



**Cooper Medical School
of Rowan University**

Student Handbook



The policies and procedures included in the Cooper Medical School of Rowan University (CMSRU) Student Handbook reflect the most current policies and procedures of CMSRU and Rowan University (where applicable). CMSRU policies and procedures are subject to amendment and change without prior notice. Minor changes will be posted directly to the Student Handbook. When major changes occur, a notification will be sent to all students.

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All policies and procedures in this manual are subject to revision at any time.

The following Rowan University policies are included in the student handbook. Cooper Medical School of Rowan University students, faculty, and staff are expected to comply with these policies.

Rowan Policies	Page Number	Link to Rowan Confluence
<u>Statement of Principles</u>	62	https://confluence.rowan.edu/display/POLICY/Statement+of+Principles
<u>Student Code of Conduct</u>	68	https://confluence.rowan.edu/display/POLICY/Student+Code+of+Conduct
<u>Policies Related to Health and Safety</u>	172	https://confluence.rowan.edu/display/POLICY/Alcohol+and+Other+Drugs+Policy
<u>Emergency Preparedness</u>	200	https://confluence.rowan.edu/display/POLICY/Emergency+Preparedness
<u>Free Speech and Peaceful Assembly</u>	203	https://confluence.rowan.edu/display/POLICY/Free+Speech+Policy
<u>General Safety and Security</u>	210	https://confluence.rowan.edu/display/POLICY/General+Safety+and+Security
<u>Service and Emotional Support Animals</u>	231	https://confluence.rowan.edu/display/POLICY/Service+and+Emotional+Support+Animals+Policy
<u>Smoking</u>	240	https://confluence.rowan.edu/display/POLICY/Smoking+policy
<u>Weapons Prohibition on Campus</u>	249	https://confluence.rowan.edu/display/POLICY/Weapons+Prohibition+on+Campus
<u>Policies Related to Communications; and Information Technology Resources</u>	280	https://confluence.rowan.edu/display/POLICY/Acceptable+Use+Policy
<u>Data Governance</u>	291	https://confluence.rowan.edu/display/POLICY/Data+Governance+Policy
<u>Information Security</u>	301	https://confluence.rowan.edu/display/POLICY/Information+Security+Policy
<u>New Jersey Residency Policy and Eligibility for In-State Tuition</u>	254	https://confluence.rowan.edu/display/POLICY/New+Jersey+Residency+Policy+and+Eligibility+for+In-State+Tuition
<u>Social Media</u>	307	https://confluence.rowan.edu/display/POLICY/Social+Media+Policy#:~:text=Members%20of%20the%20University%20community%20may%20not%20access%20social%20media,online%20forums%20for%20personal%20communication.
<u>Transmission of Sensitive Information</u>	318	https://confluence.rowan.edu/display/POLICY/Transmission+Sensitive+Information+Policy
<u>University Mass Notification Systems</u>	320	https://confluence.rowan.edu/display/POLICY/University+Mass+Notification+Systems+Policy
<u>Pregnancy and Related Conditions Policy</u>	228	https://confluence.rowan.edu/display/POLICY/PREGNANCY+AND+RELATED+CONDITIONS+POLICY+FOR+STUDENTS
<u>Policies Related to DEI - Anti-Discrimination</u>	323	https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment
<u>Policy prohibiting Discrimination in the Workplace and Educational Environment</u>	349	https://confluence.rowan.edu/display/POLICY/Policy+Prohibiting+Discrimination+in+the+Workplace+and+Educational+Environment
<u>Preferred Name</u>	364	https://confluence.rowan.edu/display/POLICY/Preferred+Name+Policy
<u>Procedure for Resolving Student v. Student Discrimination Complaints</u>	369	https://sites.rowan.edu/diversity-equity-inclusion/_docs/procedure-for-t6.pdf

<u>Protection of Minors on Campus</u>	375	https://confluence.rowan.edu/display/POLICY/Protection+of+Minors
<u>Student Sexual Misconduct and Harassment</u>	385	https://confluence.rowan.edu/display/POLICY/Student+Sexual+Misconduct+and+Harassment+Policy
<u>Title IX Student Sexual Harassment/Sexual Assault</u>	406	https://confluence.rowan.edu/pages/viewpage.action?pageId=132646706

Mission Statement

Cooper Medical School of Rowan University is committed to providing humanistic education in the art and science of medicine within a scientific and scholarly community in which excellence in patient care, inclusivity, innovative teaching, scholarly activity, and service to our community are valued.

Vision

Cooper Medical School of Rowan University will distinguish itself as an innovator in medical education and biomedical research that will lead to the transformation of healthcare.

A Message from Dean Reboli



Welcome to Cooper Medical School of Rowan University! This is an important journey that you will find challenging, interesting and sometimes arduous, but one that I believe you will find extremely rewarding.

Since our official launch in 2012, CMSRU has been leading an evolution of medical education across the United States. Our innovative curriculum -- including small group, self-directed learning; early exposure to patient care through the student-run clinic and Week on the Wards; and mandatory service learning -- have set CMSRU apart and raised the bar for new and legacy medical schools, alike. CMSRU's graduates are achieving tremendous success as residents, fellows, and practicing physicians at programs across the country where they've been recognized not just for their clinical skills, but for their professionalism and humanism as well.

CMSRU has more than 700 faculty members who are actively involved in cutting-edge research and/or clinical care. And while they are leaders in their professions, our faculty is also deeply committed to educating and preparing YOU. They will provide all the learning opportunities and tools you will need

to succeed in medical school. I advise you to get to know these brilliant women and men, and value the knowledge, wisdom and experiences they are willing share with you.

As a member of the CMSRU community, it's imperative that you understand your rights and responsibilities as a student. I'm pleased to present you with CMSRU's updated Medical Student Handbook, which offers a detailed guide to academic policies and procedures, as well as resources and opportunities available to you. I urge you to familiarize yourself with these policies early in the year.

I wish you much success this academic year.

With warmest regards,

Annette C. Reboli, M.D.

Annette C. Reboli, MD
Dean and Professor of Medicine

The Origins of Cooper Medical School of Rowan University



Cooper Medical School of Rowan University (CMSRU) was conceptually created by the executive order of Governor Jon Corzine, on June 25, 2009. This act was the culmination of a more than 30-year effort by Cooper University Hospital to become the hospital partner of a four-year allopathic medical school in southern New Jersey. CMSRU linked two institutions that continue to experience a meteoric rise in prestige in the Delaware Valley. Rowan University and The Cooper Health System both share a commitment to education and research and to enriching the lives of the citizens of our region. A formal affiliation agreement between Cooper and Rowan University was entered into on September 21, 2010, to support a program of classroom, laboratory, and clinical education meeting the highest academic standards of the Liaison Committee on Medical Education (LCME).

About Rowan University



Rowan University is a Carnegie-classified national doctoral research institution dedicated to excellence in undergraduate education. It offers bachelor's through doctoral degrees and professional programs to 19,500 students through its campuses in Glassboro, Camden and Stratford, New Jersey. Home to Cooper Medical School of Rowan University and the School of Osteopathic Medicine, it also comprises the William G. Rohrer College of Business; the Henry M. Rowan College of Engineering; the colleges of Communication & Creative Arts, Education, Humanities & Social Sciences, Performing Arts, and Science & Mathematics; the schools of Health Professions and Earth & Environment; the Graduate School of Biomedical Sciences; and a multidisciplinary honors college. Rowan is collaborating with regional leaders to create research and academic programs in health sciences. The University has earned national recognition for innovation; commitment to high-quality, affordable education; and developing public-private partnerships.

More information about Rowan University can be found on the [About Rowan](#) page of the Rowan University website.

About the Cooper Health System



Cooper University Health Care is a leading academic medical center and the only state-designated Level 1 Trauma Center in South Jersey. With a network of more than 100 medical offices and four urgent care centers throughout the region, Cooper is home to MD Anderson Cancer Center at Cooper and the Children’s Regional Hospital at Cooper. Cooper offers signature programs in cardiology, critical care, neurosciences, pediatrics, orthopedics, and surgical specialties.

More information about the Cooper Health System can be found on the [About Us](#) page of the Cooper University Health Care website.

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Our Locations

Our Medical Education Facility



It is in the spirit of and driven by the CMSRU mission that the educational facilities for undergraduate medical education have been designed and built. Completed in July of 2012, the primary Medical Education Building (MEB), is a 200,000 sq. ft., six-story building designed to support the innovative curriculum.

There is one large auditorium with a seating capacity of 250.

This is used for lectures and



panel discussions that include the entire class or, occasionally, multiple classes. There is also a large multi-purpose room that seats 120 and can be divided into two separate smaller classrooms. On the 4th floor of the MEB is a large, multi-purpose lab (MPL) that is used for didactic and wet-lab sessions.



Integral to the curriculum design are twenty-five active learning rooms (ALRs) which seat ten to twelve and are the “home” for each group of roughly eight or nine students and two faculty facilitators for the first two years of medical education. These rooms are on the 2nd, 3rd, and 4th floors of the MEB.

Outside each ALR are ten lockers for the students and faculty assigned to the space. Inside there are additional cabinets for use by the students. These rooms are used for formal educational sessions, small group discussion, and, when formal classes are not scheduled, for quiet individual or small group study.

In addition to the educational spaces, the MEB houses the Dean’s offices and other medical school administrative space on the 3rd floor. The 4th and 5th floors are dedicated research space, with faculty offices, core laboratory and bench research space for CMSRU researchers. Additional teaching and research support facilities are located on the 6th floor.

The Learning Commons is located on the first floor, and provides a casual space for studying, collaboration, and relaxation for students, faculty, and staff. Food service is located immediately adjacent to this area, providing beverages and food. The CMSRU Learning Commons Food and Beverage policy permits the bringing in and consumption of beverages from containers with lids and dry snack food items only. Any other food and beverages are not permitted in the Learning Commons. If a utensil is needed to consume the food it is not permitted in the library. Students may possess closed, concealed lunch bags/containers while utilizing the Learning Commons area but are encouraged to eat on the second-floor breezeway.



Examples of Acceptable Items:

- Beverage containers with lids, including pop-top cans. Lids should be kept on bottles and containers except when drinking.
- Individual “snack size” containers of chips, cookies, candy, and other snack foods; small amounts of finger foods (e.g., pretzels, chips, dried fruits and nuts); candy bars, granola bars, muffins), power bars, etc.; and other non-messy, individual snack foods.

Examples of Unacceptable Items:

- Beverage containers without lids, such as open topped coffee mugs, disposable coffee cups without lids, and soda cups without lids.
- Food items such as hot entrees, burgers, French fries, pizza, noodles, subs/hoagies, sandwiches, wraps, burritos, tacos, salads, soup, and other hot, fragrant or messy items.
- Any wet food items (such as yogurt, fruit, oatmeal) or strongly scented food items (such as hard-boiled eggs, some cheeses).
- As is with all NJ state educational institutions, no alcohol of any type is permitted.



The CMSRU Simulation and Clinical Skills Center is a state-of-the-art facility housed on the second and third floors of the Joint Health Sciences Center, which is located at the intersection of Broadway and Martin Luther King Boulevard. CMSRU medical students, Cooper residents, Cooper nursing staff, pre-hospital emergency medical services/paramedics and practicing physicians all utilize the Sim Center for a wide variety of educational activities. The Sim Center includes 12 simulated outpatient exam rooms, 5 high fidelity simulated inpatient rooms, a virtual reality lab, multiple classrooms and the Sim Center staff offices.

The Sim Center faculty, staff, simulated/standardized patients (SPs) are all committed to helping our medical students develop their critical clinical skills. Students begin working in the Sim Center within the first few weeks of their M1 year and continue participating in simulation and clinical skills activities through their M4 year. The educational programs include, but are not limited to physical exam and communication skills teaching sessions, formative and summative assessments with SPs and procedural teaching sessions and critical patient management case scenarios utilizing high fidelity simulation. A Simulation Society offers students interested in simulation the opportunity to further explore the field.

Camden Campus



Medical Education Building



The CMSRU Medical Education Building is located at South Broadway and Benson Streets in Camden, NJ. This 200,000 square-foot, six-story building house contains state-of-the-art educational and research space, as well as student support services and medical school administration.

Address:

Cooper Medical School of Rowan University
 401 South Broadway
 Camden, NJ 08103

Cooper University Hospital



Cooper University Hospital (CUH) is the main teaching hospital for CMSRU. The facility includes a new state-of-the-art 312,000 square foot, 10-story patient care center with 60 private patient rooms, 30 state-of-the-art critical care beds, an expanded emergency department and 12 operating suites. Cooper now has 660 licensed beds. It is the home of the only South Jersey Level 1 Trauma Center and is well known for its innovative programs in cardiology, cancer, critical care, orthopedics and neurosciences.

Address:

1 Cooper Plaza
Camden, NJ 08103

Joint Health Sciences Building



Located at the intersection of Martin Luther King, Jr. Boulevard and Broadway, the Joint Health Sciences Center is the site of Cooper Medical School of Rowan University's advanced Simulation and Clinical Skills Center. The 60,000 square-foot, \$70 million building opened in 2019 and also houses several other Rowan University programs, as well as initiatives from Rutgers-Camden and Camden County College. CMSRU's Sim Center is located on the 2nd and 3rd floors of the four-story facility.

Address:

201 Broadway
Camden, NJ 08103

The Glassboro Campus of Rowan University



Rowan University is located in the southern New Jersey town of Glassboro, 18 miles southeast of Philadelphia. The campus is easily reached from the N.J. Turnpike, the Atlantic City Expressway or any of the Delaware River Bridges.

Address:

Rowan University Welcome Gate
57 Mullica Hill Road
Glassboro, NJ 08028

Student Life

On-Campus Dining

In the CMSRU Medical Education Building, food service is available in the **STAT Café** adjacent to the **Library Learning Commons** on the first floor. This café offers soups, salads, sandwiches, snacks, and beverages throughout the day.

The **Cooper Hospital Cafeteria** is located in the Kelemen Building on the second floor. It offers both hot and cold meal options, including a salad bar. A Starbucks is now located on the first floor of the Pavilion building. The Pavilion also houses a small cafe which offers specialty coffee, salads, pre-made sandwiches and more. A large vending area is also available on the first floor for after-hours food selection.

ID/Access Cards

Students will be issued a RowanCard (CMSRU ID badge) during orientation week. The RowanCard (CMSRU ID badge) serves as the official University identification and must be worn at all times when on school or hospital property. The RowanCard (CMSRU ID badge) provides access to hospital and medical school buildings and entrance to and privileges at the library facilities, as well as access to reserved educational spaces. For security purposes, individuals without an official RowanCard (CMSRU ID badge) should be reported to the security office.

Medical Education Building Lockers

Assigned and temporary lockers are available for first and second year students.

M1 and M2 students will each be assigned a CMSRU locker located near their Active Learning Group (ALG) room. Lockers will be assigned prior to the start of the academic year to M1 and M2 students.

The contents of a student's locker must be emptied at the close of each school year. Locks not claimed by the end of the school year will be removed by the school facilities department and personal belongings will be emptied. Unclaimed personal belongings will be donated to local community outreach programs.

Temporary lockers for fitness classes and wellness programs are available for students in the hallway outside of the Wellness spaces on the 4th floor of CMSRU. Students may secure their belongings with a personal combination or keyed lock for the hallway locker. Locks should not remain on lockers after a student has used the wellness space. Personal belongings must not remain in wellness lockers overnight. It is recommended that your personal belongings be kept secured at all times. Cooper Medical School of Rowan University is not responsible for lost or stolen items.

An additional locker adjacent to the anatomy lab will be provided once students begin anatomy.

Cooper University HealthCare Lockers

In 2019, Cooper (CUHC) installed 228 new lockers on the 4th floor of the CUHC Dorrance Building (exit left from 4th floor elevators), to provide an individual locker to M3 and M4 students to store personal belongings while on site for clinical duties. Each M3 and M4 student is assigned a CMSRU locker prior to the start of the academic year. Students will supply a combination or keyed lock for their assigned locker. It is recommended lockers be kept secured at all times.

