approver and the funding source identified prior to the submission of a CMSRU Event Request to the Event Coordinator.
- No students should personally incur expenses related to an event. All expenditures must be approved and coordinated through a CMSRU department approver. CMSRU cannot guarantee reimbursement to students.
- CMSRU/Rowan University facilities may not be used for external commercial programs, fundraising activities, or for personal profit, with the exception of programming designed to raise funds solely for student organization activities or for charitable projects. The use of CMSRU facilities may be denied if the activities interfere with the philosophy, mission, or goals of CMSRU/Rowan University.
- Alcohol is not permitted at CMSRU sponsored events, with the exception of Rowan University Foundation funded events.
- If an outside event shall include payment with all or a portion of CMSRU funds, and an on-site cash bar is provided, a Rowan University liability waiver must be submitted for every individual attending the event, including non-CMSRU students.

PROCEDURE:

(specific outline/details of the policy/procedure)

Student Event Request Procedure

(Student Clubs, Organizations, Community Service Groups and Advisory Colleges)

Follow these procedures for events hosted by or held in conjunction with **ANY** CMSRU students. These are required for **ALL** events held **ON** or **OFF** campus.

Please note: Room Requests for GENERAL GROUP MEETINGS DO NOT need an Event Proposal Form. If you do not need food and/or use of budgeted funds for your event you may contact the appropriate office to request a room reservation ONLY.

To obtain event approval, please complete the [CMSRU Student Event Form](#) 30 DAYS PRIOR TO THE EVENT.

Questions regarding event approvals can be sent to:

- **Unity and Community Service Groups-submit to Office of Engagement and Community Impact**
 - Office of Engagement and Community Impact-cmsruoeci@rowan.edu
(Unity and Community Service Groups)
- **SGA, Interest Groups, and Advisory Colleges- submit to Office of Student Affairs**
 - Office of Student Affairs- thomasj@rowan.edu
(SGA Clubs/Orgs, Interest Groups and Advisory Colleges)
- Approvals/Denials will be sent to the event requestor within 14 days of receipt.
 - Approval from the department will include permission to hold event and confirmation of available funds.
 - A copy of the approval/denial will be sent to the CMSRU Events Coordinator.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
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Area: *Student Affairs*
References:

Preferred Name

CMSRU adheres to the Rowan University Preferred Name Policy

POLICY:

Preferred Name Policy

PURPOSE:

The purpose of this policy is to enable members of the campus community including students, faculty and staff to use and be known by a preferred name that affirms, reflects, and/or expresses their gender, culture, and/or other aspects of their social identity in the classroom and to conduct general business at the University (CMSRU).

ACCOUNTABILITY:

The Senior Associate Dean of Student Affairs and the Asst. Dean of Student Affairs/Title IX Coordinator, and Registrar shall ensure compliance with this policy.

SCOPE:

This policy is applicable to all students, faculty and staff at the University (CMSRU).

DEFINITIONS:

1. *Preferred Name* – The name by which a person wishes to be known and to have appear in University (CMSRU) systems and when conducting day-to-day University (CMSRU) business because it affirms that individual's gender, culture and other aspects of social identity. The preferred name will consist of a preferred first name, and preferred middle name when provided. The preferred name does not affect the individual's last name, which must remain the person's legal name.
2. *Legal Name* – The name that is recorded on an individual's legal identification and used on formal legal records at the University (CMSRU).

POLICY:

1. Rowan University (CMSRU) recognizes that many individuals use and are known by a name other than their legal name due to their gender identity, cultural background or other aspects of their social or

personal identity.

2. To the maximum possible extent, faculty, staff, and students of Rowan University (CMSRU) should be allowed to use, be known by, and be called by the name that affirms that person's gender, culture and social identity. All University (CMSRU) offices and personnel are expected to respect a person's request to be known by their preferred name and to use that name when interacting with individuals who have followed the process outlined in this policy. This expectation covers all areas of the University (CMSRU) including academic instruction, advising, student life and other University (CMSRU) business.
3. Rowan University (CMSRU) will make good faith efforts to display preferred names to the University (CMSRU) community where feasible and appropriate, and to update the reports, documents and systems designated to use preferred names. The University (CMSRU) will not guarantee that the preferred name will appear in all locations or in all circumstances.
4. Use of Legal Name:
 - a. The University (CMSRU) will not use the preferred name on documents or in systems that require the use of the legal name for legal or business related reasons. The individual's legal name will continue to be used for these records, which include but are not limited to the following:
 - i. Admissions records;
 - ii. Official transcripts;
 - iii. Enrollment verifications;
 - iv. Employment and personnel records;
 - v. Paychecks and tax documents;
 - vi. Financial aid records;
 - vii. Medical records;
 - viii. Disciplinary records; and
 - ix. Law enforcement records.
 - x. Responses to legal/government records request (such as OPRA)
 - b. In order for an individual to change the name used for these records, they will be required to submit appropriate documentation of a legal name change. The process for changing a legal name varies by state and country of residence and the reason for the change. The University (CMSRU) cannot change a legal name.
 - i. Individuals must pursue a legal name change with appropriate state and/or federal authorities and then submit a legal name change document (typically a court order) to the Office of the University (CMSRU) Registrar.
 - ii. Employees must also submit the document to Human Resources along with a new Social Security card showing the new legal name, and complete an updated I-9 form.
 - iii. U.S. residents must change their legal name with the Social Security Administration as well.
5. Diploma: The University (CMSRU) considers the diploma to be a ceremonial document, and students may request to use either a legal name or a preferred name on a diploma using the intent to graduate form. However, please be advised that in some situations the diploma may need to be used as a legal document, and the name appearing on the diploma may need to match other legal documents to be accepted as valid. Students who request a preferred name to appear on the diploma who later wish to

have a diploma issued in their legal name or any other name will be charged the appropriate fee for that service.

6. Background Checks and Legal Processes:

- a. Individuals who request and use a preferred name must be aware that the preferred name will constitute an alias which they may be required to disclose in some circumstances including during background checks and other legal processes. This responsibility may be life long, and may cover each preferred name used even if they later change or discontinue the use of the preferred name.
- b. Individuals are encouraged to candidly disclose the existence of this alias when appropriate to avoid discrepancies or the appearance that they are attempting to conceal the information. Individuals must also be aware that the existence of an alias may trigger heightened scrutiny during certain federal or state security clearances or background checks, especially in cases where the individual does not disclose the information to authorities.
- c. The University (CMSRU) will disclose and/or confirm the preferred name(s) used by the individual in accordance with any lawful request for this information, and/or upon request by the individual.

7. Due Diligence and Compliance of University (CMSRU) Offices and Personnel:

- a. Offices and personnel should adapt their business processes to accommodate the use of the preferred name wherever feasible and when the use of the legal name is not required to comply with laws or regulations. Offices should consult appropriate IRT personnel for assistance as needed.

8. Non-compliance and Complaints:

- a. When an individual believes that the individual's approved preferred name has not been used in accordance with this policy, the individual is encouraged to seek to resolve that concern informally by communicating the concern directly to the personnel or office which has not properly used the preferred name.
- b. In cases where a student feels that the student would benefit from additional support or advocacy, or to initiate a formal complaint about non-compliance, students may contact the following offices:
 - i. Dean of Students (CMSRU Senior Associate Dean of Student Affairs, Asst. Dean of Student Affairs, or designee); and
 - ii. Office of Student Equity and Compliance
- c. In cases where a member of the faculty or staff feels that the member would benefit from additional support or advocacy, or to initiate a formal complaint about non-compliance, that member may contact the following offices:
 - i. Office of Human Resources; and
 - ii. Vice Provost for Academic Affairs (for faculty employees).

9. Use, Abuse or Misuse:

- a. The RowanCard/CMSRU ID with the preferred name imprinted on it may be used as a valid identification card (ID) within the University (CMSRU)). However, the RowanCard/CMSRU ID with a preferred name imprinted may not be used as an alternate to a legal ID. Use of the RowanCard/CMSRU ID to misrepresent the individual's legal identity in any circumstance will be considered misuse and may result in disciplinary or adverse employment action.
- b. Inappropriate use of the preferred name policy may be cause for disciplinary action and/or denial of the use of a preferred name.

- c. Failure to comply with an approved preferred name by refusing to use that preferred name may constitute grounds for disciplinary action.

Attachments

 [A: Procedures for Requesting a Preferred Name](#)

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
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COPY



Cooper Medical School
of Rowan University

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Area: *Student Affairs*
References:

Professional Conduct Policy

PURPOSE:

This policy is applied to student conduct relating to professional behavior while a student is enrolled at CMSRU. It is expected that every student will follow the tenets of professional behavior both in and out of the classroom. Professionalism is one of the CMSRU Core Competencies for students. It is also a code of behavior.

POLICY:

Professional Conduct Policy

SCOPE:

Candidates for the Doctor of Medicine degree

DEFINITIONS:

Professionalism is broadly defined. It is expected that the tenets of professionalism will be applied beyond the elements of the curriculum. It is expected to be a way of life for the health care professional. Student behavior and actions that are considered unethical, unprofessional, or illegal will be considered by CMSRU in the overall evaluation and promotion of a student.

Core Competency: Professionalism: (as addressed and assessed within the curriculum) Students will demonstrate a commitment to the profession of medicine and its ethical principles. They will

- Demonstrate humanism, compassion, integrity, and respect for others
- Demonstrate a respect for patient confidentiality and autonomy
- Show responsiveness and personal accountability to patients, society, and the practice of medicine
- Demonstrate the ability to respond to patient needs superseding self-interest
- Demonstrate sensitivity to broadly diverse patient populations
- Demonstrate the ability to recognize personal limitations and biases; know when and how to ask for help and do so effectively
- Demonstrate the ability to effectively advocate for the health and the needs of the patient
- Show an understanding of the principles of medical ethics
- Demonstrate the ability to recognize and address disparities in healthcare

Professionalism Intervention/Exemplary Behavior Reports

Professionalism is assessed in all four years of the medical education program. Accordingly, course and clerkship directors will evaluate each student's professional attitudes and behaviors. Anyone, including another student, may submit a written report describing an incident that might reflect either unprofessional action(s) or behavior or exemplary professionalism. The Professionalism Intervention Report forms can be accessed on CMSRU Canvas, in the Student Resources/Student Affairs section.

Retaliation

No student, faculty, resident, or staff member shall be subject to retaliation for filing a CMSRU Professionalism Intervention Report or participating in an investigation regarding a report of unprofessional behavior. CMSRU prohibits retaliation against a person who files a professionalism report or participates in the investigation of a professionalism complaint or has assisted others who raised a complaint of professionalism.