The contents of a student’s locker must be emptied at the close of a student’s fourth year, prior to graduation. Locks not claimed following graduation, will be removed by the Cooper Facilities department and personal belongings will be emptied. Unclaimed personal belongings will be donated to local community outreach programs. CMSRU and CUHC are not responsible for lost or stolen items.

The Medical Student Lounge located at Cooper

The Medical Student Lounge, located at Cooper University HealthCare (CUHC), is accessible to CMSRU third and fourth year students. The addition of the medical student lounge, aligns with CMSRU’s commitment to promote and sustain a culture of wellness and well-being, by providing a private space for M3 and M4 students to relax and enjoy, when participating clinically at Cooper.

The student lounge, located in CUHC Pavilion 1st floor, room 132, is a 550 square ft. area space, with counter seating for 10, a coffee bar, and refrigerator. An on-site community work area includes several computers and printer workstation. The lounge space also includes a soft seating area, more than 60 storage cubicles and coat hooks available for short term use, and is equipped with multiple perimeter electrical outlets to support laptop and other mobile device use.

To access the medical student lounge while located inside Cooper, using an in-house phone, enter **108-CMSR**. If you are calling the medical student lounge from outside of Cooper, please dial 856-342-2000 and enter **108-CMSR** when prompted for an extension.

Wellness at CMSRU

Wellness at Cooper Medical School of Rowan University



CMSRU OSA, in collaboration with staff, faculty, and student leadership, has created a comprehensive system of programming to support students’ well-being and adjustment to the physical and emotional demands of medical school.

The OSA has adopted a culture of wellness that supplements students' classroom learning and contributes to their personal development through an array of programs, advisory college resources, and clubs/organizations designed to promote and sustain the wellbeing of our students. The OSA incorporates the Substance Abuse and Mental Health Services Administration (SAMHSA) eight dimensions of wellness (social, intellectual, physical, spiritual,

environmental, emotional, financial, and occupational) to offer programs and resources that align with each dimension of wellness, to best meet the needs of the student when providing supplemental information and facilitating wellness.

The CMSRU Wellness Center is located on the fourth floor of the MEB, as well as a convenient location for students to exercise and expend energy. The 1,508 square foot wellness center includes one large exercise room with a variety of fitness equipment. In addition to certified instructor-led classes, students participate in group exercise using fitness audiotapes available in the wellness space. The cardio room is outfitted with a treadmill, a rowing machine, and stationary bicycles, and an elliptical machine. The fourth-floor private meditation room offers this space to be utilized as a lactation room, quiet meditation or prayer room. A changing room with showers is located across from the wellness exercise room.

In addition to the wellness center, students participate in many other wellness activities. CMSRU offers activities including: Yoga, Pilates, fitness classes, wellness days, trivia games & events, pet therapy events, messages of positivity,

stair challenges, study snack breaks, trivia events, ping-pong, interactive sessions on stress and well-being, and mindfulness, among others. CMSRU encourages students to collaborate with the Advisory College Learning Communities and Wellness Program Specialist to facilitate other wellness activities and programming.

Public Safety



Rowan's Department of Public Safety operates 365 days a year and is available 24 hours a day. Administrative offices are located on the Glassboro Campus, phone number 856-256-4922, and on the CMSRU campus at 856-361-2880. Rowan security officers patrol the inside of the Medical Education Building throughout the day and night and are available to take students to the parking garage, to public transportation, and to service learning and clinical sites as requested.

On the Camden Campus, the Camden County Police Department/Metro Division and EMS services are part of the 911 system. In an emergency, dial 911 from any in-house phone.

In addition to the above staffing, CMSRU contracts with the Camden County Sheriff's Department to provide augmented foot and vehicle patrols throughout the health sciences campus 24 hours per day, seven days per week.

Student Selection

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, inclusivity and tolerance, 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.

Requirements

To be eligible for admission, an applicant must be a citizen or permanent resident of the United States of America. Verifying documents of status must be provided at time of application.

A verified AMCAS application is required for consideration of an applicant.

Applicants must take the MCAT and MCAT scores must be submitted through AMCAS. Test scores may not be more than 3 years old (at the time of application) and only MCAT 2015 results will be accepted. The "highest" MCAT score will be based on the aggregate best performance on an individual examination. The Admissions Committee will not compile a composite "highest" score by considering best performance on individual sections from multiple examinations.

Required and Recommended Coursework

CMSRU welcomes applicants with a wide-range of academic interests. All majors are welcome 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 will not be accepted to 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

The Admissions Process

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) individuals, such as 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 [Applying to Medical School: Understanding the Process](#) page of the AAMC website. 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 to CMSRU, as admission decisions are based only on the candidate's verified AMCAS file and the results of the candidate's interview. Beginning with the 2023 application cycle, to expand our holistic review process and better assess non-cognitive skills of candidates, CMSRU recommends all applicants take the AAMC PREview™ exam.

Secondary Application

Upon receipt of verified AMCAS applications, the Office of Admissions will invite selected applicants, based on preliminary screening, 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 the Office of Assessment, which is annually presented to and approved by the Admissions Committee. The secondary application also includes several attestations from the candidate, indicating that they meet the academic requirements described previously, and that they have reviewed the technical standards developed by CMSRU. This screening step was developed to ensure 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 academic requirements described previously, as well as the technical standards developed by CMSRU. The secondary application fee is \$100, which may be waived upon submission of the AMCAS Fee Assistance Program (FAP) waiver documents. Applicants not selected to receive a secondary application will be notified of this decision.

Screening for Interview

All candidates who submit a completed secondary application will have their entire application screened manually, by specially trained individuals, under the authority of the Admissions Committee, to decide which applicants will be 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 will positively contribute to the culture and diversity of CMSRU. In this regard, there are no absolute criteria, and each applicant is considered individually. Interview selection criteria will be annually reviewed and approved by the Admissions Committee. Each year, individuals involved in screening of applications will be formally charged by the Dean, so that a consistent approach to screening can be ensured. Because of the volume of applications received, this process may take several weeks to months to complete. Applications will be screened in the chronological order in which they are received.

Interview

Interviews are scheduled on an invitation-only basis. Following screening of their primary and secondary applications, selected students will be invited for an in-person interview at CMSRU in Camden, New Jersey (please note: for the 2022 admissions cycle, interviews will be 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 will be notified that they will not be offered an interview (rejection). Once invited, candidates may schedule their own interview date, but must receive authorization from the admissions office to reschedule their interview date. Applicants interviewing are responsible for making their own travel arrangements.

The interview day consists of an introductory orientation session with the Dean, informational sessions presented by the Offices of Medical Education and Student Affairs, a traditional interview jointly conducted by a member of the Admissions Committee and a “blinded” faculty or student member. The interview day will also include a student-led tour of CMSRU and a demonstration in our simulation center. Upon completion of the formal interview day program, applicants will have an opportunity to informally meet with CMSRU students (please note: for the 2022 admissions cycle, portions of the interview day may be modified for a virtual format).

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) Priority Waitlist, 3) Regular Waitlist, or 4) Rejection. All interviewed applicants will be 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.

Acceptance Offers

Selected applicants will be 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 will receive immediate notification of acceptance to CMSRU. A vote of “Priority or Regular Waitlist” indicates that the candidate is approved for admission and will receive notice of acceptance only if a seat in the class becomes available due to withdrawals from the candidates accepted previously (i.e. delayed acceptance). As indicated, applicants with priority waitlist status will be considered first among those candidates eligible for delayed acceptance. Guidelines for ranking of waitlisted candidates will be developed annually by the Waitlist Subcommittee (see below) of the Admissions Committee. A vote of “Rejection” indicates that a student will receive immediate notification that the Admission Committee will not offer them a seat in the class. The Dean will be notified of the decision of the Admission Committee on each candidate, but the Dean will have no role in admissions decisions.

The 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 (but not limited to) initial committee vote, under-represented status, 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, who then, as seats become available and in accordance the ranking rubric, notify candidates of the change in their status to that of an accepted student.

Admitted students must submit an acceptance deposit within two weeks of receipt of an acceptance offer. The deposit will be 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 may be 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.

Early Decision Program

CMSRU participates in the Early Decision Program (EDP). Eligibility requirements to be considered as an early decision candidate include: an overall undergraduate GPA of 3.5 or higher, an overall undergraduate science GPA of 3.6 or higher, and an MCAT score of 507 or higher.

The Medical Education Program

The educational program at CMSRU was designed to provide each student with a solid foundation in the science of medicine while providing an early and continuous clinical experience. Courses were created to meet CMSRU’s mission and to allow our students to develop skills necessary to practice medicine in the 21st century. This section of the handbook presents an overview of years one and two, known as Phase 1: “Foundation and Integration” and years three and four, known as Phase 2 – the “Application, Exploration and Advancement” of the curriculum.

All courses are built to provide the student with the knowledge and skills needed to become a competent physician and scientist. We have developed nine Institutional Learning Objectives that serve to focus our curriculum and form the basis upon which our system of assessment is built.

Note:

This handbook is not intended to present a complete description of each course. The course directors provide complete syllabi prior to the start of each class that includes specific learning objectives, expectations and assessment tools.



CMSRU Medical Education Program Objectives

General Competency: Medical Knowledge

Students will demonstrate knowledge of existing and evolving scientific information and its application to patient care

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate a strong basic science foundation in the understanding of health and disease (MK1)	Faculty Developed Examination Questions, NBME Subject Examination, Practical Examinations, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Independent Capstone Project, TBL Scores (IRAT/GRAT), ALG Student Assessments, M4 Resuscitation and Basics of Critical Care Oral Examination, Video Review (Psychiatry), POPs Scores, Jigsaw Scores, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations
Develop and demonstrate the skills required to perform a complete history and physical examination (MK2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Rubric, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self, Assessment of Program Objectives, Mini CEX, OSCEs, Patient and Procedure Logs, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric, M3 Pediatric Mother, Infant Unit Assessment
Recognize the various determinants of health, including genetic background, culture, nutrition, age, gender and social issues (MK3)	Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, Practical Exams, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], M3 Transdisciplinary Rubric, M4 Summative Assessment, M3 Pediatric Mother-Infant Unit Assessment
Access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving (MK4)	Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Projects, WOW 1 Lean Six Sigma Presentation, Video Review (Psychiatry), M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, M3 Transdisciplinary Rubric
Apply current knowledge of public health to patient care (MK5)	Ambulatory Clerkship Behavior Checklist Assessment, Faculty Developed Examination Questions, NBME Subject Examination, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment

Medical Education Program Objective(s)	Outcome Measure(s)
<p>Demonstrate an understanding that racial categories are not equivalent to genetic ancestry. Rather, race is a complex social and political construct that may engender bias and thereby directly affects health outcomes (MK6)</p>	<p>Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment</p>
<p>Understand that the medical literature may be biased by historical racism and be cognizant of this problem when conducting the critical appraisal and application of medical literature (MK7)</p>	<p>Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment, Faculty Developed Examination Questions</p>

General Competency: Patient Care

Students will demonstrate an ability to provide patient care for common health problems across disciplines that is considerate, compassionate, and culturally competent

Medical Education Program Objective(s)	Outcome Measure(s)
Display appropriate clinical skills, critical thinking, medical decision-making and problem-solving skills in the delivery of care (PC1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric
Perform a complete history and physical examination (PC2)	Foundations of Medical Practice Clinical Skills Examinations, Foundations of Medical Practice Individualized Education Plan, Ambulatory Clerkship Behavior Checklist Assessments, M3 Assessments, OSCEs, M4 Summative Assessment, M3/M4/Student Self Assessment of Program Objectives
Use and interpret diagnostic studies appropriately (PC3)	Foundations of Medical Practice Clinical Skills Examinations [miniOSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self Assessment of Program Objectives, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Demonstrate relevant procedural and clinical skills, recognizing the indications, contraindications and complications, while respecting patient needs and preferences (PC4)	Foundations of Medical Practice Clinical Skills Examinations [mini OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, Note Review (Psychiatry)
Assess, implement and promote plans of disease prevention, management and treatment using evidence-based medicine (PC5)	M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Patient and Procedure Logs, ALG Student Assessments, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Neurology H&P/Consult Scoring Rubric

Medical Education Program Objective(s)	Outcome Measure(s)
<p>Acknowledge, respect, and integrate patients' and families' lived experiences, trauma, socio-cultural background, and personal values in clinical practice to reduce health care disparities (PC6)</p>	<p>Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment</p>

General Competency: Professionalism

Students will strive for excellence with regards to the enduring elements of professionalism, demonstrate a commitment and an ability to perform their responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate compassion, empathy, honesty, and respect for others (P1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, Ambulatory Clerkship Satellite Assessment, Report of Service Learning Hours, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Respect patient confidentiality, dignity, autonomy, and maintain a professional relationship. (P2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry)
Show responsiveness, professional competence, and personal accountability to patients, society and the practice of medicine (P3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, M4 Resuscitation and Basics of Critical Care Oral Examination, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Advocate for patients' interests and the healthcare of others (P4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother Infant Unit Assessment, Student Presentations

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize and manage personal limitations, conflicts of interests and biases, including awareness of personal well-being and of strategies and resources to address burn-out (P5)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Incorporate the principles of medical ethics, and of professional and personal responsibility into their care of patients (P6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, Required Session Attendance/Participation, Note Review (Psychiatry)
Recognize and address disparities in the distribution of health resources and advocate for equitable access to care (P7)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WOW 1 Lean Six Sigma Presentation, Required Session Attendance/Participation, Note Review (Psychiatry), Scholars Workshop Module Student Assessments
Continually identify, acknowledge and challenge our individual implicit biases and their impact on patient care and professional relationships (P8)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M4 Summative Assessment,

General Competency: Interpersonal and Communication Skills

Students will demonstrate an ability to effectively communicate and collaborate with patients, families and healthcare professionals

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate effective interpersonal and communication skills and cultural competency with patients about their care, including ethical and personal issues (ICS1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, OSCEs, M4 Resuscitation and Basics of Critical Care Oral Examination
Demonstrate effective interpersonal and communication skills and cultural competency with patient's family, friends, and other members of the patient's community, as appropriate (ICS2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Demonstrate effective interpersonal and communication skills and cultural competency with all members of the healthcare team and relevant agencies and institutions (ICS3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Ambulatory Clerkship Satellite Assessment, WOW 1 Lean Six Sigma Presentation, Scholars Workshop Module Student Assessments, M3 Pediatric Outpatient/Subspecialty Assessment, M3 Pediatric Mother-Infant Unit Assessment
Maintain a professional demeanor of integrity and transparency in all communications (ICS4)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, OSCEs, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Model anti-racist and inclusive behavior by demonstrating communication skills that reject oppressive and discriminatory language in all of its manifestations and promote educational dialogue and discussion (ICS5)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Practice-Based Learning and Improvement

Students will demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care, based on constant self-evaluation and life-long learning

Medical Education Program Objective(s)	Outcome Measure(s)
Assess their own strengths, deficiencies and limits of knowledge and engage in effective ongoing learning to address these (PrBLI1)	Peer and Self-Assessment, Ambulatory Service Learning Group Discussion Roundtable, Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavioral Checklist, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Effectively engage in medical school, hospital and community projects that benefit patients, society and the practice of medicine (PrBLI2)	Ambulatory Clerkship Service Learning Reflective Essays, M4 Summative Assessment, Summative Narrative Assessment, Report of Service Learning Hours, Scholars Workshop Module Student Assessments
Identify, appraise and assimilate evidence from scientific studies using information technology (PrBLI3)	M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Recognize and empower other members of the healthcare team in the interests of improving patient care (PrBLI4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, M4 Resuscitation and Basics of Critical Care Oral Examination
Apply the principles and practices of patient safety and quality improvement, including process and performance improvement strategies (PrBLI5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Projects, WOW 1 Lean Six Sigma Presentation, Virtual Critical Care Rounds-I (VCCR-I) Post Test

General Competency: Systems-Based Practice

Students will demonstrate an awareness of responsiveness to the larger context and system of healthcare, as well as the ability to effectively utilize other resources in the system to provide optimal healthcare