Guidelines for Professional Behavior Outside the Curriculum

- By enrolling in CMSRU, a student accepts the professional standards of the school at all times.
- Each student must demonstrate appropriate standards of professional and ethical conduct, attitudes, and moral and personal attributes deemed necessary for the practice of medicine.
- These behavior traits include, but are not limited to: honesty; integrity; willingness to assume responsibility; strong interpersonal skills; compassion; good judgment; the absence of chemical dependency; and appropriate social, moral, and personal behavior.
- Failure to meet these standards and requirements may cause CMSRU to impose sanctions that may include, but are not limited to mandatory counseling, disciplinary suspension, expulsion, or lesser sanctions.
- Students may face disciplinary action by CMSRU if they abuse alcohol or drugs, consume illegal substances, or possess, distribute, or sell illegal substances.
- Students involved in criminal matters before local, state or federal courts may be found to be unfit for the medical profession and be expelled by CMSRU or face lesser disciplinary sanctions.
- Students are expected to comply with the laws of the United States, the State of New Jersey, county and city ordinances, and the lawful direction and orders of the officers, faculty, and staff of CMSRU who are charged with the administration of institutional affairs.

PROCEDURE:

- Issues related to professionalism that relate to a course or clerkship are managed as per the Grading, Promotions and Appeals Policy (GPA).
- Issues related to professionalism that occur outside of the curriculum (unrelated to a course or clerkship) include, but are not limited to:
 - Unprofessional behavior at a CMSRU-sponsored social event or non-curricular activity;
 - Student-to-student mistreatment at social events or outside of CMSRU; and
 - Vandalism or theft of CMSRU/Cooper University Health Care (CUHC) property or at an affiliate hospital, physician practice or ambulatory clinic.
- Issues related to professionalism that occur outside of the curriculum, including those for which a Professionalism Intervention Report for Breach of Professional Conduct unrelated to a course or clerkship is filed, will be managed as follows:
 - All matters will be reported to the Assistant Dean for Student Affairs;
 - The Assistant Dean for Student Affairs and/or the Senior Associate Dean for Student Affairs will counsel the student and may refer the issue to the Director of Professionalism;

- If the issue is referred to the Director of Professionalism, the student will be notified, and a meeting will be scheduled with the student by the Director of Professionalism;
- The Director of Professionalism will investigate the issue and may provide a decision/remediation plan to the student directly. Remediation plans of the Director of Professionalism that do not affect progress in the curriculum are not subject to appeal;
- The Director of Professionalism may recommend to the Dean or designee that a student be placed on immediate leave for an issue related to professional behavior pending further investigation;
- The Director of Professionalism may refer the concern to the Committee for Professional Growth for further review and consideration of a restorative practices approach (see below);
- Depending on the severity and nature of the issue, the student may be referred to the Academic Standing Committee (ASC) and processed as outlined in the GPA Policy: Probation – Non-Academic;
- The student's right to appeal is also outlined in the GPA Policy: Promotional Appeals -- Non-Academic Performance Appeals to the Ad Hoc Committee for Student Appeals.

Committee for Professional Growth

Purpose: This committee is an interventional and decision-making body that serves as a resource for professionalism issues referred by the Director of Professionalism because of their gravity or complexity. The council includes student and faculty members.

- The Committee for Professional Growth shall hear allegations of breaches of professionalism by students upon referral from the Director of Professionalism. Wherever possible, the Committee will employ restorative practices to engage involved parties in remediation. If parties are unable or unwilling to engage in restorative practices, the Committee will issue rulings and prescribe remediation plans.
- The Committee will be guided by the CMSRU Honor Code, the CMSRU Professional Conduct Policy (above), the CMSRU Student Activities Policy, and the Rowan University Student Code of Conduct, as well as by general principles of professional conduct not specifically itemized in those entities.
- The Committee shall have the authority to issue professionalism sanctions and, for recurrent or egregious breaches of professionalism, to refer students to the Academic Standing Committee for consideration of probation, suspension, or dismissal. Any of these steps will constitute a formal action by the medical school eligible for inclusion in the student's Medical Student Performance Evaluation (MSPE).
- Prescribed remediation plans that do not affect progress in the curriculum are not subject to appeal.
- The Committee for Professional Growth shall consist of 12 voting members: the Director of Professionalism (who will serve as Chair), the Associate Dean for Professional Development, four other faculty members--two elected by peers and two appointed by the Dean, including at least one clinical faculty member—and two students from each of the M2-M4 classes--one elected by peers and one appointed by the dean from each class. If both students from a class are present at any given meeting, one will vote. The Senior Associate Dean and the Assistant Dean for Student Affairs, as well as the Associate Dean for Engagement and Community Impact or proxy, will serve as nonvoting *ex officio* members.
- The term of office shall be three years for faculty, with a maximum of two consecutive terms except for *ex officio* members. Students will serve for the duration of their enrollment in the school.
- Student members of the Committee will run all Student Government Association elections.
- The Committee shall conduct all hearings and deliberations in accordance with the policies of CMSRU.

Procedure:

- The Committee will primarily address medical student professionalism concerns that occur outside of the

medical school curriculum.

- Management of professionalism issues occurring within the curriculum is described in the Grading, Promotions and Appeals (GPA) Policy.
- Initial management of professionalism issues that occur outside of the curriculum is described in the Professional Conduct Policy, above.
- The Committee will meet once at the beginning of each year for orientation and *ad hoc* thereafter. It will convene by request of the Director of Professionalism, the Associate Dean for Professional Development, the Dean, or the Senior Associate Dean or Assistant Dean for Student Affairs.
- Proceedings of the Committee shall be strictly confidential; members will sign a CMSRU Committee Confidentiality Agreement and will be reminded of this at the start of each meeting. Committee members may be recused based on their relationship to the concern or affected parties.
- The Committee will meet within 10 business days of a request to convene. A quorum comprises the chair, at least 2 other voting faculty members, and at least 6 voting members in all. If the chair must be recused, a designated vice chair will assume the duties of the chair.
- The convener of the meeting will introduce the concern. After preliminary discussion, the involved parties will be invited to give their perspectives, preferably in person and alternatively by remote video conferencing or in writing.
- The Committee will conduct any additional investigation and determine and implement its plan by consensus among voting members. The Chair will notify the involved parties of any outcome or ongoing measures within 15 business days of the meeting.
- Meeting minutes and associated records will be maintained by the Office of Student Affairs. The Chair shall provide the Dean with minutes of meetings upon request.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 07/2025 |



Cooper Medical School
of Rowan University

Origination: 08/2012
Effective: 07/2025
Last Approved: 07/2025
Last Revised: 07/2025
Next Review: 07/2026
Owner: *Jenene Thomas: Program Specialist*
Area: *Student Affairs*
References:

Student Activities Policy

POLICY:

Student Activities Policy

PURPOSE:

To establish guidelines for school-associated extracurricular activities that students will engage in. CMSRU recognizes the importance of extra-curricular involvement. Student participation in CMSRU clubs and organizations and other school sanctioned activities, can aid in career choices, as well assist in achieving personal goals. Participation in the clubs, organizations, and activities should not be such that the time spent interferes with the academic success of a student.

SCOPE:

This policy only applies to the academic year and is not meant to direct activities during vacation periods. For the purposes of this policy, a full-time student is defined as one who is enrolled in a curricular sequence, including independent study (IS), student scholar research (SSR), and flexible curriculum (FC). Students taking a leave of absence (LOA) are not permitted to participate in student activities. CMSRU reserves the right to determine student eligibility for all student activities.

DEFINITIONS:

1. Activity - This would include physician shadowing, research, and related experiences that are generally such that one student is involved.
2. Clubs/Organizations - This includes current groups organized through Rowan University and Cooper University Health Care that CMSRU students may elect to become members of, as well as the development of new clubs and organizations by students in association with CMSRU faculty and/or the house staff of Cooper University Health Care.

PROCEDURE:

1. First year students may participate in clubs and activities beginning in late October/early November of M1 year.
2. A student may participate in leadership positions of clubs/organizations and be eligible for SGA elections and CMSRU committees only if the student:

- a. is in good academic standing; and
- b. is making satisfactory academic progress;
- c. has not failed any course or clerkship in the current academic year, irrespective of remediation;
- d. is not currently remediating a USMLE failure; and
- e. has not been sanctioned by the Academic Standing Committee (ASC) for a Professionalism violation in the current academic year; and
- f. has completed their required professionalism remediation, as per the Director of Professionalism, ASC, or the Committee for Professional Growth; and
- g. has received prior approval from the Senior Associate Dean or Assistant Dean for Student Affairs, if seeking an elected position.

3. The Office of Student Affairs and the Office of Engagement and Community Impact will offer:

- a. their resources when possible to support the development of clubs and organizations, especially those linked to national organizations;
- b. all meetings and activities of clubs and organizations will be scheduled through appropriate processes. Club officers shall take into consideration dates of religious observances when scheduling meetings and activities;
- c. all materials presented by a club/organization must be approved by the respective faculty advisor of the organization. Students must also complete an event request form to request permission to participate in a school sponsored event. ([Student Event Request Form](#)); and
- d. CMSRU may approve, deny, or reschedule any student activity due to unforeseen scheduling conflicts, CMSRU educational programming requirements, or CMSRU facilities and/or physical space needs. All efforts will be made to minimize disruptions to previously scheduled student activities.

NOTE: Activities such as physician shadowing that involves patient care or contact must be at an approved site and with a member of our faculty.

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 07/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 06/2025 |



Cooper Medical School
of Rowan University

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Next Review: 06/2026
Owner: *Jenene Thomas: Program Specialist*
Area: *Student Affairs*
References:

Student Sexual Misconduct and Harassment

PURPOSE

CMSRU adheres to the [Rowan University Student Sexual Misconduct and Harassment Policy](#).

Students of the Rowan University community have the right to access and benefit from the University's educational and other programs, activities or services, free from any form of Sexual Misconduct. The University does not tolerate Sexual Misconduct of any kind. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated.

APPLICABILITY

This policy applies to all students of Rowan University from the time of their acceptance and admission into the University until the date of their graduation or formal withdrawal. This policy shall not apply to allegations of conduct that do not constitute Sexual Misconduct as defined herein. Notwithstanding, such behavior may be addressed by the University under other policies such as the [Title IX Sexual Harassment/Sexual Assault Policy](#), [Student Code of Conduct](#), or [Procedure for Resolving Student v. Student Discrimination Complaints](#). In addition, this policy shall not apply to allegations of Sexual Misconduct against Rowan employees and vendors – such complaints may be handled under the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#), or other applicable policy.

INTRODUCTION:

This Student Sexual Misconduct and Harassment Policy applies to forms of Sexual Misconduct as defined herein, when alleged against a student Respondent. Specifically, this policy applies to forms of Sexual Misconduct that do not fall under the scope of the [Title IX Sexual Harassment/Sexual Assault Policy](#), including Sexual Exploitation. This policy also applies to complaints against student Respondents alleging certain conduct that would otherwise be prohibited under the [Title IX Sexual Harassment/Sexual Assault Policy](#) (e.g., Dating Violence, Domestic Violence, Sexual Assault, and Stalking), but which must be dismissed under the [Title IX Sexual Harassment/Sexual Assault Policy](#) because they do not meet the jurisdictional requirements.