Medical Education Program Objective(s)	Outcome Measure(s)
Work effectively to coordinate patient care within the social context of healthcare (SBP1)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Incorporate risk-benefit analysis into care delivery (SBP2)	Ambulatory Clerkship Behavior Checklist Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Advocate for high-quality patient care (SBP3)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Note Review (Psychiatry)
Work in inter-professional teams to enhance patient safety and quality (SBP4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, WOW 1 Lean Six Sigma Presentation
Demonstrate an appreciation for and understanding of the methodologies used to reduce errors in care (SBP5)	M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects
Recognize the value, limitations and use of information technology in the delivery of care (SBP6)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives
Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients (SBP7)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Recognize the inequitable systems that affect individuals directly and indirectly within medical training and practice (SBP8)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

Medical Education Program Objective(s)	Outcome Measure(s)
Understand the historical context and prevalence of institutional and structural racism in medicine and how it contributes directly to health disparities and transgenerational trauma (SBP9)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment
Recognize and address issues in diversity in medical education, patient care, and beyond and demonstrate leadership in diversity, equity, and inclusion in the medical profession (SBP10)	Ambulatory Clerkship Behavior Assessment, M3 Summative Assessment, M4 Summative Assessment, Scholars Workshop Module Assessment

General Competency: Scholarly Inquiry

Students will demonstrate an ability to frame answerable questions, collect and analyze data and reach critically-reasoned, well-founded conclusions in order to advance scientific knowledge in general and the care of individual patients and populations

Medical Education Program Objective(s)	Outcome Measure(s)
Demonstrate investigatory and analytical skills to seek and apply the best evidence in making patient care decisions (SI1)	Faculty Developed Examination Questions, Foundations of Medical Practice Clinical Skills Examinations [mini-OSCEs], M3 Transdisciplinary Presentation Rubric, M3 Student Self-Assessment of Program Objectives, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations
Design and execute studies to answer well-structured basic, translational, clinical, and research questions (SI2)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Conduct research according to good clinical practices and strict ethical guidelines (SI3)	Faculty Developed Examination Questions, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Independent Capstone Project
Adhere to the principles of academic integrity in research and scholarship (SI4)	M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Group Critical Appraisal Project, Scholars Workshop Independent Capstone Project
Demonstrate skills that foster lifelong learning (SI5)	Foundations of Medical Practice Individualized Education Plan, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, ALG Student Assessments, Scholars Workshop Module Student Assessments, Virtual Critical Care Rounds-I (VCCR-I) Post Test, Student Presentations, M3 Transdisciplinary Rubric

General Competency: Health Partnership

Students will demonstrate the ability to deliver high-quality, comprehensive, cost-effective, coordinated Ambulatory Care and community-oriented health education to underserved urban and rural populations

Medical Education Program Objective(s)	Outcome Measure(s)
Recognize the social and other determinants of health (HP1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Transdisciplinary Presentation Rubric, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Module Student Assessments
Describe the healthcare needs of patients from diverse populations and develop appropriately tailored care delivery strategies (HP2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, Note Review (Psychiatry)
Develop the skills and attitude to work in partnership with members of the community to promote health, disease prevention, and chronic care management (HP3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment
Appraise the impact of the social and economic contexts on healthcare delivery (HP4)	Ambulatory Clerkship Service Learning Reflective Essays, Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M4 Summative Assessment, Summative Narrative Assessment, Scholars Workshop Projects

General Competency: Learning and Working in Teams

Students will learn to work as a member of a team in the coordinated, inter-professional model of care delivery

Medical Education Program Objective(s)	Outcome Measure(s)
Apply basic principles of inter-professional and multidisciplinary care (Team1)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, TBL Scores (IRAT/GRAT), ALG Student Assessments, Note Review (Psychiatry), POPS Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments
Develop the skills to organize an effective healthcare team, valuing individuals' skills and efforts (Team2)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, Jigsaw Scores
Work with professionals from other disciplines or professions to foster an environment of mutual respect and shared values (Team3)	Ambulatory Clerkship Behavior Checklist Assessment, Foundations of Medical Practice Individualized Education Plan, M3 Summative Assessment, M4 Summative Assessment, Summative Narrative Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, POPS Scores, Scholars Workshop Module Student Assessments
Perform effectively in different team roles to plan and deliver patient and population-centered care (Team4)	Ambulatory Clerkship Behavior Checklist Assessment, M3 Summative Assessment, M3 Student Self-Assessment of Program Objectives, M4 Summative Assessment, Summative Narrative Assessment, M4 Student Self-Assessment of Program Objectives, Ambulatory Clerkship Satellite Assessment, TBL Scores (IRAT/GRAT), WOW 1 Lean Six Sigma Presentation, POPS Scores, Jigsaw Scores, Scholars Workshop Module Student Assessments

Curriculum Overview

At CMSRU, we believe that medical education should be a seamless continuum over four years, integrating knowledge of basic scientific concepts, early clinical experience and patient care, self-directed learning, teamwork, and medical and non-medical activities for the greater community’s benefit. The curriculum reflects the mission and vision of CMSRU, preparing students to be physicians, educators, and positive contributors to society.

Over the four years, students are exposed to various cases and clinical settings designed to connect clinical practice with basic science knowledge – beginning within the first few weeks of school and continuing throughout the four years. Similarly, basic science knowledge is reinforced in the clinical clerkships. In order to establish these critical linkages, clinical faculty participate early in the medical school curriculum, working closely with basic science educators to tie basic tenets of scientific study to actual clinical scenarios.

Coursework is divided into two phases: the “**Foundation and Integration**” (**Phase 1**) that then allows for “**Application, Exploration and Advancement**” (**Phase 2**). Phase 1 consists of two years in which students develop the scientific background, knowledge, skills, and behaviors to immediately begin integrating that information into clinical practice. Phase 2 consists of the third and fourth years of the curriculum, during which students are supported in the advancement of knowledge and the application to the clinical, social, and ethical aspects of care.

Phase 1: Foundation and Integration – Years 1 and 2

Year 1 (2024-2025)

1 Week	8 Weeks	2 Weeks	8 Weeks	5 Weeks	8 Weeks	8 Weeks
Orientation	Molecular Basis of Medicine	Week on the Wards (WOW 1)	Microbiology Immunology and Infectious Diseases	Hematology Oncology	Neurology Psychology	Skin and Musculoskeletal
Ambulatory Clerkship (fall)				Ambulatory Clerkship (spring)		
Scholar’s Workshop (fall)				Scholar’s Workshop (spring)		
Foundations of Medical Practice (fall)				Foundations of Medical Practice (spring)		
				Selectives - Spring Semester Only		

Year 2 (2024-2025)

5 Weeks	4 Weeks	5 Weeks	7 Weeks	3 Weeks	4 Weeks	3 Weeks	1 Week	4 Weeks
Cardiovascular	Pulmonary	Gastro- enterology	Urology-Renal	Endocrine	Intro to Ob-Gyn	ENT	Week on the Wards (WOW 2)	Core Application of Step 1 Elements (CASE)
Ambulatory Clerkship (fall)				Ambulatory Clerkship (spring)				
Scholar's Workshop (fall)				Scholar's Workshop (spring)				
Foundations of Medical Practice (fall)				Foundations of Medical Practice (spring)				
Selectives - Fall Semester Only								

Phase 1 Course Overview

Courses Spanning Multiple Curricular Years

The Scholar's Workshop (M1 – M4)

The design of the course is based on the recognition that, in order to thrive in 21st Century medicine, two attributes are necessary: (1) the skills of critical thinking, and (2) proficiency with an enduring set of tools. The tools help students interact with information and systems.

In the Scholar's Workshop kit are the tools of:

- Evidence-based medicine
- Data collection and analysis
- Epidemiology
- Systems theory / engineering
- Healthcare delivery and financing
- Performance and quality improvement / patient safety
- The scientific method, including the ethics of scientific inquiry



The curriculum of The Scholar's Workshop is designed to help students develop habits of critical thinking. Faculty will guide students – working in teams – through a series of projects aimed at developing their proficiency with the toolkit, as well as their team building, teamwork, management and leadership skills. The course is designed to cover these domains in bundles. The projects that correlate with the bundles will correlate temporally and substantively with the remainder of the school curriculum if and when possible. Through the Scholar's Workshop, we intend to

endow students with the enduring skills and mindset to lay the foundation for fruitful, rewarding, high quality practice in a vast sea of information and ever-changing systems of care.

Scholars Workshop emphasizes the competencies of Medical Knowledge, Practice Based Learning, and Systems Based Practice. In addition, it will include the CMSRU competencies of Scholarly Inquiry, Health Partnerships and Working in Teams.

Ambulatory Clerkship (M1 – M3)

The Ambulatory Clerkship is a 3-year progressive and continual course that provides students with supervised clinical experiences in the Cooper Rowan Clinic, a student-run clinic that allows them to assume increased patient care responsibility as their medical education advances. The course incorporates all 9 student competencies that are at the core of the CMSRU educational mission. The course has been designed around four competency domains: a) humanistic patient-centered care, b) learning about health disparities in real time, c) the science of delivery of care, and d) interprofessional collaborative practice. The course provides the foundation for the practice of medicine, in any specialty or subspecialty.

The central element of the Ambulatory Clerkship is the student-run Cooper Rowan Clinic. The clinic is designed to provide healthcare for members of the Camden community through a coordinated, interprofessional team delivery system. This clinic is organized and staffed by the students, and closely supervised by physician educators. It allows the students to become increasingly proficient with the team-based model of primary care delivery. First-, second- and third-year students, along with pharmacy, physical therapy, and social work students work in teams to care for patients in continuity. In addition to providing care at the clinic, the students coordinate care for their patients by accompanying them to hospital visits and consultant appointments.

Foundations of Medical Practice (M1 and M2)

Foundations of Medical Practice (FMP) is a two-year course that assists students in attaining the knowledge, skills, and attributes necessary to serve as health care professionals who will provide compassionate, high-quality care for individuals with acute and chronic diseases. Core components of the course include: Clinical Communication and Interpersonal Skills, Ethical Issues in Health Care, Professionalism and Humanism in Medical Profession, the Student as a Teacher and Learner, and Clinical Practice: Excellence in Clinic.

The course meets twice per week throughout the entire Phase 1 curriculum. It is integrated longitudinally and horizontally with other concurrently running medical school courses. The course is taught via a combination of didactic lectures, small group discussions and standardized patient learning. Upon completion of this course, it is expected that students will be able to communicate effectively with patients, families and other health care professionals, make appropriate clinical judgments, and provide care that is safe, effective and comprehensive. Another primary goal of *Foundations of Medical Practice* is to instill in students the principle that learning and maintaining medical competence are lifelong processes.

Week on the Wards 1 and 2 (WOW 1 and WOW 2) (M1 and M2)

Week on the Wards 1 course consists of clinical experiences intended to provide students with an early exposure to the practice of medicine as it occurs in the hospital setting. It complements the students' prior exposure to the ambulatory patient (Ambulatory Clerkship) and allows observation of various inpatient clinical areas. The experience provides students with an early exposure to medical specialties, an additional context setting for the practice of medicine, an understanding of the concept of the team approach to care in various hospital-based settings, and a reflective exchange of ideas about their experiences. The first-year rotations consist of experiences on the following four inpatient services: Medicine, Surgery/Perioperative care, Emergency Room/Trauma/Intensive Care Unit, and Pediatrics/Obstetrics and Gynecology. In addition, *WOW 1* contains a second week of Lean Six Sigma Yellow Belt training, which is designed to provide students with an understanding of the process improvement tools that can be applied in patient safety and quality control measures in the health care environment. Students learn how to identify key issues in clinical venues and operations, managing the important aspects of the initiative, measuring and maximizing financial impact, and sustaining change over time. Upon successful completion, students receive Lean Six Sigma Yellow Belt certification.



The *Week on the Wards 2* course experience occurs in the spring semester of the M2 year and allows for direct clinical application of basic science knowledge learned to date. The second year rotation consists of a weeklong immersion experience in a medical specialty or subspecialty, which is selected by students based on areas of interest.

Selectives (M1 and M2)

Selectives in the Medical Humanities consist of semester-long experiences in which students are able to explore various course offerings relating the humanities to the practice of medicine. Individual *Selectives* courses meet six times per semester and sessions are designed to be interactive in nature. Students are required to take two *Selectives* courses during Phase 1. These courses are designed to enrich the educational experience and provide a more well-rounded background to medical students, balancing the art and the science of medicine.

Current individual *Selectives* courses may include the following:

- A Biopsychosocial Approach to Death, dying and bereavement
- Applied Medical Ethics
- The Art of Observation
- Early Relational Health
- Medical Ethics and Medically Related Law
- Narrative Medicine
- Racism in Medicine
- Theater and the Role of Role-Playing
- Audio Storytelling Emotional Intelligence
- Applied Medical Ethics
- Mindfulness Meditation
- Advanced Medical Spanish

Molecular Basis of Medicine (M1)

Molecular Basis of Medicine is a 8-week integrated course that provides students with a foundation in the traditional basic science disciplines: physiology, biochemistry/cell biology, genetics, histology, embryology, pathology, and pharmacology. The course focuses on the normal structure, function and development of the human body, ranging from the cellular/sub-cellular level through tissues/organ systems, to the body as a whole. Discussion of cellular mechanisms of disease, including comparison of normal versus abnormal structure and function is provided. The goal of *Molecular Basis of Medicine* is to provide a comprehensive framework upon which advanced knowledge can be added during the remainder of the student's medical school experience and subsequent clinical practice.



The course focuses on the clinical relevance of basic scientific knowledge and is presented in a multidisciplinary format to foster integration. Diverse educational modalities are used throughout the course, including lectures, small-group sessions, tutorials/self-assessment sessions, student presentations and clinical case discussions, as well as practical learning with laboratory experiences in the related core sciences. Student presentations provide an opportunity to develop communication skills. Student small-group learning experiences develop skills in self-directed and lifelong learning and encourage professional behavior and teamwork in a context that promotes use of resources such as the

library and information technology. Patient case discussions provide an opportunity for students to apply the information learned and gain clinical perspective.

Microbiology Immunology and Infectious Diseases (MIID) (M1)

Microbiology Immunology and Infectious Diseases (MIID) is an eight-week course that allows students to develop a broad-based understanding of microbiological agents and infectious disease processes. The course advances the general principles of microbiology, immunology, and pharmacology. The *MIID* course introduces techniques of diagnostic testing for infectious diseases, advanced study of anti-infective therapy, multi-system infectious processes (such as HIV and Tuberculosis), and infections in special populations and circumstances. The allergy part of MIID focuses on teaching and advancing the basic science related to immunology and its clinical context. Organ system-specific infectious diseases are integrated within each subsequent organ system block to demonstrate the role various infections play in the disruption of the normal anatomy and physiology of that system. The major concepts of infection prevention in local and global systems are developed within the public health modules of *Foundations of Medical Practice* and *Scholar's Workshop*.



MIID is presented through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, simulation, clinical experiences, and self-directed learning.

Hematology and Oncology (M1)

Hematology and Oncology is a five-week course designed to provide comprehensive and multidisciplinary instruction to medical students in the disciplines of Hematology and Oncology. Initially, there is an introduction of the normal structure and function (anatomy and physiology) of the hematopoietic and lymphoreticular systems. Building on this foundation, students learn about the clinical manifestations and pathophysiology of hematologic disorders that may develop secondary to genetic, metabolic, infectious/inflammatory, idiopathic, or neoplastic etiologies. Application of basic science knowledge and correlation with the clinical presentation of hematologic



disorders allows students to solve patient case studies and formulate appropriate treatment regimens. The Oncology component of the module similarly advances basic concepts related to neoplasia. Discussion of the pathophysiology, clinical manifestations, and treatment of specific types of neoplasia are integrated into the subsequent organ system courses, to which they correspond.

Hematology and Oncology is delivered through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, simulation, clinical experiences, and self-directed learning. This course introduces the student to the humanistic approach to patients with chronic debilitating or life-threatening diseases, emphasizing empathy, respect, and a code of medical ethics as it relates to clinical research trials.

Neurology-Psychiatry (M1)

The neurology-Psychiatry course is a eight-week course, which provides students with an introduction to the interrelated fields of Neurology and Psychiatry. Students gain knowledge of neurological and psychiatric disorders and how they impact patients and their support systems. This course introduces students to the humanistic approach to patients with chronic debilitating or life-threatening diseases, emphasizing empathy, respect, and a code of medical ethics.