The University will respond to Reports or Formal Complaints (as defined below) of conduct prohibited under this policy with measures designed to stop the prohibited conduct, prevent its recurrence, and remediate any adverse effects of such conduct on campus or in University-related programs or activities.

The University will not deprive an individual of rights guaranteed under federal and state law (or federal and state anti-discrimination provisions; or federal and state law prohibiting discrimination on the basis of sex)

when responding to any claim of Sexual Misconduct.

Conduct that is prohibited under this policy may also constitute a violation of federal, state or local law and a student may be charged in the criminal justice system, as well as under this policy. Alternatively, charges can occur for violations of this policy which may not be violations of the law. The criminal justice system is different from this Sexual Misconduct process. The University reserves the right to reach its own determination on violations of this policy, independently of the outcome of any civil or criminal proceeding. The University retains the right to hear a Sexual Misconduct matter before, after, or during the pendency of a civil or criminal matter related to the same incident/conduct. If a matter is going through the criminal justice system, and a Report or Formal Complaint has also been made to the University, the Sexual Misconduct process at the University may proceed normally during the pendency of the criminal proceedings. As the Sexual Misconduct process is an educational disciplinary process, the legal rules related to evidence, criminal procedure, civil procedure and administrative procedure do not apply to this process.

STANDARD OF EVIDENCE

A finding under this policy will be based on the preponderance of the evidence standard. In other words, a finding will be made if the evidence as a whole shows that it is more likely than not that a violation of the Student Sexual Misconduct and Harassment Policy occurred. Under this policy, there is a presumption that the Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or the Respondent admits responsibility.

DEFINITIONS/TERMINOLOGY

- A. ACTUAL KNOWLEDGE – Notice of Sexual Misconduct or allegations of Sexual Misconduct made to the University's Title IX Coordinator, or any official of the University who has authority to institute corrective measures on behalf of the University (such as the Investigator, or Dean of Students). This standard is not met when the only official of the University with Actual Knowledge is also the Respondent. In addition, the mere fact that a third party who works for the University (such as a Responsible Employee) may become aware of allegations of Sexual Misconduct, or that such individuals have the ability or obligation to report Sexual Misconduct, or to inform another about how to report Sexual Misconduct, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the University.
- B. COMPLAINANT - An individual who is alleged to be the victim of conduct that could constitute Sexual Misconduct, or on whose behalf the Title IX Coordinator has filed a Formal Complaint.
- C. CONSENT – Consent is informed, knowing, voluntarily and freely given permission to engage in mutually agreed upon sexual activity. The University will apply a reasonable person standard in determining whether or not consent was given, unless otherwise required by law.
 - 1. The person giving consent must be capable of doing so freely, with the ability to understand what they are doing and the specific details (who, what, when, where, and how) of the sexual contact to which they are consenting.
 - 2. Consent may be given by words or actions, as long as those words or actions create mutually understandable permission regarding the conditions of sexual activity.
 - 3. It is the obligation of the person initiating sexual contact to obtain clear consent for the specific type of sexual contact sought. A person's use of alcohol and/or drugs shall not diminish such person's responsibility to obtain consent.

4. Lack of protest does not constitute Silence or passivity without words or actions that communicate mutually understandable permission cannot be assumed to convey consent.
 5. Use of violence, threats, coercion or intimidation invalidates any consent given.
 6. A verbal “no,” even if it may sound indecisive or insincere, constitutes lack of consent.
 7. Consent for one form of sexual contact does not imply consent to other forms. For example, consent to oral sex does not imply consent to vaginal/anal sex.
 8. It is expected that once consent has been established, a person who changes their mind during the sexual act or sexual contact will communicate through words or overt actions their decision to no longer proceed.
 9. Past consent does not constitute consent for future sexual contact/activity.
 10. Persons who are unable to give valid consent under New Jersey law, (i.e. minors, individuals with mental health disabilities) are considered unable to give consent under NJ State Policy N.J.S.A. 2C:4-2.
 11. Consent cannot be given by a person who is unconscious or sleeping. If consent has been given while a person is conscious or awake, and then that person becomes unconscious or falls asleep, consent terminates at that point.
 12. Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- D. DISCIPLINARY SANCTIONS - Disciplinary Sanction(s) shall be imposed upon a Respondent where a determination of responsibility for Sexual Misconduct has been made against the Respondent. Disciplinary Sanctions for Respondents may range from a warning to expulsion. Respondents will also be referred to appropriate authorities for criminal prosecution when appropriate, regardless of any Disciplinary Sanctions under this policy.
- E. FALSE REPORT– Intentionally making a report of Sexual Misconduct, to a University official knowing, at the time the report was made, that the prohibited conduct did not occur and the report was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party made a materially false report in bad faith.
- F. FALSE STATEMENT – Intentionally making a statement during the Grievance Process or Appeals Process to a University official knowing, at the time the statement was made, that it was false. A determination regarding responsibility, alone, will not be sufficient to conclude that any party or witness made a materially false statement in bad faith.
- G. FORMAL COMPLAINT – A document filed and signed by a Complainant, or signed by the Title IX Coordinator, alleging Sexual Misconduct against a Respondent, and requesting that the University investigate the allegations of Sexual Misconduct. The Formal Complaint should include in detail the nature of the complaint, dates and locations of particular events, names/contact information of witnesses (if any), the name of the individual(s) against whom the complaint is being made, and any other relevant information. A Report of Sexual Misconduct may be filed with the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report form found [HERE](#). Upon receipt of a Report of possible Sexual Misconduct, the Title IX Coordinator, or Designee, will reach out the Complainant to discuss the Complainant’s options, including the ability to file a Formal Complaint.
- H. INCAPACITATION – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness, and blackouts.
1. Where alcohol or drugs are involved, incapacitation is determined by how the substance impacts a

person's decision-making capacity, awareness of consequences, and ability to make informed judgements. In evaluating whether a person was incapacitated for purposes of evaluating effective Consent, the University considers two questions:

- a. Did the person initiating sexual activity know that their partner was incapacitated?
- b. Should a sober, reasonable person in the same situation have known that their partner was incapacitated?

If the answer to either of these questions is "yes," effective Consent was absent.

2. For purposes of this policy, incapacitation is a state beyond drunkenness or intoxication. A person is not incapacitated merely because they have been drinking or using drugs. The standard for incapacitation does not turn on technical or medical definitions, but instead focuses on whether a person has the physical and/or mental ability to make informed, rational judgments and decisions.
 3. A person who initiates sexual activity must look for the common and obvious warning signs that show that a person may be incapacitated or approaching incapacitation. Although every individual may manifest signs of incapacitation differently, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting, or incontinence. A person who is incapacitated may not be able to understand some or all of the following questions: "Do you know where you are?," "Do you know how you got here?," "Do you know what is happening?," or "Do you know whom you are with?"
 4. Because the impact of alcohol and other drugs varies from person to person, one should be cautious before engaging in sexual contact or intercourse when either party has been drinking alcohol or using drugs. The introduction of alcohol or other drugs may create ambiguity for either party as to whether effective Consent has been sought or given. If one has doubt about either party's level of intoxication, the safe thing to do is to forgo all sexual activity.
- I. REMEDIES - Remedies may be provided to a Complainant where a determination of responsibility for Sexual Misconduct has been made against the Respondent. Remedies are designed to restore or preserve the Complainant's equal access to the University's education program or activity. Remedies may include the same individualized services described in the Supportive/Interim Measures section below; however, unlike Supportive/Interim Measures, Remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the Respondent. Remedies provided may include, but not be limited to, a one-way no contact directive; changes to housing/work arrangements; or a leave of absence.
- J. REPORT - Anyone may file a Report alleging an incident of Sexual Misconduct of which they become aware. The Report should include as much information possible, such as details (if known) of the nature of the incident, dates of particular events, names/contact information of any Complainant, Respondent, witnesses (if any), and any other relevant information. A Report may be filed with the Title IX Coordinator, in person, by mail, by electronic mail, or by filling out the report form found [HERE](#).
- K. RESPONDENT - An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Misconduct.
- L. RESPONSIBLE EMPLOYEES - Certain employees, who under this policy, are required, after receiving information regarding Sexual Misconduct, to report it to the Title IX Coordinator. These employees include, but are not limited to, Rowan University Police Department Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans, and Residential Learning staff (Resident Assistants, Community Safety Assistants, Resident Directors, and Residential Learning Coordinators). Notwithstanding, knowledge of an incident of Sexual Misconduct by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not

constitute Actual Knowledge by the University.

M. SANCTIONS – See Disciplinary

N. SUPPORTIVE/INTERIM MEASURES – See Section X below.

PROHIBITED CONDUCT

This policy addresses allegations of Sexual Misconduct, against student Respondents, that occur on the basis of sex that do not fall within the definitional or jurisdictional requirements of the federal regulations underlying the [Title IX Sexual Harassment/Sexual Assault Policy](#). To the extent allegations of inappropriate behavior/misconduct against a student may not be covered by this policy or the Title IX Sexual Harassment/Sexual Assault Policy, they may still be addressed under the [Student Code of Conduct](#), [Procedure for Resolving Student v. Student Discrimination Complaints](#) or other applicable policy/procedure. Allegations against employees that do not fall under the Title IX Sexual Harassment/Sexual Assault Policy, may be addressed under the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence](#) Policy, or other applicable policy.

Examples of prohibited conduct under this policy, when alleged against a student, may include conduct: (i) that occurs in the local vicinity (i.e., local restaurant) but outside a University program or activity; (ii) occurs outside the United States when the conduct is associated with a University-sponsored program or activity; or (iii) conduct that involves the University's computing and network resources from a remote location, including but not limited to accessing email accounts.

Prohibited conduct (referred to collectively as "Sexual Misconduct" throughout the policy) is the following behaviors if they fall outside the jurisdictional requirements of the Title IX Sexual Harassment/Sexual Assault Policy.

- A. SEXUAL HARASSMENT – Unwelcome sexual or gender based verbal or physical behavior, through any medium, determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person of equal access to the University's education program or activity.
- B. SEXUAL ASSAULT – Any sexual act directed against another person, without their consent or where they are incapable of giving consent. An offense that meets the definition of rape, fondling, incest or statutory rape:
 - 1. *Rape*: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
 - 2. *Fondling*: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
 - 3. *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 - 4. *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- C. STALKING – Engaging in a course of conduct, through any medium, directed at a specific person that would cause a reasonable person to: (a) fear for the person's own safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of this definition:
 - 1. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows,

- monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property;
2. Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
 3. Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- D. DATING VIOLENCE – Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with another person. The existence of such a relationship shall be determined based on a consideration of the following factors: (a) the length of the relationship; (b) the type of relationship; and (c) the frequency of interaction between the persons involved in the relationship.
- E. DOMESTIC VIOLENCE – A felony or misdemeanor crime of violence committed by: (a) a current or former spouse or intimate partner; (b) a person with whom an individual shares a child in common; (c) a person who is cohabitating with, or has cohabitated with, the other person as a spouse or intimate partner; (d) a person similarly situated to a spouse of the other person under the domestic or family violence laws in which the crime of violence occurred; or (e) any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

In addition, prohibited conduct (Sexual Misconduct), shall include the following conduct which would not otherwise fall under the Title IX Sexual Harassment/Sexual Assault Policy.

- F. SEXUAL EXPLOITATION – Any act whereby one individual violates the sexual privacy of another or takes unjust or abusive sexual advantage of another who has not provided consent, and that does not constitute non-consensual sexual penetration or non-consensual sexual contact. Examples may include: prostituting another person; recording, photographing, transmitting, viewing, or distributing intimate or sexual images or sexual information without the knowledge and consent of all parties involved; voyeurism (i.e., spying on others who are in intimate or sexual situations); allowing third parties to observe private sexual activity from a hidden location (e.g., closet) or through electronic means (e.g., Skype or live-streaming of images); or knowingly transmitting a sexually transmitted infection to another person without the other's knowledge.

REPORTING OPTIONS – HOW TO FILE A REPORT/COMPLAINT

Students who have experienced Sexual Misconduct and those who have knowledge of Sexual Misconduct are strongly encouraged to report this information as soon as possible. Prompt reporting of incidents greatly improves the ability of the University and law enforcement to provide support resources to students and to address the violations effectively. Although there is no time limit for reporting Sexual Misconduct, delays in reporting may reduce the ability of the University and law enforcement to investigate and respond to incidents. After an incident of Sexual Misconduct, the student should consider seeking medical attention as soon as possible. In New Jersey, evidence may be collected even if you chose not to make a report to law enforcement.

It is a violation of this policy for anyone to make a False Report of Sexual Misconduct, or for anyone to make a False Statement. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

Reporting to Law Enforcement

- A. Where criminal behavior is involved, the University encourages, and will assist students with, reporting to law enforcement. However, students have the right to decline notifying law enforcement. For criminal offenses that occur on the University campus, students should immediately contact the Rowan University Police Department, 856-256-4911. The Rowan University Police Department can assist students in contacting and filing a report/complaint with any other agency when the incident did not occur on campus.
1. **Glassboro campus – Glassboro Police Department, 1 South Main Street, Glassboro, NJ 856-881-1500; <http://www.glassboropd.org/>**
 2. Camden campuses – Camden County Metro Police, 800 Federal Street, Camden, NJ 856-757-7440; <http://camdencountypd.org/>
 3. RowanSOM campus – Stratford Police Department, 315 Union , Stratford, NJ 856- 783-8616; <https://som.rowan.edu/oursom/campus/safety.html>
- B. LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, or Agender/Asexual) students should know that every Rowan University Police Department Officer will assist them should they choose to report Sexual Misconduct. However, if an LGBTQIA+ student would prefer, they can ask to speak directly with the Rowan University LGBTQIA+ police liaison.
- C. Behavior that constitutes a violation of this policy may also be a crime under the laws of the State of New Jersey.

Reporting to the University

- A. 1. A student may choose to report an incident of Sexual Misconduct to the University before they have made a decision about whether or not to report to law enforcement. A student has the right to file a criminal complaint and a Formal Complaint simultaneously.
2. Once a Report of Sexual Misconduct has been received, whether or not a Formal Complaint has been filed, the University will provide written notification to the Complainant about existing counseling, health, mental health, student advocacy, legal assistance, visa and immigration assistance, student financial aid, and other services that are available at Rowan and in the surrounding communities. For more information on these services please visit [OSEC's website](#).
3. Reports of incidents alleging to involve Sexual Misconduct or sex discrimination in a University program or activity should be made to the Title IX Coordinator in person, by mail, by electronic mail, or by filling out the report found [HERE](#).

Title IX Coordinator

Brandy Bennett

Office of Student Equity & Compliance, Hawthorn Hall, Third Floor

856-256-5440

bennettb@rowan.edu

In addition, prior to filing a Report or Formal Complaint, a person may reach out to the following individuals to discuss their reporting options. The below individuals are Responsible Employees under this policy and, therefore, will report the incident to the Title IX Coordinator. However, their knowledge of any incident does not constitute Actual Knowledge by the University. Thus, if a student wishes to ensure a Report/Formal Complaint has been made, the individual should also reach out to the Title IX Coordinator.

Athletics / LGBTQIA+

Penny Kempf, Associate Director of Athletics
Esby Gym, Glassboro Campus
856-256-4679
kempf@rowan.edu

Cooper Medical School of Rowan University

Dr. Marion Lombardi, Asst. Dean for Student Affairs
CMSRU Medical Education Building
Camden, NJ
856-361-2850
lombardim@rowan.edu

Elizabeth Staib, LCSW
Student Affairs, Asst. Director of Student Support Services
CMSRU Medical Building, Camden
856-361-2876
staib@rowan.edu

Rowan University School of Osteopathic Medicine

Dr. Paula Watkins, Assistant Dean for Admissions
Academic Center, One Medical Center Drive, Suite 113
Stratford, NJ 856-566-7050
fennerpa@rowan.edu

Graduate School of Biomedical Sciences

Dr. Diane Worrada, Director
42 East Laurel Road, UDP, Suite 2200
Stratford, NJ 856-566-6282
worrada@rowan.edu

Policy of Immunity

The University will grant immunity for using alcohol and drugs to both a Complainant and/or Respondent, unless the alcohol or drug was used knowingly to perpetrate violence. No one should be fearful of obtaining resources or remedies from a violent crime because they were intoxicated. In addition, the University will not pursue disciplinary action for drug or alcohol violations, or most other violations of the Student Code of Conduct, against a party or witness who comes forward in good faith to Report Sexual Misconduct. See [Rowan University Good Samaritan Policy](#)

Other Reporting Options

Student may also file a complaint with the U.S. Department of Education, Office of Civil Rights.

[Office of Civil Rights, U.S. Department of Education](#)

New Jersey, New York, Puerto Rico, Virgin Islands OCR
New York Office, U. S. Department of Education

32 Old Slip, 26th Floor
New York, NY 10005-2500
Telephone: (646) 428-3800
Facsimile: (646) 428-3843
Email: OCR.NewYork@ed.gov

CONFIDENTIALITY

The University will grant immunity for using alcohol and drugs to both a Complainant and/or Respondent, unless the alcohol or drug was used knowingly to perpetrate violence. No one should be fearful of obtaining resources or remedies from a violent crime because they were intoxicated. In addition, the University will not pursue disciplinary action for drug or alcohol violations, or most other violations of the Student Code of Conduct, against a party or witness who comes forward in good faith to Report Sexual Misconduct. See [Rowan University Good Samaritan Policy](#)

- A. Responsible Employees: When consulting campus resources, students should be aware that certain employees are Responsible Employees who under this policy are required, after receiving information regarding Sexual Misconduct, to report it to the Title IX Coordinator. These include, but are not limited to, Rowan University Police Department Officers, managers and supervisors, coaches, club and organization advisors, faculty, Deans, and Residential Learning staff (Resident Assistants, Community Safety Assistants, Community Directors, and Area Coordinators). Knowledge of an incident of Sexual Misconduct by a Responsible Employee (other than those who also have authority to institute corrective measures on behalf of the University) does not constitute Actual Knowledge by the University.

If an individual has reported information to a Responsible Employee, but the individual would like for the report to remain confidential, the student should contact the Title IX Coordinator, who will evaluate the individual's request for confidentiality. The Grievance Process will only be initiated when a Formal Complaint has been filed with or by the Title IX Coordinator.

- B. Confidential Resources: Students who desire that details of an incident be kept confidential can receive confidential services through the Counseling & Psychological Services Center (856-256-4333), which is located in the Wellness Center at Winans Hall. Counselors with specialized training are available to support students who report Sexual Misconduct. Counselors are available to help you free of charge, and can be seen on an emergency basis. The Student Health Center (856-256-4222) can also provide confidential consultation with students and may offer treatment to prevent sexually transmitted infections or pregnancy. In circumstances where the Health Center is unable to offer these services, they will provide a referral to an appropriate medical resource. In addition, you may speak with members of the clergy, who will also keep reports made to them confidential. LGBTQIA+ students who would like to speak with a confidential resource should know that every counselor at the Wellness Center is committed to supporting students of all gender identities, gender expressions, and sexual orientations. When speaking with these resources, a student's right to confidentiality is legally protected. However, there are limits to this protection in specific situations. For example, if a student discloses that the incident involved the use of a weapon or other contraband as defined by New Jersey law, or there is an ongoing threat or danger to the safety of another person (particularly children or the elderly), these resources may be required to report the incident to police.

- C. Federal Statistical Reporting and Federal Timely Warning Obligations: Certain campus officials have a

duty to report Sexual Misconduct for federal statistical reporting purposes. All personally identifiable information is kept confidential, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, etc. – with addresses withheld), for publication in the annual Campus Security Report. This report helps to provide the community with a clear picture of the extent and nature of campus crime to ensure greater community safety.

Individuals who report Sexual Misconduct should also be aware that University administrators may be required to issue timely warnings for certain incidents reported to them that pose a substantial threat of bodily harm or danger to members of the community, to aid in the prevention of similar occurrences. The University will withhold the names and other personally identifiable information of individuals as confidential, while still providing enough information for community members to make decisions related to their safety in light of the danger.

SUPPORTIVE/INTERIM MEASURES

Non-disciplinary, non-punitive individualized services will be offered to the Complainant and/or Respondent, as appropriate and as reasonably available, without fee or charge, where no Formal Complaint has been filed, or before or after the filing of a Formal Complaint. Such measures are designed to restore or preserve equal access to the University's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties, the University's educational environment, and/or to deter Sexual Misconduct.

Supportive/Interim Measures may include, but are not limited to, the provision of information related to counseling, academic support, mental health services; extensions of deadlines or other course-related adjustments; modifications of work or class schedules; campus escort services; mutual restrictions on contact between the parties (no contact directives); changes in work or housing locations; leaves of absence; increased security; and other similar measures. These measures may be implemented in coordination with the Vice President of Student Life/Dean of Students or designee (students) or the Vice President of Human Resources or designee (employees).

In addition, the University may place a student on an Interim Suspension, pending the outcome of the Grievance Process. This decision will be made in accordance with the University's [Student Code of Conduct](#).

The University will maintain as confidential any Supportive/Interim Measures provided to the Complainant or Respondent, to the extent that maintaining such confidentiality would not impair the University's ability to provide the Supportive/Interim Measure(s).