Students learn the pathology and pathophysiology of the spectrum of neurologic and psychiatric diseases and their clinical manifestations. They have an opportunity to become familiar with the range of applicable diagnostic methods – including specific history-taking and physical exam skills and imaging modalities – and therapeutics. Students learn to formulate a thorough biopsychosocial diagnostic and treatment plan.

Emphasis in the Neurology module is on identification, functional significance and connectivity within the neural system to develop a thorough understanding of the complexity of the nervous system. This is used as a platform to examine the variety of pathology found in the nervous system and reason for its resulting impairment.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Skin and Musculoskeletal System (M1)

Skin and Musculoskeletal System (SMS) is an eight-week course designed to provide comprehensive and multidisciplinary instruction to medical students related to the integumentary and musculoskeletal systems. Initially, there is an introduction of the normal structure and function (anatomy and physiology) of these systems with integration of basic science concepts of embryology, genetics and cell/molecular biology. Building on this

foundation, students learn about basic repair mechanisms and the clinical manifestations and pathophysiology of common dermatologic and orthopedic problems that may develop secondary to degenerative, metabolic, infectious, traumatic, inflammatory, or neoplastic etiologies. Application of basic science knowledge and correlation with the clinical presentation of dermatologic and musculoskeletal disorders allows students to solve patient case studies and formulate appropriate treatment regimens.

The *Skin and Musculoskeletal System* course is multidisciplinary and includes faculty participation from the departments of Biomedical Sciences, Orthopedic Surgery, Rheumatology, Physical Medicine and Rehabilitation, and Dermatology. The subject material is presented through a variety of formats, including lectures, case studies, active learning groups, laboratory exercises, simulation, clinical experiences, and self-directed learning. Students begin instruction in the gross anatomy laboratory during the SMS course.

Year 2 Block Courses

Cardiovascular System (M2)

The *Cardiovascular System* course is a five-week course that allows students to develop an understanding of normal and abnormal structure and function of the Cardiovascular system. Students learn normal anatomy, histology, embryology, genetics, physiology, and biochemistry related to the Cardiovascular system. With this foundation, they explore the pathology and pathophysiology of a variety of system diseases in children and adults, using a case-based approach. Students understand the applicability of and gain proficiency with a variety of diagnostic methods including imaging studies, invasive and non-invasive testing, and blood tests. Students learn relevant therapeutics, including pharmacology.

Learning formats include lectures, laboratory exercises, simulation, active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Pulmonary System (M2)

The *Pulmonary System* course is a four-week course that allows students to develop an understanding of normal and abnormal structure and function of the Pulmonary system. Students learn normal anatomy, histology, embryology, genetics, physiology, and biochemistry related to the respiratory system. With this foundation, they explore the pathology and pathophysiology of a variety of system diseases in children and adults, using a case-based approach. Students understand the applicability of, and gain proficiency with, a variety of diagnostic methods, including imaging studies, invasive and non-invasive testing, and blood tests. Students learn relevant therapeutics, including pharmacology.

Learning formats include lectures, laboratory exercises, simulation, active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Gastroenterology (GI) (M2)

The *Gastroenterology (GI)* course is a five-week course. The approach for instruction in this course is to understand the progression from the normal development, structure and function of the cell/tissue/organ to the pathology and pathophysiology of the system diseases. The pathophysiology is related to the clinical manifestations which, in turn, informs the diagnostic approach. Students become familiar with the relevant therapeutics, including pharmacology, interventional endoscopy and transplantation.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Urology and Renal Systems (M2)

Urology and Renal Systems (Uro-Renal) is a seven-week course designed to introduce students to the normal structure and function, as well as dysfunction, of these related systems. In a variety of instructional formats, students' knowledge is reinforced and advanced in the relevant concepts of anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the *M1 year*. With that as a foundation, students come to understand the role of the kidney in maintaining the homeostasis of the internal environment, by exploring its role in water and electrolyte metabolism, acid-base regulation, bone and mineral metabolism, blood pressure regulation and hematopoiesis.



Students discover, through carefully designed cases, the pathology and pathophysiology of a variety of important renal diseases, both renal-limited and those associated with systemic conditions.

Similarly, they become familiar with the pathology and pathophysiology of disorders of the lower urinary and genital tract, and the impact of those disorders on excretory and sexual function. They have an opportunity to discuss and explore the psychosocial and economic impact of urologic and renal disorders. Students develop an understanding of the applicability and interpretation of the variety of relevant diagnostic methods, including blood and

urine biochemistry and microscopy, biopsy, endoscopic procedures and imaging modalities. They become familiar with the range of specific therapeutic options, including medications, surgery, dialysis, transplantation, and prosthetic devices, among others.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Endocrine System (M2)

The *Endocrine System course* is a three-week course and involves reinforcement and advancement of relevant content from the *M1 year*, particularly metabolism, receptor biochemistry and physiology, and principles of homeostasis. The remainder of the module focuses on the pathophysiology, clinical manifestations, diagnosis and management of patients with endocrine disorders. Particular emphasis is given to diabetes mellitus.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Introduction to Ob-Gyn (M2)

Introduction to Ob-Gyn is a four-week course that allows medical students to explore the care of the female patient utilizing a multidisciplinary approach. With the conclusion of this 4-week curriculum, the student is able to manage common Ob-Gyn health issues with minimal supervision and understand the appropriate need for the interaction of multiple disciplines to achieve these goals.

The early part of the course is devoted to reinforcement and advancement of relevant content in anatomy, histology, embryology, immunology, genetics, physiology, and biochemistry introduced in the *M1 year*. Particular emphasis is placed on normal sexual development and reproduction. Students become familiar with the range of relevant diagnostic and therapeutic modalities.

Learning formats include lectures, laboratory exercises, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Otolaryngology (ENT) (M2)

The *ENT course* is a three-week course. The main goal of the course is to ensure that all medical school graduates have a sound understanding of basic principles related to otolaryngology.

Students become familiar with the skills of history taking and examination of patients as they relate to the specialties of ENT. Students learn the indications for, and interpretation of, various relevant diagnostic methods, including blood tests, skin testing, laryngoscopy, tympanometry and audiometry. They become familiar with relevant therapeutics, including pharmacology.

Learning formats include lectures, simulation, case-based active-learning group discussion and self-directed learning using print and electronic texts, and other electronic and internet-based resources.

Core Application of Step 1 Elements (CASE)

(M2)

Core Application of Step 1 Elements (CASE) course is a four-week boot camp that focuses on reinforcing high-yield STEP 1 content through additional SDL-time, multisystem ALGs and interactive application sessions. Course content is carefully selected based on its relevance to STEP 1 examination, student feedback from course evaluations and student performance on previous examinations.

Sample Phase 1 Curriculum Week

Below is a sample week of our Phase 1 curriculum, highlighting the integration of basic scientific principles, professionalism, and clinical care.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	Active Learning Group (ALG)	Foundations of Medical Practice (FMP)	Active Learning Group (ALG)	Foundations of Medical Practice (FMP)	Active Learning Group (ALG)
9:00 am					
10:00 am	Lecture	Scholar's Workshop	Lecture	Service Learning	Lecture
11:00 am	Lecture		Lecture		Lecture
12:00 pm	Lunch and Wellness Activities	Lunch and Wellness Activities	Lunch and Wellness Activities	Lunch and Wellness Activities	Lunch and Wellness Activities
1:00 pm	Practical Session	Practical Session	Practical Session	Self-Directed Learning (SDL)	Self-Directed Learning (SDL) or Selective
2:00 pm					
3:00 pm	Ambulatory Clerkship or Self-Directed Learning (SDL)	Ambulatory Clerkship or Self-Directed Learning (SDL)	Ambulatory Clerkship or Self-Directed Learning (SDL)	Ambulatory Clerkship or Self-Directed Learning (SDL)	Self-Directed Learning (SDL) [Formative Quiz available online]
4:00 pm					

Phase 2: Application, Exploration and Advancement – Years 3 and 4

Year 3

Courses in the M3 Year

- Scholar’s Workshop
- Ambulatory Clerkship
- Healer’s Art (elective)
- M3 Electives

Clerkship Rotations in the M3 Year

- Internal Medicine
- Family Medicine & Adult Primary Care
- Surgery
- Pediatrics
- Obstetrics/Gynecology
- Neurology
- Psychiatry
- Anesthesiology

A full diagram of all components in the M3 year is provided below:

IM 6 wks	Surgery 6 wks	Ob/Gyn 6 wks	Pediatrics 6 wks	Winter Break	Psychiatry 4 wks	SW Research / Service Learning	Neuro 4 wks	Anes	FM & APC	Electives 4 wks	Step II prep
						<----- 6 weeks ----->	----- 6 weeks -----	----- 6 weeks -----	<-All students->	<-All students->	
Scholar’s Workshop											
Ambulatory Clerkship											

Note: Students are divided into cohorts at the beginning of the M3 academic year. Assignments are varied.

Students complete seven 6-week blocks over the course of the M3 year. Internal Medicine, Surgery, Obstetrics/Gynecology, Family Medicine and Adult Primary Care and Pediatrics are all 6-weeks long. Psychiatry is 4-weeks long and there will be a rotating 2 week time period where students work on the Scholar’s Workshop Research and Service Learning. These 2 weeks will rotate through the 6-week block as shown below:

Cohort 1	Neuro	Neuro	Anes
Cohort 2	Neuro	Anes	Neuro
Cohort 3	Anes	Neuro	Neuro

Psychiatry will be graded Honors, High Pass, Pass, and Unsatisfactory. There is no grade for the Scholar’s Workshop and Service Learning period. That time period is there for students to complete work for Scholar’s Workshop and Service Learning. Please note that all the Scholar’s Workshop requirements and deliverables will NOT be able to be completed in this short time frame. Scholar’s Workshop is a longitudinal course.

Neurology is 4 weeks long (with traditional Honors, High Pass, Pass, and Unsatisfactory grading) and is coupled with a 2 week Anesthesiology rotation which is Pass/Unsatisfactory.

All students will then enter the Elective time period where they take four one-week electives. After the electives are completed, all students enter the Step II Prep course where they must study for at least one day out of seven to Pass this clerkship.

Year 4

4 weeks	4 weeks	4 weeks	4 weeks	1 week	16 weeks
Sub-Internship	Interprofessional Care of Chronic Conditions	Critical Care Clerkship	Emergency Medicine Clerkship	Leadership in Community Health	Electives
Scholar's Workshop					

Note: Sub-Internships are available in:

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Orthopedics
- Pediatrics
- Psychiatry
- Surgery
- Urology
- Vascular Surgery

Phase 2 Course Overview

Year 3 - Clerkships

Year 3 of medical school has traditionally consisted of a sequence of individual core clerkships within different departments. In designing the M3 curriculum for CMSRU, the Curriculum Committee determined that the curriculum needed to prepare students for the team-based practice of health care delivery of the 21st century. The CMSRU M3 curriculum emphasizes hands-on experience, continuity of supervision, and integration of content across disciplines.



In the M3 year there are seven six-week rotations in each of the core clinical disciplines; Internal Medicine, Neurology, Obstetrics-Gynecology, Surgery, Pediatrics, Psychiatry, and Anesthesiology. In addition, all students rotate through elective weeks and will participate in year-long Ambulatory Clerkship as well Scholar's Workshop.

During these rotations, each student will have the opportunity to admit acutely-ill patients to the hospital. Students will follow these patients during their hospitalization. Inpatient teaching rounds incorporate learning in medical imaging and pathology. The didactic curriculum in each discipline is delivered in block rotations. These are supplemented by Transdisciplinary Sessions every Friday afternoon in which each M3 student presents a patient that have cared for; the student leads a discussion with selected faculty experts on issues germane to the case. These issues may encompass the clinical medicine, underlying biomedical science, social determinants of health or medical ethics. In addition, students will have Ultrasound session scheduled throughout the third year which will build on their ultrasound experience from the first two years. Attendance at Transdisciplinary sessions and Ultrasound sessions are mandatory.

Clinical faculty preceptors and clerkship directors provide students with regular formative feedback throughout the year. Learners complete a mid-year formative Objective Structured Clinical Examination (OSCE) to help them assess and develop their clinical skills, and an end-year summative OSCE to evaluate those skills. Students sit for formative NBME subject examinations at the midpoint of each block to assess the medical knowledge they are attaining in each discipline and to prepare them for the NBME subject summative exams at the end of each block.

Students maintain an electronic log of their patient encounters and procedures from both the inpatient and outpatient settings to document fulfillment of their required patient encounters and procedural experiences. The Office of Medical Education reviews each student's patient encounter and procedure logs on a regular basis throughout the year and provide guidance on fulfilling the requirements.

Grades for each inpatient clerkship are based on students' work with their preceptor(s) and their subject examination score.

Electives (M3)

Medical students have four one-week electives in their third year. These are offered in a variety of specialties and sub-specialties. This offers students the opportunity to sample areas of interest in preparation for their M4 year.

Healer's Art (M3)

Healer's Art is a five-session M3 elective course, designed to provide support for third year medical students by enabling them to appreciate and preserve the human dimension of health care. It encourages students and faculty to experience a collegial relationship that is nonjudgmental and non-competitive and offers a unique professional support and healing community. Topics for individual sessions include: Learning to Remember Our Wholeness, Sharing Grief and Healing Loss, Beyond Analysis: Allowing Awe in Medicine, and The Care of the Soul: Service as a Way of Life. The Healer's Art course encourages self-reflection through its highly interactive small and large group formats.

Year 4

Sub-internship (M4)

Students are required to have an experience as sub-interns in the discipline of their choice: Internal Medicine, Surgery, Vascular Surgery, Urology, Orthopaedic Surgery, Pediatrics, Psychiatry, Obstetrics and Gynecology, or Family Medicine. In sub-internships, students serve in the role of a first-year resident, providing patient care under the direct supervision of senior residents and faculty physicians. The sub-internships are four weeks long. They include the following learning objectives:

- Gain sufficient understanding of the evaluation and management of patients [specialty-specific] diseases to enable comprehensive primary management of these conditions.
- Delineate relevant findings in obtaining the history and physical examination of patients with [specialty-specific] disease.
- Deliver relevant, accurate, and succinct oral case presentations.
- Prepare organized, timely, and accurate patient progress notes, including results and interpretation of diagnostic studies.
- Articulate an appropriate differential diagnosis for patients with acute and chronic [specialty-specific] conditions.

Emergency Medicine Clerkship (M4)

Emergency Medicine is a required Phase 2 clerkship spanning four weeks. The students' clinical encounters are in the Emergency Department (ED) at CUHC, where they see patients presenting with conditions such as abdominal pain, altered mental status, chest pain, dyspnea and headache. Among the objectives for the clerkship are the following:

- Demonstrate skill in completing an appropriately tailored, chief complaint driven history and physical exam in the emergent setting.
- Demonstrate the ability to synthesize an appropriate differential diagnosis for some of the most common Emergency Department complaints (chest pain, shortness of breath, abdominal pain, blunt trauma, atraumatic back pain, laceration repair, and altered mental status).
- Present cases in a clear and concise fashion.
- Demonstrate an understanding of the use and interpretation of commonly ordered diagnostic studies.
- Develop appropriate case management plans and assist with their implementation.
- Demonstrate a basic understanding of the role of emergency ultrasonography in patient care.
- Use ED patient care experiences along with appropriate educational resources to improve understanding of Emergency Medicine.
- Work in a multidisciplinary team-based setting to provide timely, efficient, and safe care to patients.

Clerkship in Critical Care Medicine, Pediatrics, Neonatal or Surgery (M4)

This required clerkship is a four-week experience. It introduces the student to the systematic resuscitation, evaluation and management of the critically-ill patient. Students may choose among the Clerkship in Critical Care Medicine, the Clerkship in Critical Care Surgery, the Clerkship in Neonatal Critical Care, or the Clerkship in Pediatric Critical Care. These clerkships provide the student with the opportunity to apply knowledge gained in the third year to the clinical management of acutely ill patients in a critical care environment. The student is a member of a critical care team, working with faculty and other care providers. The educational experience includes supervised clinical encounters, didactic lectures, case-based learning and self-study.

Interprofessional Care of Patients with Chronic Conditions (M4)

Research has shown that the typical medical student graduates without understanding the needs of the patient with chronic conditions. To ensure that CMSRU graduates are prepared to provide high-quality, compassionate care to individuals with chronic diseases, we require this 4-week clerkship. Through this clerkship, students identify the common essential elements of high-quality care of patients with chronic conditions. Of particular importance in this regard is an appreciation for the multidisciplinary, interprofessional nature of care in a variety of settings. The students spend time in one of several pillars: Geriatrics, Physical Medicine and Rehabilitation, Family Medicine and Care Coordination, Early Intervention Program, Urban/Chronic care, Palliative Care, Inpatient Consultative Hematology/Oncology and Bariatric Surgery.

Some of the overarching goals of this clerkship are:

- Acquire knowledge about the types and cultural context of chronic illness, the cultural factors affecting world view and health care system factors.
- Articulate the roles of the interprofessional team members in the evaluation and management of patients with chronic conditions.
- Acquire the technical skills required to provide care for patients with chronic conditions and identify/differentiate acute illness from “acute-on-chronic” exacerbation in patients with chronic morbidity.
- Act as an interprofessional health care team member for patients, reviewing the care plan with them, and identifying appropriate resources in their follow up care plan.
- Develop the attitudes and values that will foster and support well-coordinated, compassionate, interprofessional, patient-centered care.
- Obtain the foundation for high quality interprofessional care of chronic conditions for advanced study during post-graduate training.

Leadership in Community Health (M4)

Leadership in Community Health is a required course during the M4 year. This course builds on the foundations of experiential learning via the Ambulatory Clerkship (service learning + the ambulatory clinic) of the M1 to M3 years. It gives attention to the recognition and analysis of social qualities and characteristics of individual and community environments that can affect health status, health maintenance, treatment and healing. Through this course, students continue to engage in community-based service as their fieldwork practicum. This service heightens students’ understanding of community need, broadens their awareness of the impact of social complexities on patient care and encourages them to practice solution-based care to help patients address these issues within the context of their acute or chronic care needs. Analysis in this course considers the student’s cumulative experience across clinical disciplines and settings, patient populations, geography and health systems.

Electives (M4)

All students are required to complete 16 weeks of electives in the fourth year. There are a variety of electives and formats available at CMSRU for students to pursue their personal interests. A catalog of CMSRU offerings is available for student scheduling on the [CMSRU Students](#) website (click the link for Elective Catalog).

Up to 12 of the 16 elective weeks may be taken at “away” locations. A majority of medical schools subscribe to the AAMC’s Visiting Student Learning Opportunities (VSLO) site, and CMSRU students are given access to this service prior to the start of the 4th year. For medical schools that do not use VSLO, CMSRU students must contact the school directly to see the requirements for a visiting rotation. The registrar’s office, M4 coordinator, and M4 curriculum director guide students during this process.

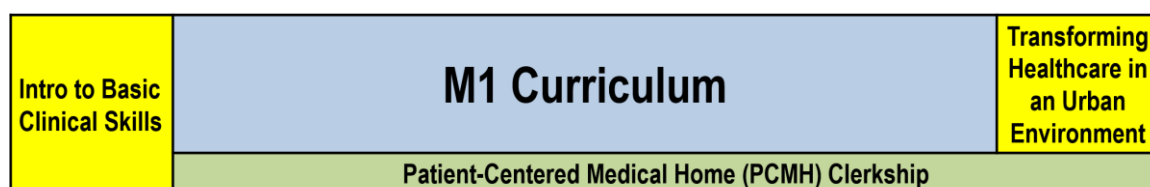
Three Year Primary Care Track (PC3)

Cooper Medical School of Rowan University offers an accelerated three-year track (PC3) for motivated students planning a career in Primary Care Internal Medicine or Pediatrics. Students will complete their training at one of the respective Cooper University Hospital residency programs.

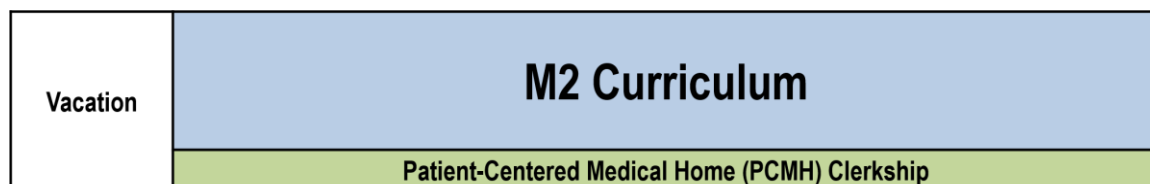
The program was developed to train the next generation of primary care physicians who will be providing patient-centered, humanistic and culturally sensitive care for patients and families in New Jersey and beyond. Cooper’s 125+ year commitment to Camden, and CMSRU’s commitment to patient advocacy, civic responsibility and diversity make us uniquely positioned to train future primary care providers, especially for medically underserved communities. Our program fosters students eager to join this special physician community, one which has the privilege of enduring and meaningful involvement in their patients’ lives.

A full diagram of the PC3 program is provided below:

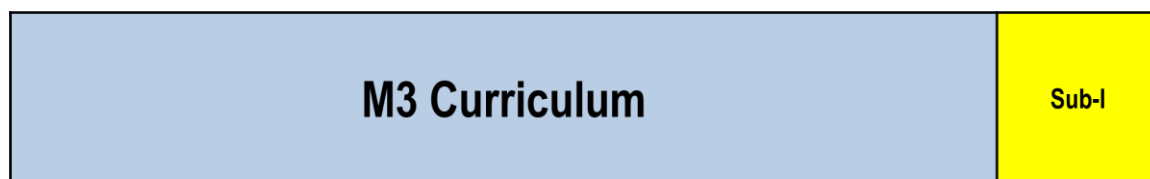
Year 1



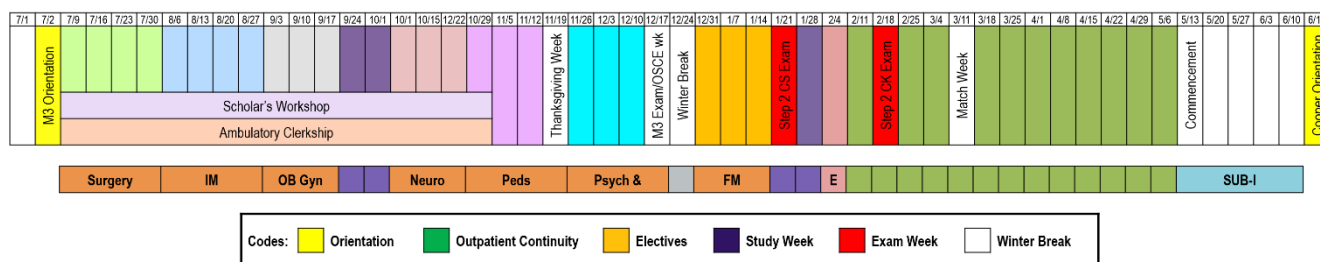
Year 2



Year 3



A full diagram of all components in the third year and Sub-I schedule is provided below:



Sample CLOC Week

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	SDL*	Surgery	SDL	Ob/Gyn	Surg/Optional
	SW** (alt)		Service Learning		
Break					
PM	Peds	APC	Neuro	SDL	Plenary Sessions
					SDL

PC3 Program Structure

First Year (M1)

The PC3 curriculum starts six weeks before the M1 year begins, with a unique course called Introduction to Basic Clinical Skills (IBCS). This course is designed to provide the fundamental concepts in medical communication, history-taking and physical diagnosis. Students have multiple hands-on opportunities to hone these skills, including with Standardized Patients and task-trainers.

The 5-week IBCS course is followed by a 1-week immersion course called the Clinical Practice Course. This course provides clinical immersion in primary care and multiple subspecialty settings and opportunities to practice history taking and physical exam skills with actual patients. Students also have an early introduction to basic clinical reasoning concepts with interactive didactic sessions.

Students enrolled in the PC3 program spend a half-day every month at an NCQA-recognized Patient Centered Medical Home Clinic, specializing in one of two disciplines (Pediatrics in Camden or Internal Medicine in Willingboro). Students work directly with a primary care faculty preceptor to engage in coordinated patient-centered care as part of a multidisciplinary team. Additionally, PC3 students spend time in this clinic in M1 and M2, and then in M3 as part of your CLOC (Cooper Longitudinal Outpatient Clerkship) rotation.

At the end of the M1 year, after a short break, PC3 students participate in a five-week course called Transforming Healthcare in an Urban Environment. This is a course intended to provide fundamental knowledge and experience delivering healthcare in underserved urban communities like Camden. The building blocks of this course are designed to explore and address barriers to care using innovative models of healthcare delivery. Through experiential learning, students build their knowledge of social determinants of health and healthcare disparities, public health advocacy and policies impacting urban health, healthcare for the homeless, trauma-informed care and more. Students learn how teams at Cooper and in the Camden community are transforming healthcare in diverse communities with complex medical and psychosocial needs.

If there is an opening in the track, a student may join PC3 at the end of the M1 year, after an application and interview process. That student will complete a 2-week clinical immersion course starting after the Transforming Health Care course, called Intensive PCMH and Primary Care Exposure. This course provides a 2-week experience in the clinical setting of the student’s chosen track (Primary Care Internal Medicine or Pediatrics) along with interactive didactic sessions on clinical reasoning and primary care topics.

Second Year (M2)

Students continue to participate monthly in the Patient Centered Medical Home clerkship, with increased responsibilities and independence, as well as additional exposure to population health management and behavioral health resources within primary care.

Students take the USMLE Step 1 examination at the end of their 2nd year along with their four-year colleagues.

Third Year (M3)

The 3rd year has been redesigned for the PC3 track.

During the fall and early winter, students have four-week clerkship blocks (Neurology, Psychiatry Surgery, Internal Medicine, OBGyn, Pediatrics and Family Medicine/Adult Primary Care). Some blocks will have additional outpatient time built in, but overall, the experience will be the same as their four-year colleagues. Each PC3 student will be paired with another PC3 student in their clerkship. They will still be in clinical settings with their traditional-track colleagues but will start and end their rotations at different times.

Formative examinations are taken at the end of each 4-week block.

Summative examinations are taken at the end of a dedicated study week.

The students will have a dedicated study week after Block 2, 4, 5 and 7.

During the spring, students spend 11 continuous weeks in the CLOC rotation honing their clinical skills. Students spend one half-day a week with attending physicians in each of six areas: Neurology, Internal Medicine, Pediatrics, Surgery, Obstetrics-Gynecology and Psychiatry.

For Internal Medicine and Pediatrics, the PC3 students will be placed at their respective Internal Medicine/Pediatric PCMH site.

PC3 students take the USMLE Step 2 CK examination by March 1st of their M3 year, after the core clerkships. Special faculty-led review sessions through the M3 year will help the PC3 M3 track students prepare for this exam.

The year will end with a four-week sub-internship in the student's respective discipline (Internal Medicine or Pediatrics), prior to entering residency. During a sub-internship a student works side-by-side with other interns under the supervision of a senior resident. This ensures that the student's clinical skills are at peak performance prior to starting residency.

Students in the PC3 track have a direct pathway to the Primary Care tracks of the Cooper Internal Medicine and Cooper Pediatrics residency programs. Students meeting the academic and professional standards of CMSRU will be ranked highly and in a position to match to the respective residencies in the March of the M3 year. A student may apply to a residency program other than Cooper in their 3rd year. The timing of the residency applications in relation to the PC3 M3 curriculum makes it difficult to have a competitive application to a program outside of Cooper. Any student who desires to apply to a program outside of Cooper must meet with the Office of Student Affairs and the PC3 track director.

A student who decides on an alternative career pathway or who does not want to complete medical school in 3 years may return to the traditional track up until January 1 of the M3 year. A student who does not meet the academic and professional requirements of the track (please see the PC3 section of the Grading and Promotions Policy) will have to return to the traditional track.

Honor Societies

Gold Humanism Honor Society



The mission of the Gold Humanism Honor Society (GHHS) is to recognize individuals who are exemplars of humanistic patient care and who will serve as role models, mentors and leaders in medicine.

All students are requested to complete the GHHS Peer Nomination Survey during their third year of study. The GHHS Peer Nomination Survey asks each M3 student to provide the names of ten students in their class who they consider as exemplars in providing compassionate patient care and who serve as humanistic role models in medicine.

Students ranked in the top 25% of the GHHS survey results will first be evaluated for academic standing. Only students in good academic standing will be eligible for CMSRU GHHS membership. The GHHS Selection Committee reviews, discusses and selects candidates for membership from among the nominees. The total number of GHHS student members selected will be no more than 15% of the medical school class.

Chiron Honor Society



The Chiron Society each year inducts the top 25% of students in the rising M4 class based on cumulative academic performance throughout the M1-M3 years. The society is so named because in Greek mythology, Chiron was a centaur who was very skilled in the medical arts and was the teacher of Asclepius, the Greek God of Medicine. An image of Chiron adorns the CMSRU gonfalon. Election into the Chiron Society then forms the basis for consideration of induction into AOA. Formula: Phase 1 Course Performance = 60% + M3 NBME Subject Exam Average = 13.33% + M3 Preceptor Clinical Assessment = 13.33% + M3 Clerkship Grades = 13.33%)

Alpha Omega Alpha Medical Honor Society



AOA is a national honor medical society which was initially established in 1902. Students in the top 25% of the class academically (i.e. those in the Chiron Honor Society) are eligible for consideration for AOA. Of the eligible students only one-fifth of the class (20%) can subsequently be elected into AOA. The numbers are specified by the AOA national constitution. Election into AOA is further based on an eligible student's entire portfolio, including leadership, service, teaching, research, and professionalism

experiences, along with overall contributions to CMSRU. Election is determined at a yearly meeting of AOA faculty at Cooper, who review all eligible candidates and then vote. This process normally takes place in August, after all the third-year grades are available. Formula: Phase 1 Course Performance = 60% + M3 NBME Subject Exam Average = 13.33% + M3 Preceptor Clinical Assessment = 13.33% + M3 Clerkship Grades = 13.33%)

Policies Related to Student Affairs

Academic and Career Counseling Policy

POLICY:

Academic and Career Counseling

PURPOSE:

This policy delineates the activities and processes of the CMSRU academic and career counseling systems. 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 advisory college directors 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 Student Support Service Specialist 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. Learning Support Specialists 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.

Honor Code Policy

POLICY: Honor Code

PURPOSE: This code of behavior is designed to assist in the personal, intellectual and professional development of the medical student on the journey to becoming a physician and member of the medical community. All members of the medical community must be accountable to themselves and others.

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

DEFINITIONS: The objective of the Honor Code is to foster an environment of trust, responsibility, and professionalism among students and between students and faculty. Its fundamental goals are to promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a sense of responsibility to maintain the honor of the medical profession.

PROCEDURE: Students will abide by the CMSRU Honor Code which aims to foster an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity in the examination process and throughout the medical school experience.

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.
- 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 is in itself a violation of the Code.

The student 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.

Professional Appearance Policy

POLICY:

Professional Appearance Policy

PURPOSE:

This policy is part of the overall emphasis on the importance of professionalism and defines appropriate attire and appearance within that context.

SCOPE:

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

PROCEDURE:

This policy is based upon safety, concern for the patient, respect for others, an awareness of cultural competence, and the central importance of professionalism in medicine. Recent trends in clothing, body art, and body piercing may not be generally accepted by your patients. Students must adhere to guidelines surrounding professional appearance, as outlined. Clothing should be clean and neatly pressed. Note that CMSRU ID badges are to be worn at all times.

The following will outline the expectations of CMSRU in matters of professional appearance:

Phase I - During the majority of the first two years of the curriculum, students will spend time in lectures and small group activities where attire should be comfortable, neat and not distracting. Avoid dress or attire that could be perceived as offensive to others. During the WOW weeks, Ambulatory Clerkship, and when interfacing with patients at any Cooper University Health Care (CUHC) facility students must follow the Dress Code Policy of CUHC stated below.

Phase II - During the last two years, all students will adhere to the Dress Code Policy of Cooper University Health Care (8.604 Employee Relations-Team member Dress Code):

I. PURPOSE:

- A. To set forth the standards of appropriate dress, grooming, and appearance for team members and medical students.