ADVISORS

A Complainant and Respondent each have the right to an Advisor of their choice during the Grievance Process (discussed below). An Advisor may be a family member, a friend, an attorney, or any third party (i.e., a trusted employee). Advisors are present to support the parties and to provide advice on procedural matters; but may not speak on behalf of the party.

Advisors must adhere to all conditions and obligations under this policy and as required by the University's process.

The Advisor has the right to accompany the Complainant or Respondent to any meetings with the Title IX Coordinator, Investigator (or their Designee), or University administrators, and the party has the right to

communicate with their Advisor during any meeting. The Advisor may also assist the Complainant or Respondent during the investigation, preparing/submitting a response to the investigation report, attend the live hearing, or assist with the filing of an appeal.

The Advisor does not have speaking privileges during the investigation/investigatory interviews. The Title IX Coordinator or designee will exercise control over the investigation. Anyone who disrupts an investigatory interview or who fails to adhere to University policies may be asked to leave an investigatory interview.

With respect to the Hearing, an Advisor may attend the Hearing, but may not actively participate in the Hearing.

Regardless of whether a party has an Advisor, the Title IX Coordinator, Investigator or Designee will correspond and communicate directly with the parties. If a party wishes for their Advisor to be copied on any correspondence or communications, the party should advise the Title IX Coordinator or Investigator.

GRIEVANCE PROCESS/PROCEDURES

Upon receipt of a Report of Sexual Misconduct, the Title IX Coordinator or Designee, will contact the Complainant to: (i) discuss available Supportive/Interim Measures, while taking into consideration the Complainant's wishes; (ii) inform the Complainant that the Supportive/Interim Measures are available with or without a Formal Complaint; and (iii) explain the process for filing of a Formal Complaint.

Upon receipt of a Formal Complaint, the University will initiate the Grievance Process.

The University will treat Complainants and Respondents equitably by providing Remedies to a Complainant where a determination of responsibility for Sexual Misconduct has been made against the Respondent, and by following the Grievance Process before the imposition of any Disciplinary Sanctions or other actions, that are not Supportive/Interim Measures, are taken against a Respondent.

Throughout the Grievance Process, there will be an objective evaluation of all relevant evidence, including both inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence. In addition, credibility determinations will not be based on an individual's status as a Complainant, Respondent, or witness.

Individuals involved in the Grievance Process (Title IX Coordinator, investigator, decision-maker, or any person designated by the University to facilitate an informal resolution process) shall not have a conflict of interest or bias for or against Complainants or Respondents generally, or an individual Complainant or Respondent. Such individuals shall also have the appropriate training as set forth in the Training Section of this policy.

It is presumed that a Respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance Process, or if a Respondent admits to responsibility.

It is a violation of this policy for anyone to make a False Report of Sexual Misconduct, or for anyone to make a False Statement during the Grievance Process. Disciplinary Sanctions may be imposed for intentionally making a False Report or False Statement.

A. Dismissal of a Formal Complaint

1. The Title IX Coordinator must dismiss the Formal Complaint, or allegations therein, at any time, if it is determined that the conduct alleged would not constitute Sexual Misconduct, even if proved. **Such a dismissal does not preclude the University from taking action under another provision of the University's policies.**

2. The Title IX Coordinator, in his/her discretion, may also dismiss the Formal Complaint, or allegations therein, if at any time during the Grievance Process, the following occurs: (1) the Complainant notifies the Title IX Coordinator, in writing that the Complainant would like to withdraw the Formal Complaint, or any allegations therein; (ii) the Respondent is no longer enrolled by the University; or (iii) specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.
 3. Written notice of any required or permitted dismissal, including any reason(s) therefore, shall be promptly sent to the parties simultaneously. This notice will also advise the parties of their appeal rights in accordance with this policy.
- B. Consolidation of Formal Complaints – Formal Complaints as to allegations of Sexual Misconduct against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one party against the other party, may be consolidated where the allegations of Sexual Misconduct arise out of the same facts or circumstances.
- C. Notice of Allegations – Upon receipt of a Formal Complaint, the Title IX Coordinator, or Designee, will provide written notice to the known parties, which includes:
1. A link to the University's Student Sexual Misconduct and Harassment Policy, so the parties can review the University's Grievance Process, including the Informal Resolution Process;
 2. Sufficient detail, of what is known at the time, related to the allegations of Sexual Misconduct, including details such as the identities of the parties involved, the conduct allegedly constituting Sexual Misconduct, and the date(s) and location(s) of the alleged incident(s);
 3. A statement that the Respondent is presumed not responsible for the alleged conduct, and that a determination regarding responsibility will be made at the conclusion of the Grievance Process;
 4. Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
 5. A statement that the parties and their Advisors will have the right to inspect and review evidence during the investigation of a Formal Complaint; and
 6. Reference to the provisions within the Student Sexual Misconduct and Harassment Policy that prohibits knowingly making False Reports or False Statements.
- Such notice will be provided to the parties within a reasonable period of time prior to conducting any investigatory interview, so that the parties have time to prepare and meaningfully respond. If, in the course of an investigation, the University decides to investigate allegations about the Complainant or Respondent that were not included in the initial notice, the University will provide notice of the additional allegations to be investigated, to the known parties.
- D. Formal Resolution Process
1. Written Notice of Meetings, Interviews, Hearings – Written notice of the date, time, location, participants, and purpose of all investigative interviews, hearings, or any other meetings, will be provided to any party whose participation is invited or expected, with sufficient time for the party to prepare to participate.
 2. Investigation of a Formal Complaint – After notification of the allegations in the Formal Complaint has been sent, the Investigator, or Designee, will promptly initiate an investigation within seven (7) calendar days. The investigation shall be completed in a reasonably prompt manner, and should be completed within ninety (90) calendar days from the time the Formal Complaint is filed.
 - a. The investigation will include interviews of the Complainant(s), Respondent(s) and any

- witnesses/individuals believed to have information relevant to the allegations, as well as the collection of any relevant evidence.
- b. Each party is permitted to have their Advisor present during any investigatory interview, or other meeting. However, while the party has the right to communicate with their Advisor during any meeting, the Advisor does not have speaking privileges during the investigation/investigatory interviews.
 - c. The investigator will not access, consider, disclose, or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional/paraprofessional acting in the professional/paraprofessional's capacity, or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the investigator obtains that party's voluntary, written consent to do so for a Grievance Process.
 - d. The parties and their Advisors are not restricted from discussing the allegations under investigation for the purpose of gathering and presenting evidence to the investigator.
 - e. During the investigation, the parties will be provided the opportunity to present witnesses, including fact and expert witnesses, and other inculpatory (evidence implying or imputing responsibility) and exculpatory (evidence exonerating responsibility) evidence.
3. Investigation Report – The Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and party/witness statements.
- a. Prior to an Investigation Report being prepared, all of the evidence gathered by the investigator (any evidence obtained as part of the investigation, that is related to the allegations in the Formal Complaint, including information that will not be relied upon in reaching a determination and without regard to the source of the information), will be shared with the parties and their Advisors (if any) simultaneously. Names and other identifying information of individuals may be redacted if required by the Family Educational Rights and Privacy Act ("FERPA"). The parties and their Advisors must keep the evidence confidential and not share it with anyone, except for the purpose of gathering and presenting relevant evidence to provide to the investigator within the 10-day period. Failure to abide by this confidentiality obligation may subject a party or Advisor to disciplinary action by the University.
 - b. Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the evidence.
 - c. After reviewing any timely submitted responses by the parties, the investigator will prepare an Investigation Report. The Investigation Report will fairly summarize the relevant evidence and party/witness statements.
 - d. The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. The parties may choose to provide a written response to the Investigation Report, which must be submitted to the investigator within ten (10) calendar days of receipt. The parties and their Advisors (if any) will be provided with an electronic or hard copy of the other party's written response, if any, to the Investigation Report.
 - e. A copy of the Investigation Report and any written response(es) will then be forwarded to the Office of Community Standards, for the scheduling of a Hearing.
4. Hearing – A Hearing should be scheduled by the Office of Community Standards no later than thirty (30) calendar days after receipt of the final Investigation Report.

- a. Each party may have one Advisor attend the Hearing. While a party may communicate with their Advisor, the Advisor may not actively participate in the Hearing. Prior to the scheduled Hearing, each party will be asked to identify their Advisor, if any, who will be present for the Hearing.
- b. Prior to the scheduled Hearing, the parties will be provided an opportunity to make a request for witnesses to participate in the Hearing on their behalf. The parties must notify the Assistant Dean of Students, or Designee, of any witnesses at least seven (7) calendar days prior to the Hearing. The parties will also be advised of potential Hearing Officer(s), and provided the opportunity to object to a specific Hearing Officer based on a conflict of interest.
- c. If the matter to be heard had originally attempted, but was unsuccessful at, the Informal Resolution Process, any information related to the Informal Resolution Process will not be admissible during the Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at the Hearing.
- d. The matter will be heard by a Hearing Officer. The Hearing Officer will exercise control over the manner in which the Hearing is conducted, including being responsible for managing the questioning process and make decisions regarding responsibility and any Disciplinary Sanctions, if applicable.
- e. Hearings may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses, and other participants may appear at the Hearing virtually, with technology enabling participants simultaneously to see and hear each other. For Hearings occurring in-person, at the request of a party, the University will provide for the Hearing to occur with the parties located in separate rooms with technology enabling the Hearing Officer, parties and their Advisors to simultaneously see and hear the party or the witness answering questions.
- f. Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
- g. The Hearing Officer will be provided access to the final Investigation Report and evidence at least twenty-four (24) hours prior to the Hearing. However, while the Hearing Officer may consider the final Investigation Report as evidence, the Hearing Officer will function as an independent adjudicator and will not be bound by any findings made by the investigator.
- h. At the beginning of the Hearing, the Hearing Officer, will enter his/her/ their name into the recording. The parties and their Advisors (if applicable) will also enter their names into the recording.
- i. The Hearing Officer will ask if the Respondent has received the original notice of allegation(s) letter, and understands the nature of the charges.
- j. The Hearing Officer will then confirm that the parties have received copies of the Formal Complaint, notice of allegation(s) letter, list of witnesses, along with the final Investigation Report.
- k. The remainder of the Hearing will customarily proceed in the following order:
 - i. Opening statement from the Complainant;
 - ii. Opening statement from the Respondent;
 - iii. Questioning of Complainant;
 - iv. Questioning of Respondent;