II. POLICY:

- A. It is the policy of Cooper University Health Care to establish standards of dress, grooming and personal appearance. Personal appearance should reflect a neat, professional, image and should be appropriate for the team member's work situation. While Cooper understands that dress and appearance are often a matter of personal taste, Cooper must be mindful of patient and team member safety as well as Cooper's professional image. Therefore, Cooper maintains the right to establish and enforce standards of dress, grooming and personal appearance as dictated by business need, interactions with patients and other visitors. In addition to the traditional work setting, this policy applies to work related functions and events.

III. PROCEDURE:

- A. Dress code guidelines may vary by department, job function and location. Department dress codes may be more restrictive. Cooper recognizes three (3) types of dress: business, business casual and uniforms. Management at all times reserves the right to take appropriate action toward any team member whose grooming or dress violates the letter or the spirit of this policy. Team members that appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, team members will not be compensated for time away from work and disciplinary action may be taken.

B. General Guidelines

1. The Cooper identification badge is required to be worn at collar level with team member name and

photo facing forward and clearly visible at all times while working at any Cooper location. Badges must be free of obstacles so patients and others can view the team member's picture, name and job title. Lanyards should not be used unless they have a mechanism to "break" in the back in the case of a safety issue. Lanyards must hang to allow visibility of the badge in the upper chest area. Lanyards that are longer than upper chest area are not permitted. When off duty, the ID badge cannot be worn at any Cooper location unless the team member is in compliance with the dress code.

2. All clothing should fit properly. Garments cannot be transparent, low cut at the neckline, or form fitting. Clothing should not be unduly revealing or cause distracting or disruptive attention or reaction on the part of others.
3. Dresses and skirts cannot be excessively short, no more than 4 inches above the knee. Dress/skirt slits must not be excessive.
4. Shirts/Blouses with lettering or graphics that advertise or promote a product or service or causes distracting attention or reaction on the part of others will not be permitted. Only shirts/blouses with Cooper logo or approved graphics or lettering are permitted.
5. Shoes must conform to safety and infection control standards by providing safe footing, protection against hazards, and be quiet for the comfort of patients. Examples of inappropriate footwear: canvas tennis shoes, sandals (i.e. open shoes with straps including heels and flats), swim or beachwear, and shoe covers. Leather sneakers may be worn only in direct patient care areas. Socks or stockings must be worn in areas where we deliver direct patient care. Footwear must be clean, polished and in good repair. Color and style of the shoes should be professional (neutral and/or in coordination with clothing). In patient care areas, including ambulatory sites, open-toe shoes are not acceptable. In non-patient care business areas, open-toe business style shoes are acceptable.
6. Hair, including facial hair, must be clean, neat, professional, and maintained in a manner that does not interfere with patient safety, infection prevention or equipment operation.
7. Fingernails must be clean and professional, and maintained. For purposes of safety, infection prevention, and operation of equipment, fingernails must be of a reasonable length for the performance of job functions. Team members 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, which is inclusive of gel nail polish, wraps, acrylics, silks, etc.
8. Tattoos must be modest and may need to be covered while at work in a manner that does not interfere with patient safety, infection control or equipment operation. Tattoos shall be prohibited if they contain nudity, foul language, gang symbols, convey an expression of hate, violate Cooper's Harassment-Free Workplace Policy and/or are inconsistent with a professional environment.
9. Earrings can be worn on the ears and generally should be no larger than one inch in diameter. Ear piercing will be limited to a maximum of three (3) earrings per ear. Nose jewelry is discouraged and if worn, must be limited to one small stud no larger than three (3) millimeters in diameter. Pierced jewelry and rings are not permitted on any other visible body part (including but not limited to, eyebrows, lip and tongue). No ear gauges/expanders permitted.
10. Jewelry will be professional and kept to a minimum. Loose fitting jewelry that potentially poses safety issues is not permitted.
11. The wearing of Cooper issued buttons or pins on a uniform is to be kept to a minimum and cannot be attached to or conceal the Cooper identification badge.
12. Fragrances, perfumes, colognes, hair sprays, etc. should be kept to a minimum and may be prohibited if they pose a health concern to others.
13. Head coverings (hats, caps, scarves, etc.) may be worn as part of the uniform when authorized or when required by specific department standards or when required for safety or hygienic conditions. Team members whose religious, cultural or ethnic beliefs require head covering, or team members who have special needs, may request an exemption and such request will be given consideration for reasonable accommodation.
14. Sunglasses may not be worn indoors unless medically necessary.
15. The following are not considered appropriate dress:
 - a. Denim clothing of all colors
 - b. All types of shorts
 - c. Leggings/Spandex pants (unless worn under an appropriate dress)

- d. Sweat jacket, pants, hoodie
 - e. Sweatshirts
 - f. Fleece jackets
 - g. Athletic clothing
 - h. Miniskirts
 - i. Beachwear
 - j. T-shirts
 - k. Tank tops or spaghetti strap shirts
 - l. Flashy, “loud” clothing
 - m. Lingerie-like clothing
 - n. Flip-flops/thong shoes
 - o. Pool shoes
16. Team members who require accommodation for medical or religious reasons should contact Human Resources.
- C. Guidelines for team members who provide direct patient care, have direct patient contact or who work in patient care areas:
- 1. Open toe shoes are not permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair. Flexible, non-slip soles are recommended in work locations where use of liquids may increase the risk of falls.
 - 2. Sleeveless shirts, blouses, and dresses are not permitted unless covered by a jacket or sweater.
 - 3. Stockings or socks must be worn.
 - 4. The length of pants/trousers must extend to the ankle.
 - 5. When clothing is soiled with blood or body fluids, the clothes must be changed as soon as possible.
- D. Guidelines for team members who do not provide direct patient care or do not have direct patient contact but may meet with or be seen by patients/visitors.
- 1. Open toe shoes are permitted. Heels must be of a reasonable height to perform assigned duties. Footwear is of sturdy construction, well fitted and maintained in good repair.
 - 2. Sleeveless blouses and dresses are permitted.
 - 3. Stockings or socks are optional.
 - 4. The length of pants/trousers cannot be shorter than mid-calf.
- E. Types of dress
- 1. Business Attire
 - a. In order to meet the expectations of patients and their families, Cooper must project a professional, business-like image. Therefore, business attire is expected to be worn except where department specific dress requirements, casual business attire or uniforms apply as outlined in sections 2 and 3 below. Business attire includes such clothing as suits, ties, dresses, dress skirts and dress pants.
 - 2. Business Casual Attire
 - a. A more casual or relaxed dress code will be permitted during the summer and on Fridays. Business casual attire must still follow the guidelines outlined above and must be appropriate.
 - 3. Uniforms
 - a. Uniforms may be required in specific areas. They will constitute regular business attire when approved by management. Team members should consult with their individual Direct Supervisor for specific guidelines on uniforms. Scrub uniforms may be worn with Departmental approval. Denim like scrubs are not permitted. Uniforms owned by Cooper must be returned upon separation of employment.

Professional Conduct Policy

POLICY:

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.

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 are available in the student handbook and 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 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 appealable;
 - 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; and
 - Depending on the severity and nature of the issue, the student may be referred to the Academic Standing Committee (ASC) and processes as outlined in the GPA Policy: Probation – Non-Academic, including the student’s right to appeal the decision of the ASC to an ad hoc committee will be followed).

Statement of Principles

CMSRU Adheres to the [Rowan University Statement of Principles](#)

POLICY:

Statement of Principles

PURPOSE:

To articulate in one place the principles to which all parts of the University (CMSRU) – its trustees, administration, faculty, staff, students, employees, volunteers, and contractors – should aspire in their daily interactions. The Statement of Principles expresses our shared commitment to integrity in all our actions while pursuing the University’s (CMSRU's) mission: excellence in teaching, patient care, research, and public service through ethical conduct in the discharge of one's duties, responsibilities and all other University (CMSRU) activities. All members of the University (CMSRU) community owe it to each other to adhere to these principles as well as applicable laws, regulations, and University (CMSRU) policies. This Statement does not address every possible situation; rather, it expresses in one place the core principles that we expect will guide the conduct of every member of the University (CMSRU) Community.

ACCOUNTABILITY:

Under the direction of the Chairperson of the Board of Trustees, the President, Provost, Executive Vice President for Administration and Strategic Advancement, Ethics Liaison Officer, Chief Compliance and Privacy Officer and General Counsel, shall implement and encourage support for the Statement of Principles.

SCOPE:

These principles are intended to be observed by all members of the Board of Trustees, Officers (President and Vice Presidents), Deans, Academic Department Heads and Chairs, Faculty, Staff, Student Employees and Volunteers (collectively, "University personnel") and to any contractor performing work or services on any Rowan campus or in any Rowan facility. For the purpose of this Statement, the term "University" applies to Rowan University (CMSRU) and all of its campuses, locations and operations.

Whenever a question arises concerning the relevance of this Statement for a particular action or situation, the advice of a direct supervisor, the General Counsel, Ethics Liaison Officer and/or Chief Compliance and Privacy Officer should be sought as appropriate.

REFERENCES:

The following policies provide additional and related information:

- Rowan Core Values
- Code of Ethics Faculty/Professional Staff Rowan University (CMSRU)
- Reporting Compliance & Ethics Concerns
- Family Educational Rights and Privacy Act (FERPA)
- Rowan University (CMSRU) Contracting & Purchasing Policy & Procedure
- Rowan Excluded Individuals & Entities
- RowanSOM Responding to Anti-Kickback Violations with Potential Implications
- Accounting and Disclosure of Health Information
- Access to Individual Protected Health Information (PHI)
- CMSRU By-Laws
- Rowan SOM By-Laws
- New Jersey State Policy Prohibiting Discrimination
- Laws enforced by the US Equal Employment Opportunity Commission
- Rowan University (CMSRU) Workplace Violence Policy
- Board of Trustees By-Laws

POLICY:1. Basic Tenets:

The core values of Rowan are: Quality Education, Student Centeredness, Leadership, Engagement, Accountability, Team Work, Customer Focus, Inclusiveness and Entrepreneurship. Accordingly, all parts of the University (CMSRU) community call on each of us to do our utmost to support, protect and defend that environment. In particular, the University (CMSRU) community encourages support for the following basic tenets:

- Commitment to the Student
- Respect for Academic Freedom
- Respect for Educational Mission
- Respect for Research Mission
- Individual Integrity, Responsibility, and Accountability
- Respect for Others and Preservation of a Respectful Workplace
- Respect for University (CMSRU) and State Resources
- Compliance with University (CMSRU), Federal and State Laws, Rules, Policies, and Regulations
- Compliance with New Jersey Conflict of Interest Laws and State Ethics Code
- Protection of Confidentiality and Privacy of Records
- Accuracy in Reporting
- Adherence to Internal Controls
- Fair Dealings in Agreements
- Protection from Retaliation

Commitment to the Student – University (CMSRU) personnel will encourage free pursuit of learning while respecting both the students' rights to form their own views, and the diversity of cultures, backgrounds and perspectives of our students. University (CMSRU) personnel will deal justly and considerately with each student. University (CMSRU) personnel will avoid exploitation of students for private advantage while respecting the confidential nature of the relationship between the professor/staff member and student. University (CMSRU) personnel will provide recognition and acknowledgement of significant contributions by students. When necessary, University (CMSRU) personnel will share information about students' educational needs with appropriate individuals within the parameters of applicable privacy laws and policies.

Respect for Academic Freedom – The free exchange of ideas on campus is essential to quality education and research. To achieve its potential, the University (CMSRU) must provide academic freedom and a 'safe haven' to all, allowing inquiry and ensuring spaces where students and scholars can create new knowledge and challenge conventional wisdom in any field—art, science, religion, politics and others—without fear of reprisal.

Respect for Educational Mission – The University (CMSRU) must remain committed to providing high quality academic services in accordance with all laws, regulations, program requirements and academic accreditation standards, and to the accurate representation of credentials and requirements for admission and graduation.

Respect for Research Mission – Affiliated researchers shall conduct their research with integrity, intellectual honesty, and appropriate respect for human and animal subjects. All research involving human subjects is subject to approval by an Institutional Review Board. All research involving non-human vertebrate animal subjects must be approved by the Institutional Animal Care and Use Committees. All such research shall remain in compliance with all conditions imposed by the respective committee. Research must be conducted for the advancement of knowledge while meeting the highest standards of honesty, accuracy and objectivity. Researchers are obligated to demonstrate accountability for the funds of sponsors and payers while remaining in total compliance with specific terms and conditions of contracts and grants.

Individual Integrity, Responsibility and Accountability – The relationship between students and University (CMSRU) personnel shall reflect an environment that focuses on education, professionalism, integrity, honor and ethical conduct. To that end, the University (CMSRU) will not permit behavior that improperly interferes with the learning environment, including harassment, discrimination and violence, including but not limited to arrangements having real

or perceived power (e.g., faculty/coach-student, supervisor-supervisee, healthcare provider/patient). With respect to confidentiality, University (CMSRU) personnel must follow all rules and regulations as outlined in the Family Educational Rights and Privacy Act (FERPA).

Respect for Others and Preservation of a Respectful Workplace – The University (CMSRU) is committed to maintaining an environment of respect and inclusivity. Our community must and will have zero tolerance for illegal discrimination. All University (CMSRU) personnel should adhere to the basic principles of honesty, professionalism, integrity and ethical standards, and must adhere to the maintenance of a workplace devoid of hostility and harassment.

Rowan University (CMSRU) promotes a diverse community that begins with students, faculty, administration and staff who respect each other and value each other's dignity. By identifying and removing barriers and fostering individual potential, Rowan will cultivate a community where all members can learn and grow. The Rowan University (CMSRU) community is committed to a safe environment that encourages intellectual, academic, and social interaction and engagement across multiple intersections of identities. At Rowan University (CMSRU), creating and maintaining a caring community that embraces diversity in its broadest sense is among the highest priorities.

Respect for University (CMSRU) and State Resources – University (CMSRU) personnel shall use all University (CMSRU) equipment and facilities efficiently, economically, and for authorized University (CMSRU) purposes only in accordance with University (CMSRU) policy and State law.

Compliance with University (CMSRU), Federal and State Laws, Rules, Policies and Regulations – All University (CMSRU) personnel should do their best to act in compliance with all applicable federal and state laws, rules, and regulations as well as University (CMSRU) policies, procedures, agreements and guidelines.

Compliance with New Jersey Conflict of Interest Laws and State Ethics Code – All University (CMSRU) personnel must comply with the State of New Jersey Conflict of Interest Laws, State of New Jersey Ethics Guidelines, and University (CMSRU) policies to avoid actual or perceived conflicts (including their personal and/or financial interests) and, in situations where they might arise or do exist, to disclose them immediately and to participate no further in them unless and until approved by the appropriate Rowan New Jersey Ethics Liaison Officer or his/her designee.

Protection of Confidentiality and Privacy of Records – University (CMSRU) personnel with access to confidential information, including but not limited to Protected Health Information under the Health Insurance Portability and Accountability Act (HIPAA) as well as confidential student information under the Family Educational Rights and Privacy Act (FERPA), shall maintain the confidentiality and privacy of that information to protect all parties, to include written and oral communication.

Accuracy of Reporting – All University (CMSRU) records, including student records, accounting and financial records, expense reports, medical records, time sheets and effort reports, admission, retention, and graduation data and other documents, including any submitted to or subject to possible review by government agencies, must be accurate, clear and complete in accordance with generally acceptable accounting principles, government entities, bond covenant agreements and other requirements.

Adherence to Internal Controls – Internal control comprises the plans, methods and procedures used to meet the University's (CMSRU's) mission, goals and objectives. To this end, all business units or department heads are specifically responsible for ensuring that internal controls are established, properly documented and maintained for activities within their jurisdiction and followed. Any person entrusted with funds, including principal investigators, is responsible for ensuring that adequate internal controls exist over the use and accountability of such funds.

Fair Dealings in Agreements – University (CMSRU) policies governing procurement, including public bidding requirements and New Jersey laws where applicable, must be followed insofar as vendors, potential vendors, excluded individuals or companies when obtaining goods and/or services. At all times federal and state laws must be followed relating to anti-referral and anti-kickback arrangements while adhering to the highest ethical standards in regards to business arrangements for selection, negotiation, determination of awards and the administration of all purchasing activities. Persons affiliated with the University (CMSRU) have an obligation to be honest and consistent in all

marketing and advertising practices, must adhere to fair business practices, and must honor the spirit as well as the specific language of these laws.

Protection from Retaliation – People who make reports of suspected violations of this Statement, or of any policy, regulation, rule or law, in good faith and in the ways expected of them, are acting to protect our special community. As such, we all owe them the commitment that we will not punish them in any way for doing so and will comply with all policies protecting them from retaliation.

2. Tenets Specific to RowanSOM and CMSRU

In addition to the tenets expressed above, we also are committed to these tenets in the context of providing health care:

- Respect for Clinical Mission
- Compliance with all State and Federal Healthcare Program Statutes, Regulations, directives and guidelines

Respect for Clinical Mission – The RowanSOM and CMSRU Clinical Communities must remain committed to providing high quality health care in a manner that is appropriate, medically necessary and efficient, in accordance with current medical and ethical standards to include the obligation to provide medical screening exams or emergency care consistent with all applicable laws while displaying total respect for patient rights regarding choice of care and/or refusal of treatment.

Full Compliance with all state and federal healthcare program statutes, regulations, directives and guidelines – Federal and State health care programs, Medicare, and Medicaid require RowanSOM and CMSRU to comply with all applicable statutes, regulations, directives and guidelines. This also includes the rules of Medicare fiscal intermediaries or carriers, RowanSOM and CMSRU policies and procedures, and any agreements that RowanSOM and CMSRU may enter into with state or federal organizations or regulatory agencies. Persons affiliated with RowanSOM and CMSRU may be required to attest to their compliance with federal and state rules and regulations as failure to fully comply could jeopardize participation in said healthcare programs. RowanSOM and CMSRU will not conduct business with any individual or entity currently excluded by the Office of Inspector General (OIG) and/or General Service Administration (GSA) and, to this end, persons affiliated with RowanSOM and who perform healthcare services (including administrative services) are subject to periodic background checks.

3. The University (CMSRU) community shall always strive to create and sustain a culture in which ethical conduct is recognized, respected and promoted on all levels. University (CMSRU) core values include a commitment to diversity, personal mentorship, professionalism, collaboration and mutual respect, civic responsibility, patient advocacy and life-long learning.

Note: The foregoing Statement of Principles is expressly intended to be aspirational. It is not intended to be enforceable by the University (CMSRU) through any adverse personnel action.

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 traditional curricular sequence or in an Independent Study Plan (ISP). Students taking a leave of absence 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 Hospital 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 Hospital.

PROCEDURE:

1. First year students may participate in clubs and activities beginning in 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 not completed their required professionalism remediation, as per the Director of Professionalism or the Executive Cabinet.
3. If you are seeking an elected position, you must receive prior approval from the Senior Associate Dean for Student Affairs or the Assistant Dean for Student Affairs.
4. The Office of Student Affairs and the Office of Diversity and Community Affairs will offer:
 - a. its 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.

Student Code of Conduct

CMSRU Adheres to the [Rowan University Student Code of Conduct](#)

POLICY:

Student Code of Conduct

PURPOSE:

The Student Code of Conduct (Code) is a document intended to provide students, faculty, staff, and other interested parties with valuable resources. It contains specific information related to the expectations, rights, and responsibilities of Rowan University (CMSRU) students, student groups, and Rowan Choice students who live on campus.

ACCOUNTABILITY:

Under the direction of the President, the Vice President of Student Life/Dean of Students shall implement and ensure compliance with this policy.

SCOPE:

This policy is applicable to all students of Rowan University (CMSRU), and Rowan Choice students living on-campus.

DEFINITIONS:

See Attachment 1 – Definitions

REFERENCES

1. RowanSOM Student Responsibilities, Rights and Disciplinary Procedures
2. RowanSOM Student Handbook
3. Honor Code and Professional Conduct sections of the [Cooper Medical School of Rowan University] Student Handbook
4. Student Handbook [Graduate School of Biomedical Sciences] Handbooks and Catalogs | Graduate School of Biomedical Sciences | Rowan University

POLICY:

Rowan (CMSRU) is an academic community which has instituted this Code to set forth standards, expectations, rights, and responsibilities consistent with its purpose as an educational institution. The University (CMSRU) reaffirms the principle of student freedom; however, these tenets are coupled with an acceptance of full responsibility for one's behavior and the associated consequences. Rowan (CMSRU) recognizes the rights of its students guaranteed by the Constitutions of the United States and the State of New Jersey. These include a student's rights to freedom of speech, expression, inquiry, assembly, peaceful pursuit of an education, reasonable use of services and facilities of the University, and the presumption of innocence.

Rowan (CMSRU) promotes a diverse community that begins with students, faculty, staff, and administration who respect each other and value each other's dignity. By identifying and removing barriers and fostering individual potential, Rowan (CMSRU) will cultivate a community where all members can learn and grow. The Rowan community is committed to promoting a safe environment that encourages intellectual, academic, and social interaction and engagement across multiple intersections of identities. At Rowan, creating and maintaining a caring community that embraces diversity in its broadest sense is among the highest priorities.

As an institution of higher education, Rowan (CMSRU) has the responsibility to expose students to educational opportunities that promote growth, development, and exposure to diverse and differing perspectives. As a result, designated University (CMSRU) Officials have the right to engage in conversations with students in an effort to provide educational opportunities independent of any level of responsibility for violations of the Code. While it is the goal of the disciplinary process to educate students as to the purpose and importance of abiding by the Code, the University will also issue sanctions

as appropriate and necessary to ensure continued and/or future adherence to this Code, and to protect the University (CMSRU) community from disruptive behavior.

In addition to the Code, students must recognize and comply with the standards of classroom behavior as stated in their individual course syllabi. This document and supporting materials have been developed to guarantee procedural fairness to students when there has been an alleged failure to abide by Rowan (CMSRU) policies and regulations. Procedures may vary in formality given the gravity and nature of the offense and the sanctions that may be applied. Each student is responsible for reading and complying with the Code.

1. Authority
 - a. The Vice President for Student Life/Dean of Students and designees have the responsibility for maintaining and implementing the Code. In a situation where a student's health or safety is/was seriously endangered the Vice President for Student Life/Dean of Students or designees will make every attempt to notify the student's parent/guardian (as appropriate) as soon as possible.
2. Violation of Law and University (CMSRU) Discipline
 - a. Students may be accountable to multiple authorities for acts which violate the Code. University (CMSRU) disciplinary action will normally proceed during the pendency of criminal proceedings. The University (CMSRU) reserves the right to reach its own determination on violations of this Code independently of the outcome of any civil or criminal proceedings. Authorities include, but are not limited to,
 - i. Civil
 - ii. Criminal
 - iii. Local
 - iv. University Code
 - v. University Policies
3. Conduct Rules
 - a. Individual students and student organizations are expected to abide by the Conduct Rules and Regulations (see Attachment 3), and administrators are expected to enforce them. Additional rules and regulations may be promulgated during the year; announcements will be made upon adoption of the changes or additions. Attempting, abetting, or being an accessory to any act prohibited by the Code will be considered the same as a completed violation.
4. Rowan Global Students
 - a. Rowan students in online or hybrid courses must also meet the "conduct" expectations. Students participating in off-site Rowan Global Extension programs will also be expected to follow the guidelines provided by that facility. Questions should be directed to Academic and Student Services, Office of Graduate Studies, Division of Global Learning & Partnerships at global@rowan.edu.
5. Violation Levels
 - a. Violations of the Code are generally adjudicated based upon their magnitude or seriousness. Multiple violations, or the severity of a single violation, may increase the given sanctions. Some acts of misconduct may fall within two or more standards of the Code. In such cases, the University (CMSRU) has the right to impose all of the sanctions available for all of the violations (Attachment 8).
6. Appeals

- a. Upon receiving notification of the outcome of a case, the Respondent, Complainant, victim (in cases of "crimes of violence" covered under this Code) or the Vice President of Student Life/Dean of Students or designee (in Campus Hearing Board cases) may file an appeal as outlined in Attachment 9. The appeals process described will be the final step in the discipline process and constitutes final University (CMSRU) action.
7. Procedures for Interim Suspension of Course participation, presence on Campus or Residence Areas and participation in University (CMSRU) Related Activities
 - a. A student may be suspended from continuing participation in coursework, being present on the campus or in campus residence areas or from participation in University (CMSRU) related activities for an interim period pending a disciplinary hearing. The interim suspension is effective immediately without prior notice whenever there is evidence that the continued presence of the student on the campus may pose a substantial threat to others in the University (CMSRU) or to the stability and/or continuance of normal University (CMSRU) functions. (Refer to Attachment 10)
 8. Conduct Code Violations' Effect upon Graduation
 - a. A student found responsible for violations of the Code, which could have led to expulsion or suspension had s/he remained a registered student at the University (CMSRU) and who has otherwise satisfied the University's (CMSRU's) published requirements for graduation, may have the awarding of his/her degree postponed to a future date or permanently withheld. A student whose graduation is postponed or permanently withheld may also be refused a copy of his/her official transcript and cannot have it sent to others during the period of his/her sanction. In cases where graduation is delayed due to pending charges, cases normally will be adjudicated within as short a period of time as is practicable.
 9. Release of Disciplinary Record Information
 - a. In accordance with current guidelines established in the Family Educational Rights and Privacy Act (FERPA) and implemented by Rowan University (CMSRU), the record of most disciplinary proceeding's findings is not open to the public or disclosure to a third party without the consent of the individual student.
 - i. The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the N.J. Sexual Assault Victim's Bill of Rights, and/or 34 CFR 668.47(a)(12) (vi) and the Violence Against Women Act of 1994 (42 U.S.C 13925 (a)) does permit the disclosure of campus discipline system findings to victims of "crimes of violence." In addition, FERPA permits, once all appeals are exhausted, the final results of campus disciplinary hearings for crimes of violence to be publicly disclosed, including the name of the Respondent(s) held responsible and the nature of the offense.
 - ii. Parents or guardians may be notified for cases involving certain crimes of violence and in certain cases involving violations of campus drug or alcohol regulations, when the student is a dependent (as defined in Section 152 of the Internal Revenue Code of 1986) or when the Vice President of Student Life/Dean of Students or designee deems the matter to have been a health or safety emergency. Complainants in other types of cases will be notified about case adjudication and sanctions imposed if, in the Vice President of Student Life/Dean of Students or designee's opinion, such disclosure is necessary to protect the safety of the Complainant or of other members of the University community. If FERPA or other pertinent regulations change, the students involved will be notified before a hearing is held. Information regarding FERPA and the disclosure of information can be found on the Office of the University Registrar website at <https://sites.rowan.edu/registrar/registrar-faqs.html> (CMSRU registrar website: <https://cmsru.rowan.edu/students/registrar/>)
 - iii. The Office of Community Standards does not maintain or release police reports. Any request for a police report associated with a disciplinary case must be made to the issuing police department.
 10. Record Keeping
 - a. The Office of Community Standards will maintain student disciplinary files, which contain all necessary and appropriate correspondence, Hearing Officer, Hearing Board, and appeal decisions as well as other documentation pertinent to any cases for which a student was found responsible for a violation of the Code. Records of cases that are designated as "pending" will also be maintained. Student disciplinary files will be maintained as follows:

- i. Disciplinary records will normally be maintained for a period of seven (7) years after the last year of the student's attendance at the University (CMSRU). The destruction of student disciplinary records is coordinated with the Office of Contracting & Procurement utilizing Artemis (Records Retention and Disposition Management System) and in accordance with the State of New Jersey Records Retention Policy.
 - ii. Records that are typically maintained are:
 1. Letters of communication
 2. Evidentiary materials
 3. Hearing Decision Letters
 4. Appeal Letters
11. The disciplinary records of students who were Suspended or Expelled will be maintained indefinitely. Timelines
- a. All times set in the Code may be extended by the University (CMSRU), for good cause. Reasonable extensions will be determined by the Vice President for Student Life/Dean of Students or designee.
12. Interpretation and Revision
- a. Any question of interpretation regarding the Code will be referred to the Vice President for Student Life/Dean of Students or designee for final determination. The Code may be periodically reviewed and amended as necessary under the direction of the Vice President for Student Life/Dean of Students or designee.

ATTACHMENTS

1. Attachment 1 – Definitions
2. Attachment 2 - Complaints Against Students, Student Groups and Non-Students
3. Attachment 3 - Conduct Rules
4. Attachment 4 - Disciplinary Procedures
5. Attachment 5 - Campus Hearing Board
6. Attachment 6 - Rights In All Disciplinary Hearings
7. Attachment 7 - Sanctions
8. Attachment 8 - Application of Standard Sanctions
9. Attachment 9 - Appeals
10. Attachment 10 - Procedures for Interim Suspension of Course participation, presence on Campus or Residence Areas and participation in University Related Activities
11. Procedures for Addressing Allegations of Discrimination, Harassment, and Retaliation (Student v. Student)
12. Procedures for Addressing Off-Campus Concerns
13. Non-Response Policy

Attachment 1 - Definitions

1. *Administrative Hearing Officer* refers to a University official designated by the Vice President of Student Life/Dean of Students (or designee) to hold a hearing to determine whether a student has violated the Code and, if so, to impose sanctions.
2. *Campus Appeals Officer/Board* refers to the person or groups of persons authorized by the Vice President of Student Life/Dean of Students (or designee) to consider an appeal from a hearing officer/hearing board's determination that a student has violated the Code or from the sanctions imposed.
3. *Campus Hearing Board* refers to person or groups of persons designated by the Vice President of Student Life/Dean of Students (or designee) to determine whether a student has violated the Code and, if so, to impose sanctions.
4. *Complainant* is an individual or group of individuals who reports having experienced prohibited conduct and/or concerns regardless of whether the individual makes a report and/or seeks disciplinary action.
5. *Crimes of Violence* (including forcible and non-forcible sex offenses) refers to a set of crimes which includes arson, aggravated assault, simple assault, intimidation), burglary, criminal homicide - manslaughter by negligence, criminal homicide - murder and negligent manslaughter, non-negligent manslaughter, destruction/damage/vandalism of property, kidnapping/abduction, robbery, domestic violence, dating violence, and stalking, rape, sodomy, sexual assault with an object, fondling, incest and statutory rape. (Some of these crimes/offenses may be covered under the University's Title IX Sexual Harassment/Sexual Assault Policy or Student Sexual Misconduct and Harassment Policy. To the extent they are covered by either of those policies, the conduct will be addressed in accordance with that applicable policy. If neither of those policies apply, the conduct may be addressed under the Code of Conduct.)
6. *Email*: the official Rowan email account for a student. All official disciplinary-related communications will be sent to the Rowan email of a student. It is the responsibility of students to check their email on a regular basis. Failure to check an email account does not establish cause to alter timelines and/or decisions. If the Rowan email for a student has been deactivated, communication may be sent to the student's address of record.
7. *Family Educational Rights and Privacy Act (FERPA)*: a federal law that affords students enrolled in a postsecondary institution (no matter their age) the right to access, amend, and have some control over the disclosure of personally identifiable information from their educational records.
8. *In absentia*: by definition means in the absence of the student. Matters for which students elect not to respond to communication and/or attend scheduled sessions will be adjudicated *in absentia* without feedback from the non-responsive party.
9. *May* is to be deemed permissive, imparting a choice.
10. *Member of the University Community* includes any person who is a student, faculty member, University official, or any other person employed by the University. A person's status in a particular situation will be determined by the Vice President of Student Life/Dean of Students.
11. Not Responsible: a finding that a student or group has been found not to be in violation of the Code using the standard of preponderance.
12. *Organization* means any number of persons who have complied with the formal requirements for University recognition. This term also applies to persons involved in petitioning for recognition. (Greek Letter Organizations are also subject to the disciplinary procedures outlined by Greek Life.)
13. *Preponderance*: the standard of proof used in all conduct-related matters. This standard is met when there is greater than (no matter how small) a 50% chance that a perspective is true or false.
14. *Respondent*: an individual or group about which an allegation has been made by another party.
15. Responsible: a finding that a student or group has been found in violation of the Code using the standard of preponderance.
16. *Rowan*: means Rowan University.
17. *Student Conduct Informational Meeting*: a meeting between a student and a designated University Official intended to ensure that a student is fully aware of the conduct process. It may also be referred to as "SCIM".
18. *Special Interim Hearing Board* refers to a group of persons designated by the Vice President of Student Life/Dean of Students (or designee) to determine whether a student has violated the Code and, if so, to impose sanctions when a Campus Hearing Board cannot convene.
19. *Student* includes all persons enrolled in courses at Rowan, both full-time and part-time, pursuing undergraduate or graduate studies, and those who live in campus living units. Persons who are not officially enrolled for a particular term but who have a continuing relationship with the University, such as students who were previously enrolled,

withdraw/take a leave of absence, persons participating in University sponsored academic programs and students who are serving a period of suspension, are considered "students."