- v. Questioning of witnesses – each witness will be called one at a time, questioned separately, and dismissed at the conclusion of their testimony;
 - vi. Final questions of the Complainant(s)/Respondent(s) from the Hearing Officer;
 - vii. Respondent's final statement; and
 - viii. Complainant's final
- l. Each party will have the opportunity to cross examine the other party (and relevant witnesses, if any) by submitting cross-examination questions to the Hearing Officer for consideration. Only relevant cross-examination questions may be asked of a party or witness. The Hearing Officer has the sole discretion to determine what questions are relevant.
 - m. Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence: (1) are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or (2) concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent, and are offered to prove Consent.
 - n. The presentation of evidence by a party (including opening statements), cross-examination questions proposed, and final statements may be constrained to specified time periods when cumulative or as otherwise deemed appropriate by the Hearing Officer.
 - o. The Hearing Officer may not draw an inference about the determination regarding responsibility based solely on a party or witness's absence from the Hearing, or refusal to answer cross-examination or other questions.
 - p. Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
 - q. All Hearings will be closed to the public, and the only individuals who are permitted to attend are the Complainant(s), Respondent(s), their Advisors, the Hearing Officer, and any witnesses called to provide testimony. In addition, University administrators (i.e., legal counsel) may also attend the Hearing with prior approval from the Hearing Officer.
 - r. All Hearings will be audio and/or video. Upon request, a digital file will be made available to the parties for inspection and review.
5. Written Determination Regarding Responsibility/Disciplinary Sanctions – Within fourteen (14) calendar days following the Hearing, the decision-maker(s) will issue a written determination regarding responsibility, and Disciplinary Sanctions and/or Remedies (if applicable).
- a. If a Respondent has a record of prior disciplinary violations by the University, unless otherwise permissible, this information will not be considered by the Hearing Officer until after a determination of responsibility has been made, to assist the Hearing Officer in determining appropriate Disciplinary Sanctions.
 - b. The written determination will include:
 - i. A summary of the allegations of Sexual Misconduct;
 - ii. A description of the procedural steps taken from the receipt of the Formal Complaint through the determination, including any notices to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, evidence considered, and hearings held;

- iii. Findings of fact supporting the determination;
 - iv. Conclusions regarding the application of the University's Student Sexual Misconduct and Harassment Policy to the facts;
 - v. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any Disciplinary Sanction(s) the University will impose on the Respondent, and whether Remedies designed to restore or preserve equal access to the University's education programs or activities will be provided by the University to the Complainant; and
 - vi. Information regarding the University's process and permissible bases for the Complainant and Respondent to appeal.
- c. The University will provide the written determination to the parties simultaneously.
 - d. The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of an appeal, if any appeal is filed; or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

6. Informal Resolution Process

At any point after a Formal Complaint has been filed, but before a determination of responsibility has been made, the University offers the opportunity for the parties to take part in an Informal Resolution Process, as an alternative to the Formal Resolution Process.

Informal Resolution is an opportunity for the parties to settle their matter, without going through the entire Formal Resolution Process, and without a finding by the University related to responsibility. The University will not pursue disciplinary action against a Respondent during the Informal Resolution Process. And, if the parties seek an Informal Resolution after an investigation has already begun, the investigation will be suspended, pending the outcome of the Informal Resolution.

Any party interested in pursuing an Informal Resolution should advise the Title IX Coordinator. Engagement in the Informal Resolution Process is completely voluntary, and each party must provide their written consent prior to beginning the process. If both/all parties do not agree to the Informal Resolution Process, the Formal Complaint will be addressed through the Formal Resolution Process. Most matters will be eligible for the Informal Resolution Process; however, the Title IX Coordinator, in his /her discretion, may determine, based on the allegations in the Formal Complaint, that a matter is not appropriate for Informal Resolution.

The Informal Resolution Process will be facilitated by the Title IX Coordinator or Designee. The Informal Resolution Process will be initiated within ten (10) calendar days of the receipt of the written consent of both/all parties. The Title IX Coordinator, or Designee, will work with the parties to complete the Informal Resolution Process within thirty (30) days.

Prior to engaging in the Informal Resolution Process, the parties will receive written notice providing the following information: (i) disclosure of the allegations, (ii) the requirements of the informal resolution process, including the circumstances under which it precludes the parties from resuming a Formal Complaint arising from the same allegations; (iii) notice that prior to agreeing to a resolution, any party has the right to withdraw from the Informal Resolution Process and resume the Formal Resolution Process; and (iv) the consequences resulting from participating in the Informal Resolution Process, including the records that will be maintained or could be shared.

If the parties reach an Informal Resolution of a Formal Complaint, an agreement that outlines the terms

agreed upon by the parties will be prepared and signed by all parties. Each/all parties will be provided with a copy of the signed agreement, and the University will retain a copy in accordance with applicable law and its recordkeeping requirements. Agreements reached via the Informal Resolution Process shall be final and cannot be appealed. Any agreement reached through the Informal Resolution Process will provide that a student's failure to comply with the terms of the signed agreement may result in disciplinary action in accordance with the Student Code of Conduct.

If the Informal Resolution Process is unsuccessful, or a party requests to end the process before a resolution is reached, or if at any time the Title IX Coordinator, or Designee, determines an Informal Resolution is no longer appropriate, the matter will be addressed through the Formal Resolution Process.

If a matter is unsuccessful in reaching an informal resolution, and is to be addressed through the Formal Resolution Process, any information related to the Informal Resolution Process will not be admissible during a Hearing. In addition, the individual who facilitated the Informal Resolution Process may not be called as a witness at a Hearing.

APPEALS PROCESS

Complainants or Respondents may appeal the University's dismissal of a Formal Complaint (or any allegations therein); or a determination regarding responsibility, including any Disciplinary Sanction(s) imposed.

- A. Time to File an Appeal – An appeal must be in writing, and filed within seven (7) calendar days of the date of the letter informing the parties of the dismissal decision; or the determination regarding responsibility, including any imposition of Disciplinary Sanctions, if an appeal is not filed within seven (7) calendar days, the dismissal decision or determination regarding responsibility (including Disciplinary Sanctions, if applicable) will be deemed final.
- B. Bases for Appeal – Review of an appeal will be limited to the following bases:
 - 1. Procedural irregularity or substantive error that affected the outcome of the Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
 - 2. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
 - 3. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual Complainant or Respondent that affected the outcome of the matter; or
 - 4. The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
- C. Procedure for Appeal of Dismissal of Formal Complaint or Allegations – A party who wishes to appeal the Title IX Coordinator's decision to dismiss the Formal Complaint or an allegation therein, must submit the appeal in writing to the Vice President for Student Life and Dean of Students ("VP for Student Life"), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Life, or Designee, will review the appeal, any submission from the other party, Formal Complaint and the Title IX Coordinator's decision to dismiss, and then issue a written decision resolving the appeal, that includes the rationale for the decision, within fourteen (14) calendar days of receipt of the appeal. The appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination

regarding responsibility.

- D. Procedure for Appeal of Determination Regarding Responsibility/Sanctions – A party who wishes to appeal a determination of responsibility, including any Disciplinary Sanction(s) imposed, if applicable, must submit the appeal in writing to the Vice President for Student Life and Dean of Students (“VP for Student Life”), explaining in detail the basis of the request, and including any supporting The VP for Student Life, or Designee, will review the written appeal, any submission from the other party, and all documentation contained in the case file. The VP for Student Life, or Designee, will issue a written decision resolving the appeal, that includes the rationale for the decision, within twenty-one (21) calendar days of receipt of the appeal. The written appeal decision will be issued simultaneously to both/all parties. An assigned Designee shall not be the Title IX Coordinator, Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.
- E. Notification of Appeal – If a party files an appeal, the other party(ies) will be notified and may make their own written submission in support of or challenging the decision of dismissal/determination of responsibility, to the VP for Student Life/Designee, no later than seven (7) calendar days after receipt of such notice.
- F. Effect of Appeal – If there is an appeal of a determination regarding responsibility, including any Disciplinary Sanction(s) imposed, the imposition of the Disciplinary Sanction(s), if applicable, will be deferred pending the decision of the However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.
- G. Final Decision – An appeal may be resolved in the following manner:
1. A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
 2. A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
 3. A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
 4. A determination of responsibility is reversed, and a new outcome is determined, which may include imposition of Disciplinary Sanctions/Remedies or dismissal of the charges.

The decision made on appeal shall be the final action of the University.

TIMELINES

All time frames set forth in this policy may be extended by the Title IX Coordinator, Investigator, Hearing Officer, or their Designee for good cause, with written notice to the Complainant(s) and Respondent (s) of the delay and the reason for the delay. Good cause may include, but is not limited to, considerations such as the absence of a party/Advisor, or a witness; the need for language assistance or an interpreter; or a person with disabilities requests a reasonable accommodation.

RETALIATION

Any intimidation, coercion, discrimination or adverse action taken against an individual for the purpose of interfering with their rights under this policy, or because of that individual's participation in a complaint or investigation of Sexual Misconduct is prohibited retaliation.. Upon receiving allegations of retaliation related to this policy, the University will initiate appropriate grievance procedures consistent with University policies. At

the discretion of the Title IX Coordinator, allegations of retaliation may be consolidated with the underlying complaint of Prohibited Conduct or addressed through a separate process.

Disciplinary action against any individual who makes a False Report or False Statement does not constitute retaliation

RECORDKEEPING

The University will retain for a period of at least seven (7) years, the records related to complaints, supportive/ interim measures provided, investigations, transcripts or recordings of hearings, determinations of responsibility, informal resolutions, disciplinary sanctions, remedies provided, appeals and training.

TRAINING

The University will provide appropriate training to University officials with responsibilities under this policy, including the Title IX Coordinator, investigator(s), decision-makers, and any person who will facilitate an informal resolution process.

REASONABLE ACCOMMODATIONS

Any student with a disability who needs a reasonable accommodation to assist with reporting Sexual Misconduct, responding to claims made against them, participating in the investigation and/or adjudication process, and/or determining Supportive/Interim Measures, should advise the Title IX Coordinator as soon as possible.

REFERENCES

- A. [File a Report](#)
- B. [Office of Student Equity and Compliance](#)
- C. [Title IX of the Education Amendments of 1972](#)
- D. [Title IX Sexual Harassment/Sexual Assault Policy](#)
- E. [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)
- F. [Student Code of Conduct](#)
- G. [Disruptive Behavior and Workplace Violence Policy](#)
- H. [Good Samaritan Policy](#)
- I. [Pregnancy and Related Conditions Policy for Students](#)

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|---|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Jenene Thomas: Program Specialist | 06/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 08/2012
Effective: 05/2025
Last Approved: 05/2025
Last Revised: 05/2025
Next Review: 05/2026
Owner: *Nicholas Stamatiades: Assistant
Dean for Finance,
Administration, and Op*
Area: *Tuition*
References:

Emergency Assistance Fund

POLICY:

Emergency Assistance Fund

PURPOSE:

To establish a fund for students in need.

SCOPE:

This policy affects all students of Cooper Medical School of Rowan University.

PROCEDURE:

The Emergency Assistance Fund at Cooper Medical School of Rowan University (CMSRU) has been established to help support students facing unexpected hardships. The purpose of the Fund is to help students to continue their medical education at CMSRU, without interruption, due to financial challenges, excluding tuition and fees costs, and that will enhance their medical education pursuits.

Emergency Assistance Fund Application Process

- Students seeking support from the Emergency Assistance Fund will submit an application that will be reviewed and approved by the Emergency Assistance Committee at CMSRU.
- Application for funding includes, but is not limited to: funding in support of immediate daily living expense, supplies and/or housing; financial support for costs associated with studying for and taking the USMLE during the students' time at CMSRU; transportation; unforeseen health care costs, excluding health insurance premiums; required technology for remote learning; unforeseen costs associated with books or fees at CMSRU; and other vital living expenses that will help reduce a student's unnecessary financial stress.
- Application for these Emergency Assistance Awards and selection of the financial awards shall be determined throughout each academic year, as needed, based on applications received, by the CMSRU Office of Student Affairs. Final approval shall be determined from the Office of Financial Aid Services pursuant to its eligibility and selection criteria.
- Students should submit only one (1) Emergency Assistance Funding application in an academic year, unless there is a special circumstance.
- The CMSRU Emergency Assistance Fund has limited resources that are budgeted annually. When those

funds are depleted during the year, applications will be reviewed and determined for funding during the next academic year.

Minimum Eligibility Requirements

- Currently enrolled as a CMSRU student;
- In good academic standing with CMSRU;
- Documentable need for the funds requested (please include all necessary attachments);
- All Financial Aid options have been exhausted, according to the CMSRU Office of Financial Aid Services.




Review and Approval Process

- The CMSRU Emergency Assistance Fund Committee is made up of representatives from CMSRU's Office of Student Affairs, Business Office, Development Office, and Office for Financial Aid Services.
- The Committee will review each fully completed application when received via email, and a determination will be delivered to the applicant via email within two (2) weeks. If further information or documentation is needed, the applicant will be notified, and the determination period will exceed two (2) weeks.
- If approved, the student will receive an amount of funding determined by the Committee. It will be transferred electronically into their Rowan University student account.
- Although the funds do not need to be repaid, each awardee will be asked to write a note of gratitude to the benefactor(s) within two (2) weeks of receiving the funding.

NOTE:

This fund is not for use in paying tuition or student fees. The Assistant Director of Financial Aid Services and Financial Aid Services Specialist meet with every student regularly to be certain that the costs of tuition and fees, living expenses, and other expenses are budgeted and are covered through grants, loans, and scholarship.

Attachments

-  [ACH Set Up form.pdf](#)
-  [StudentEmergencyApplication.docx](#)
-  [W-9 form.pdf](#)

Approval Signatures

| Step Description | Approver | Date |
|---|--|---------|
| Final Approval- Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
| Policy Owner- Review and determine if changes are needed; Add | Nicholas Stamatiades: Assistant Dean for Finance, Administration, and Op | 05/2025 |

| Step | Description | Approver | Date |
|------|----------------------------|----------|------|
| | collaborators as needed | | |

COPY



Cooper Medical School
of Rowan University

Origination: 05/2021
Effective: 06/2025
Last Approved: 06/2025
Last Revised: 06/2025
Next Review: 06/2026
Owner: *Nicholas Stamatiades: Assistant
Dean for Finance,
Administration, and Op
Tuition*
Area: *Tuition*
References:

New Jersey Residency Policy and Eligibility for In-State Tuition

I. PURPOSE

CMSRU adheres to the Rowan University New Jersey Residency Policy and Eligibility for In-State Tuition Policy.

This Policy outlines Rowan University's policy relating to the determination of domicile for purposes of determining eligibility for in-state tuition as provided in the New Jersey Administrative Code 9A:5-1.1, et. seq.

II. ACCOUNTABILITY

Under the direction of the Provost, the University Registrar or relevant designee will be responsible for implementation and ensuring compliance with this policy.

III. APPLICABILITY

This policy shall apply to all students of Rowan University, enrolled in undergraduate, graduate, or professional degree programs. It shall be applicable in all schools and colleges of Rowan University.

IV. POLICY

A. Eligibility for In-State Tuition

1. U.S. Citizens

a. Domicile Generally

- i. Rowan University determines eligibility for in-state tuition purposes according to New Jersey Administrative Code 9A:5-1.1, et seq., which requires that a student be legally domiciled in the state of New Jersey for at least twelve (12) months immediately prior to enrollment in order to be charged in-state tuition. All those domiciled outside of the state are charged out-of-state tuition.
- ii. Domicile is defined as the place where a person has his or her true, fixed, permanent home and principal establishment, and to which, whenever he or she is absent, he or she has the intention of returning.

- iii. Persons residing in New Jersey for a period of 12 months before first enrolling at a public higher education institution in this State are presumed to be domiciled in this State for tuition purposes.
- iv. Persons residing in New Jersey for fewer than 12 months before first enrolling at a public higher education institution in this State are presumed not to be domiciled in this State for tuition purposes.
- v. Residence established solely for the purpose of attending a particular educational institution does not constitute domicile for tuition purposes.

b. Domicile of Dependent Students

- i. Dependent students as defined in the rules of the Higher Education Student Assistance Authority at N.J.A.C. 9A:9-2.6 are presumed to be domiciled in the state in which their parent(s) or legal guardian(s) is domiciled. Dependent students whose parent(s) or legal guardian(s) is not domiciled in New Jersey are presumed to be in the State for the temporary purpose of obtaining an education and presumed not to be domiciled in New Jersey.
- ii. A dependent student who has been determined to be eligible for in-state resident tuition shall continue to be eligible despite a change of domicile to another state by the student's supporting parent(s) or legal guardian(s), provided that the student continues to reside in New Jersey during each academic year of enrollment

2. Non-US Citizens

- a. Residency for non-US citizens is determined based on criteria established by federal immigration laws. Most visa holders who are in the United States are considered to be present temporarily and are therefore ineligible for in state tuition. B, C, D, F, J, and M Visas cannot qualify for in-state tuition as they are either solely study-based visas (like F and J visas) or visas that do not allow study in the U.S. (like B, C, and D visas). All other nonimmigrant visa holders may qualify for in-state tuition if they (1) meet the minimum NJ residency requirements, and (2) the student and/or parent(s) of dependent students can provide documentation showing payment of New Jersey State income tax. Alien nationals who are in the United States and hold permanent resident status, or refugee status or asylee status with a pending asylum application will be considered the same as United States citizens for purposes of assessing tuition. In either instance, the approval date on the visa must be prior to the first day of the semester for which the change in status is sought.
- b. Notwithstanding the provisions of any law or regulation to the contrary, under the DREAM Act, a student, other than a nonimmigrant alien within the meaning of section 101 (a)(15) of the "Immigration and Nationality Act" (8 U.S.C. s.1101(a)(15)), shall be exempt from paying out-of-State tuition at a public institution of higher education if the student satisfies all of the following requirements:
 - i. Attended high school in this State for three or more years;
 - ii. Graduated from a high school in this State or received the equivalent of a high school diploma in this State;
 - iii. Registers as an entering student or is currently enrolled in a public institution of higher education not earlier than the fall semester of the 2013-2014 academic year; and
 - iv. In the case of a person without lawful immigration status, files an affidavit with the

institution of higher education stating that the student has filed an application to legalize his immigration status or will file an application as soon as he is eligible to do so. N.J.S.A. 18A:62-4.41.

3. Military / Military Dependents

United States military personnel and their dependents, as well as students using GI Bill benefits, that are living in New Jersey shall be regarded as residents of New Jersey for tuition purposes. N.J.S.A. 18A: 62-4.1. In addition, dependent children of military personnel who attended New Jersey high school for a minimum of three years shall also be considered eligible residents for tuition purposes, regardless of where the dependent resides upon enrollment in Rowan. Questions relating to military personnel and dependent tuition benefits may be directed to the Military Services Office.

B. Initial Determination of Domicile

1. The initial determination of a student's domicile for in-state tuition purposes is made during a student's application to Rowan University and is based on answers to the residency questions on the application, permanent address, and in the case of undergraduate students, attendance at high school.
2. For medical school students, the state of their permanent address on their applications and their State of Legal Residence (SLR) through the common application service American Medical College Admission Service (AMCAS) and Osteopathic Medical College (AACOMAS) are presumed to be domiciled in the state of that application. In the case where both a permanent address and a SLR are provided, the SLR will determine domicile.

C. Reconsideration of Initial Determination of Domicile

1. A student who disagrees with Rowan's initial determination of domicile may submit a request for reconsideration of the student's domiciliary status ("Request for Reconsideration"). A student may also submit a Request for Reconsideration of the student's domiciliary status at any time if the student's circumstances have changed. If a Request for Reconsideration results in eligibility for in-state tuition, the in-state rate shall not be retroactive but shall apply to charges for the next academic term.
2. A mere change of address is not sufficient to evidence change in that student's fixed, permanent home.

a. Procedure

- i. A student submitting a Request for Reconsideration must complete the Residency Analysis Form and attach the required supporting documentation as set forth in this Policy. A change of address in Banner will not automatically trigger this process. Matriculated students should initiate the process by contacting the relevant office identified in the Residency Analysis Form and emailing all relevant documentation to the office from their official Rowan email account.
- ii. If moving out of the state of New Jersey, students must email the appropriate contact identified in the Residency Analysis Form from their official Rowan email address informing Rowan of this fact and the date the change is effective so that the student's records may be updated accordingly. The change in tuition cost to out-of-state tuition will become effective the first semester following the change in residency. The Office of the University Registrar runs address change reports several times each year, during which a student moving outside of New Jersey could be flagged. It is the student's responsibility to check their account each term and to make any necessary requests in a timely manner, which is

at least before bills are due for the term in question.

- iii. If the student's residency has changed to the state of New Jersey, the student should email the appropriate contact identified in the Residency Analysis Form from their official Rowan email address informing Rowan of the change, and the date the change is effective, so that the student's records may be updated accordingly. The student must complete the Residency Analysis Form and submit it, along with the documentation required by this Policy, to the relevant office.

b. Required Documentation

The following documentation must be submitted by students in support of a Request for Reconsideration:

- i. A notarized affidavit signed by the student making the request, declaring domicile in New Jersey, and including the following details:
 - a. "I, [FULL LEGAL NAME], [ROWAN ID], verify that I have been a New Jersey resident for at least the past 12 months. I further confirm that I moved to New Jersey in [MONTH] and [YEAR] and did not do so for educational purposes, but rather because [EXPLANATION]."
 - b. The affidavit should also detail any other information/clarification that the student believes would be necessary in the student's particular case to assist in the determination of
 - c. The affidavit must state the student's current New Jersey address.
 - d. If the New Jersey tax returns do not clearly show dependent status of the student, it must be included in the notarized statement.
- ii. New Jersey state income tax return.
 - a. Independent students must submit a copy of their New Jersey state income tax return for the most recent tax year that demonstrates that the student was domiciled in New Jersey for at least 12 months prior to the Request for
 - b. Dependent students must submit a copy of their parent or legal guardian's New Jersey State income tax return for the most recent tax year that demonstrates that they were domiciled in New Jersey for at least 12 months prior to the Request for Reconsideration.
 - i. A New Jersey driver's license or non-driver's identification card showing at least twelve months of residency in New Jersey, and/or a New Jersey voter registration card (for U.S. citizens only) showing at least twelve months of residency in New Jersey, preferably both.
 - ii. Medical school and graduate school students must also provide evidence of the student's ownership of, or a long-term lease (six years or longer) on, a permanent residence in New Jersey.
 - iii. For non-US citizens who are permanent resident aliens, items 1 through 3 above as available, a copy of the student's permanent residency card, and at least three (3) of the following: the student's banking documents; utility bills; documents from the previous institution of higher education indicating that institution's recognition of the student's New Jersey domicile; New Jersey employment documents; any other documents identifying a social or economic relationship with New Jersey.

iv. Active members of the military, or dependents of active members of the military, should contact the Military Services Office. The Office will work with students to collect Certificates of Eligibility or other service-related paperwork as may be appropriate.

c. Rowan may request or accept other supplementary evidence that it deems necessary to support the student's claim of New Jersey domicile, consistent with N.J.A.C. 9A:5-1.2.

c. Determination

- i. The determination of a student's domicile will be made on the basis of evidence submitted. Determinations will be emailed by the Registrar (or relevant office) to the student's official Rowan email. A Request for Reconsideration will take time to complete and must be requested at least 30 days prior to the start of the semester in which the tuition change is requested. Determinations of New Jersey residency for tuition purposes will apply to the next semester/term. Retroactive assessments are not performed.
- ii. Rowan will keep with the student's records copies of the evidence it used in determining domicile.

d. Appeal

- i. Appeals from the initial determination and/or any determination made after a Request for Reconsideration will be accepted no later than 30 days after the date of notification of any such determination. The student must submit an appeal to the Provost's Office. The Provost's Office will then forward the appeal to the following officers:
 - a. Dean of Students for undergraduate student appeals
 - b. Dean of CMSRU for medical students at CMSRU
 - c. Dean of Rowan-Virtua SOM for medical students at Rowan-Virtua SOM
 - d. Senior Associate Dean for Research & Graduate School of Biomedical Sciences for GSBS Graduate Students
- ii. The officer will respond to the student within thirty (30) days of the receipt of the appeal. The decision of the appeal officer is final.

e. Penalties

- i. If a student has obtained or seeks to obtain resident classification by deliberate concealment of facts or misrepresentation of facts or if he/she fails to come forward with notification upon becoming a non-resident, he/she will be subject to disciplinary action, up to and including expulsion in accordance with applicable Student Conduct policies and repayment of the differential between out of state and in state tuition.

V. ATTACHMENTS

A. [Residency Analysis Form](#)

(open link, download form-top right down arrow-for writable version of form)

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|---|--|---------|
| Final Approval- Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner- Review and determine if changes are needed; Add collaborators as needed | Nicholas Stamatiades: Assistant Dean for Finance, Administration, and Op | 06/2025 |

COPY



Cooper Medical School
of Rowan University

Origination: 08/2017
Effective: 06/2025
Last Approved: 06/2025
Last Revised: 06/2025
Next Review: 06/2026
Owner: *Nicholas Stamatiades: Assistant Dean for Finance, Administration, and Op*
Area: *Tuition*
References:

Refunds

PURPOSE:

This policy delineates the schedule for refunds in the event a student is unable to complete the semester. In the event a student withdraws or is dismissed from CMSRU, requests an official Leave of Absence, or enrolls into an alternate plan of study (e.g. Independent Study (IS), Student Scholar Research (SSR), Flexible Curriculum, (FC), etc.) after the semester has begun, tuition charges may be prorated. CMSRU will determine the student's last date of attendance.

SCOPE:

The refund policy applies when a student: withdraws from or is dismissed from school; or fails to complete a period of enrollment.

DEFINITIONS:

N/A

PROCEDURE:

1. Students who withdraw, are dismissed, take an official Leave of Absence, or enroll in an alternate plan of study after a semester commences, may be issued a refund as outlined in the CMSRU refund schedule.

Tuition refunds will be applied as follows:

| <i>Withdrawal during</i> | <i>Refund</i> |
|--|----------------------|
| First five class days, including Orientation | 100% |
| Day 6 through less than one third (<1/3) of a semester | 75% |
| More than one third (>1/3) of a semester | No Refund |

Tuition refunds will not be issued after more than one third of a semester has been completed.

With the exception of military leave, CMSRU students who withdraw or are dismissed, take an official Leave of Absence (LOA), or enroll in an alternate plan of study after the semester has begun, will be granted a 75% tuition refund during the first third of a semester.

Students enrolled in one course or Independent Study will be charged 25% tuition. Students enrolled in

two courses will be charged 50% tuition. Students enrolled in three or more courses will be charged 100% tuition. All enrolled students, including graduating students participating in the Match/ERAS process (without an official exemption due to special circumstances), are charged student fees. Student fees are non-refundable.

2. All students receiving financial aid should consult with financial aid services in the CMSRU Office of Student Affairs, to determine the manner in which their financial aid account will be affected based on their last date of enrollment. Change of status request forms, federal loan funding return to lender calculations, and exit loan counseling may need to be completed.
3. If the student's award package included any federal funds other than Federal Work-Study and the leave of absence or withdrawal occurs in the first 60% of the semester, federal regulations require that a portion of the student's federal aid be returned to the aid programs. The portion of aid to be returned is determined by a federally mandated calculation based on the number of days remaining in the semester, and the refund due to the aid programs is credited in the following order:
 1. Outstanding balances on Federal Unsubsidized Direct Loans;
 2. Outstanding balances on Federal Subsidized Direct Loans;
 3. Outstanding balances on Federal Perkins Loans;
 4. Outstanding balances on Federal Graduate PLUS Loans;
 5. Other Title IV aid programs, if applicable; and
 6. Financial aid programs sponsored by the US Department of Health and Human Services.

For additional information regarding tuition and fees, please see the [CMSRU Tuition and Fees Policy](#).

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 06/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Nicholas Stamatiades: Assistant Dean for Finance, Administration, and Op | 06/2025 |



Cooper Medical School
of Rowan University

Origination: 04/2017
Effective: 05/2025
Last Approved: 05/2025
Last Revised: 05/2024
Next Review: 05/2026
Owner: *Nicholas Stamatiades: Assistant
Dean for Finance,
Administration, and Op*
Area: *Tuition*
References:

Tuition and Fees

POLICY:

Tuition and Fees Policy

PURPOSE:

To establish the tuition and fee schedules for CMSRU students.

SCOPE:

This policy applies to all CMSRU students.

PROCEDURE:

Total planned tuition and fees for entering in-state and out-of-state students will be determined yearly, approved by the Rowan University Board of Trustees, and posted on the CMSRU website as well as in printed materials that are distributed to prospective and continuing students.

A student may be viewed as a New Jersey resident for tuition purposes if they fulfill the criteria outlined in the CMSRU Proof of New Jersey Residency Policy.

In addition to tuition, each student will be responsible for CMSRU fees as follows:

DISABILITY INSURANCE FEE

A disability, as it applies to a medical student, is a sickness or injury that prevents a student from attending classes and performing the normal duties of a medical student, and requires the regular care and attendance of a physician other than the student or a family member.

Disability insurance coverage for all medical students is provided by CMSRU on the first day of enrollment and throughout medical school, with an option for students to continue the plan into residency.

STUDENT HEALTH AND WELLNESS FEE

CMSRU provides access to contracted services which provide for psychiatric, counseling, and occupational health-related services.

Confidential psychiatric services are available to assist CMSRU students with medication evaluation and medication management. These confidential services are offered through a contracted Cooper University

Health Care psychiatrist. **As a requirement of the Liaison Committee on Medical Education (LCME), providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.*

Confidential counseling services are offered, including multiple individual sessions to students and their family members, to receive counseling for a variety of issues. The services also include psychoeducational workshops and 24/7 access/crisis response.

CMSRU contracts with a 3rd party provider for occupational health services. Comprehensive treatment is provided to CMSRU students who sustain work-related non-life threatening or non-limb threatening injuries or illnesses, administration of required immunizations, mask fit testing, and storage/maintenance of student health records.

STUDENT ACTIVITIES FEE

The Student Activities Fee is used primarily to cover the costs of CMSRU's student leadership group, wellness activities, student-centered events, and support of special interest clubs/organizations that supplement students' classroom experiences and promote physical, social, and emotional wellness.

Costs associated with CMSRU's unique Advisory Colleges Learning Communities model are also covered by the Student Activities Fee. The Advisory College Learning Communities encompass faculty guidance, career exploration, and professional identity formation while providing shared learning through various activities to deepen collective knowledge of identified subject matters.

GENERAL SERVICES FEE

The General Service Fee is used to primarily cover fixed costs of providing educational services that may not be directly related to specific programs, groups, or services. The fee helps defray the cost related to debt service and operating and maintenance costs related to construction projects, preventive and deferred maintenance, as well as utility and lease-related costs.

TECHNOLOGY FEE

The Technology Fee covers the cost of general Rowan University/CMSRU Information Technology services provided to CMSRU students. The fee also covers the costs of exam delivery and assessment tools, extensive electronic library resources, and costs associated with CMSRU's state-of-the-art Simulation and Clinical Skills Center.

Secondary Application Fee (non-refundable): \$100.00

Applicants who qualify for an AMCAS fee waiver will automatically receive a waiver for the CMSRU application processing fee.

Acceptance deposit (refundable on or before April 30): \$100.00

*Health Insurance is required for all CMSRU students. Students are responsible for all health plan associated fees.

TERM BILLS AND LATE FEE INFORMATION

All bills are paperless and billing notifications will be electronically sent by the Rowan University Bursar's Office to student Rowan e-mail accounts each semester.

If a student fails to pay their student account bill by the scheduled due date, Rowan University may assess a late payment fee of \$65.00 per occurrence on the past due portion of the student's account until the past due account is paid in full. If balances aren't paid in full, holds may be placed on student accounts, which prevents future registration, transcript processing requests, and diplomas from being issued. Payment options (including deferred payment plans) are detailed [here](#). Rowan University's Student Financial Responsibility Agreement is available [here](#).

For additional information regarding tuition refunds, please see the [CMSRU Refunds Policy](#).

Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--|--|---------|
| Final Approval-Dean | Annette Reboli: Dean, Cooper Medical School | 05/2025 |
| Policy Owner-Review and determine if changes are needed; Add collaborators as needed | Nicholas Stamatiades: Assistant Dean for Finance, Administration, and Op | 05/2025 |