20. *University* means Rowan University.
21. *University Official* includes any person employed by Rowan, performing assigned administrative or professional responsibilities.
22. *University Premises* includes all land, buildings, facilities, and other property in the possession of or owned, used, or controlled by Rowan, including adjacent streets and sidewalks.
23. *University-Sponsored/Affiliated Event* means any activity on or off campus, which is initiated, aided, funded, or supervised by the University or the Student Government Association.
24. *Will* is to be used in the imperative sense, not imparting a choice.
25. *Witness* refers to a person who has personal knowledge of the incident in question.

Attachment 2 - Complaints Against Students, Student Groups and Non-Students

1. *Complaints Against Students*

- a. The Student Code of Conduct applies to all undergraduate and graduate students from the time they accept admission to Rowan University (CMSRU) through the date of their graduation. This includes but is not limited to: new students at Orientation and the Pre-College Institute, persons not currently enrolled but who are still seeking a degree from Rowan, and any other person enrolled in a credit earning course offered by Rowan University (CMSRU).
- b. The Student Code of Conduct also applies to any person who has graduated if the University (CMSRU) determines that his/her/their graduation or receipt of credit may involve misconduct while he/she was working toward a degree (in such cases, degree revocation may be a sanction).
- c. Adjudication of any alleged violation will continue even if a student takes a leave of absence or withdraws. Discipline may be imposed on students for conduct which occurs on University (CMSRU) premises, in or out of the classroom setting, while using University (CMSRU) technology, at off-campus instructional sites or during off-campus University (CMSRU) affiliated events where students are representing the University (CMSRU). A University (CMSRU) affiliated event is defined as an off-campus gathering of members of the Rowan University (CMSRU) community (and/or their guests) which is sponsored or funded in whole or in part by Rowan University (CMSRU).
- d. Private off-campus events which are not sponsored or funded by Rowan University (CMSRU) will also be subject to the University (CMSRU) discipline system if the conduct violates University (CMSRU) regulations or local, state, or federal law, or when the University (CMSRU) determines that the conduct has a direct impact on the educational mission and interests of the University (CMSRU) and/or the safety and welfare of the University (CMSRU) community.
- e. The University (CMSRU) reserves the right to hold a student responsible for actions at their residence even if they were not present at the time of the incident. In such a case, the student would be required to produce confirming evidence that s/he/they were not involved.
- f. The Code may also be applied to conduct online and via email or other electronic media. Students/Organizations should be aware that online postings such as blogs, web postings, chats and social networking sites are in the public sphere and are not private postings that indicate possible misconduct may subject a student and/or organization to allegations of conduct violations except for cases in which a member of the University community is legally exercising their First Amendment rights.

2. *Complaints Against Student Groups*

- a. Members of recognized and unrecognized student organizations, groups and teams may be charged as an organization and/or individually with violation(s) of the Student Code of Conduct. The organization/group/team will be represented by the president or identifiable spokesperson in any disciplinary hearing. (Greek Organizations charged with a violation of the Code are also subject to the procedures outlined in the Greek Handbook. Student-athletes are also subject to the Student-Athlete Handbook.)

3. *Complaints Against Non-Students*

- a. Persons who are not students but who violate Federal, State, or local laws, or University (CMSRU) regulations while on campus may be subject to arrest, immediately banned and/or may have their campus visitation privileges limited or revoked. University (CMSRU) officials may file criminal charges against guests or other visitors who violate laws while on campus. Campus hosts may be held responsible for their guests' behavior. Non-students

who are banned from the campus have the right to appeal that determination by writing to the Assistant Vice President for Public Safety & Emergency Management.

Attachment 3 - Conduct Rules

Individual students and student organizations are expected to abide by the following rules and regulations, and administrators are expected to enforce them. Additional rules and regulations may be promulgated during the year; announcements will be made upon adoption of the changes or additions. Attempting, abetting, or being an accessory to any act prohibited by the Student Code of Conduct will be considered the same as a completed violation.

1. Violating promulgated University (CMSRU) rules, regulations and policies, whether on or off campus.
2. Academic Integrity: Engaging in academic dishonesty as defined by Rowan (Students charged with a violation of this section of the Code are subject to the procedures outlined in the Academic Integrity Policy). This includes, but is not limited to,
 - a. Cheating (including the use of unacknowledged academic sources)
 - b. Fabrication
 - c. Facilitating Academic Dishonesty
 - d. Plagiarism.
3. False Information to an Official: Furnishing false information to any University (CMSRU) Official.
4. Forgery: Fraudulent use and/or creation of University (CMSRU) documents, records, identification cards, other official University database files, or other misuse or abuse of the University's (CMSRU) computerized systems. This includes, but is not limited to,
 - a. Alteration
 - b. Forgery
 - c. Misuse
 - d. Using the ID Card, Key, and/or Fab of another person
5. Disruptive Activity: Engaging in disruptive activity which substantially disrupts or poses a tenable threat of disrupting teaching, research, administration, disciplinary procedures, public service functions, typical University (CMSRU) operations, or other University authorized activities, or which substantially interferes with the rights of others, on University (CMSRU) premises.
6. Misuse of property. This includes, but is not limited to,
 - a. Obtaining property under false pretenses.
 - b. Possessing or receiving stolen property.
7. Harm to Person: Engaging in conduct which threatens or endangers the health or safety of any person (including self). Includes, but is not limited to:
 - a. Bullying
 - b. Coercion
 - c. Harassment
 - d. Intimidation
 - e. Attempted or Actual Physical Abuse or Restraint of another.
 - f. Stalking
 - g. Threats
 - h. Written, verbal, physical, electronic acts or gestures, whether single incidents or a series of incidents, that can be reasonably perceived as being motivated by actual or perceived characteristics protected under the New Jersey Law Against Discrimination, N.J.S.A. 10:5-1 et. seq. that takes place on Rowan property or at any function affiliated/sponsored by Rowan that substantially disrupts or interferes with the orderly operation of the University or the rights of other students and is not otherwise protected by the Constitutions of the United States and the State of New Jersey and that:
 - A reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his person or damage to his property.
 - Has the effect of insulting or demeaning any student or group of students in such a way as to cause disruption in, or interference with, the orderly operation of the University.
 - Creates a hostile educational environment for the student at the University.

- Infringes on the rights of the student at the University by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student.
8. Title IX Sexual Harassment/Sexual Assault Policy or Student Sexual Misconduct and Harassment Policy: Engaging in conduct that is a violation of the University's Title IX Sexual Harassment/Sexual Assault Policy or Student Sexual Misconduct and Harassment Policy.
 9. Invasion of Privacy: Invasion or violation of an individual's rights. Includes, but is not limited to,
 - a. Terroristic threats
 - b. Illegal or unauthorized surveillance
 - c. Imposing physical or mental restraints on others
 - d. Engaging in obscene verbal or written communication
 - e. Verbally confronting a person using obscenities or fighting words likely to incite immediate physical altercation.
 - f. Making, attempting to make, live streaming, transmitting, or attempting to transmit audio, video, or images of any person(s) on or off campus in bathrooms, showers, bedrooms, common areas of suites or apartments, medical examination rooms, training rooms, or other premises where there is an explicit expectation of privacy with respect to nudity and/or sexual activity, without the knowledge and consent of all participants subject to such recordings and/or transmissions.
 - g. Viewing any person(s) on or off campus in bathrooms, showers, bedrooms, common areas of suites or apartments, medical examination rooms, training rooms or other premises where there is an explicit expectation of privacy with respect to nudity and/or sexual activity, without the knowledge and consent of all participants.
 10. Alcohol: Possessing, consuming, and/or distributing, or attempting to distribute alcoholic beverages in contravention of federal, state or local laws, or University regulations, or knowingly being present at the time of the prohibited conduct.
 11. Drugs/Paraphernalia: Possessing, using, manufacturing, distributing, or attempting to distribute narcotics, dangerous drugs, controlled dangerous substances, or drug paraphernalia that are prohibited by federal, state or local laws, or University (CMSRU) policies, or knowingly being present at the time of the prohibited conduct.
 12. Weapons: Possessing or using a firearm, BB gun, carbon dioxide propelled gun, explosive, dangerous chemical, knife, martial arts equipment, or other dangerous weapon as a means to threaten or intimidate another person and/or in contravention of federal, state or local laws, or University (CMSRU) policies and procedures.
 13. Disorderly Conduct: Causing noise or a disturbance. Exhibiting disorderly, lewd, indecent, or obscene conduct or exhibitionism.
 14. Unauthorized use of University Resources: Using the University's name, logo, finances, materials, and supplies (including letter templates or stationery bearing the University's letterhead), or facilities (including computer facilities) for commercial, personal or political purposes without authorization.
 15. Failure to Comply with an Official: Refusing or failing to comply with a request, directive, or order from a University (CMSRU) official, including Public Safety officers, members of the University administrative staff or other authorized persons acting in the performance of their official duties and responsibilities.
 16. Public Health Compliance: Engaging in behavior that places other members of the University (CMSRU) community at risk and/or refusing to comply with requests from University (CMSRU) Officials related to matters of health safety. Examples include, but are not limited to, refusing to wear face coverings to prevent the spread of diseases, refusal to complete required health and safety educational programs, and failure to adhere to occupancy/social distancing guidelines during times of elevated health-related concerns.
 17. Unauthorized Access: Entering into and/or using of University (CMSRU) facilities/equipment, including but not limited to, residential facilities, library, athletic facilities and equipment, galleries, classrooms, computers, or confidential files without authorization.
 18. Disorderly/Disruptive Behavior Off-Campus: Engaging in off-campus actions and/or behaviors that violate laws and regulations of federal, state, and local agencies, as well as policies of the University.
 19. Abuse of the Student Discipline System: Abusing the Student Discipline system, including but not limited to, noncompliance with a disciplinary sanction, falsification of information, and disruption of a hearing.
 20. Use of Technology to Harass: Using information and communication technologies including, e-mail, voicemail, telephones, cell phones, text or electronic messaging, web-cameras, or websites to engage in harassment, intimidation, bullying (as defined in #7 above), or in any behavior which violates the law, University (CMSRU) policies or the Code.
 21. Use of Public Medium for Violation: Initiating behavior that violates the law, University (CMSRU) policies, or the Code and placing evidence of that behavior on a public website or other public medium.

22. Arson/Fire Safety: Starting a fire or creating a fire hazard on University-owned (CMSRU) or operated property. Willful damage to property by fire shall be prosecuted as arson when appropriate. Pulling a fire alarm when a fire-related emergency is not present. Altering, damaging, and/or removing fire equipment.
23. Hazing: Engaging in a manner that a reasonable person would conclude endangers the mental or physical health or safety or which may demean, disgrace, or degrade any person, regardless of location, intent, or consent of participant(s). Although hazing is generally related to a person's initiation or admission into, or affiliation with, any group or organization, it is not necessary that a person's initiation or continued membership is contingent upon participation in the activity, or that the activity was sanctioned or approved by the organization, for a charge of hazing to be upheld. The actions of active, associate, new, and/or prospective members of an organization may be considered hazing. Includes, but is not limited to,
 - a. Unreasonable interference with a student's academic performance
 - b. Forced or coerced consumption of food, alcohol, drugs, or any other substance
 - c. Forced or coerced wearing of apparel which is conspicuous and/or inappropriate
 - d. Forced or coerced exclusion from social contact
 - e. Branding
 - f. Creation of unnecessary fatigue
 - g. Deprivation of basic needs such as food, shelter, sleep, or water
 - h. Beating, whipping, or paddling in any form
 - i. Line-ups and berating
 - j. Physical and/or psychological shocks
 - k. Personal servitude (to include mandatory designated driving)
 - l. Kidnapping or abandonment
 - m. Interviewing of membership
 - n. Possession of required items (example: a new member must always be in possession of a ping-pong ball)
 - o. Unreasonable exposure to the weather
 - p. Any activity subjecting a person to embarrassment, degradation or humiliation
 - q. Expectation of participation in activities that are unlawful, lewd or in violation of University (CMSRU) policy.
24. Sexual Misconduct: engaging in behaviors and/or actions which are sexual in nature without consent. These may include, but are not limited to, dating violence, domestic violence, sexual contact, sexual penetration, sexual exploitation, sexual harassment and stalking. Matters related to sexual misconduct will be evaluated by the Office of Student Equity and Compliance for possible violations of Title IX standards. Allegations not meeting that threshold may be referred for adjudication as a possible violation of the Code.
25. Discrimination: actions that are intended to treat others in a different or unfair manner based on their actual or perceived race, religion, national origin, gender, sexual orientation, gender identity or expression, disability, and other protected characteristics.
26. Retaliation: any adverse actions taken against a person because of that person's participation in a complaint, investigation, or legitimate process. Such actions are treated as a separate violation and will result in immediate action by the University to stop the retaliatory behavior, prevent further violations by the perpetrator, and remedy any adverse impact of the violation.

Attachment 4 - Disciplinary Procedures

Each campus will establish its student disciplinary procedures.

Rowan University School of Osteopathic Medicine.

Disciplinary procedures are found in the Student Rights, Responsibilities and Disciplinary Procedures section of

the Education Handbook. Please consult the Rowan University School of Osteopathic Medicine website (http://www.rowan.edu/som/education/student_affairs/).

Cooper Medical School of Rowan University

Disciplinary procedures are found in the Honor Code and Professional Conduct sections of the [Cooper Medical School of Rowan University] Student Handbook. Please consult the Cooper Medical School of Rowan University website (https://cmsru.rowan.edu/student_life/office-student-affairs/).

Rowan University Graduate School of Biomedical Sciences

Disciplinary procedures are found in the Student Rights, Responsibilities and Disciplinary Procedures section of the Student Handbook. Please consult the Rowan University Graduate School of Biomedical Sciences website (<https://www.rowan.edu/gsbs/current/handbook.php>)

Rowan University – Glassboro Campus – Rowan Choice

Due to the unique nature of the program, Rowan Choice students are accountable for adherence to the Rowan University Student Code of Conduct (Code) and the policies of the institution(s) in which they are enrolled students. As a result, Rowan Choice students may be required to participate in multiple sessions to adjudicate any alleged violations depending upon the nature of the allegation(s).

Rowan University – Glassboro Campus

1. Filing a Complaint

Complaints against students/organizations may be made by any student, employee, or guest of the University who feels the Code has been violated. A complaint must be made in writing to the Office of Community Standards, (Chamberlain Student Center, Suite 210) or Vice President of Student Life/Dean of Students (Salvitz 339) within a reasonable amount of time after the occurrence. This will normally be construed to mean within 30 calendar days, unless unusual circumstances exist, or it is an alleged crime that the University must report under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. The “Community Standards Referral Form” can be accessed at https://cm.maxient.com/reportingform.php?RowanUniv&layout_id=6. The complaint should include as much detail concerning the alleged violation as possible and include the specific reference to the part of the Code the Complainant feels has been violated. The University reserves the right to investigate any reported incident, including those alleging biased behavior. Perceived criminal activity should be reported immediately to Public Safety, which will submit its report of a student violation to the Office of Community Standards. Whenever a complaint provides evidence that the continued presence of the Respondent(s) on the campus may pose a substantial threat to herself/himself, others in the University, or to the stability and/or continuance of normal University functions the University reserves the right to impose an interim suspension from classes, residence areas, or the entire campus pending a disciplinary hearing (refer to Attachment 10 for a complete description of procedures).

The following guidelines will be used to determine if a Student Organization/Group/Team would be charged with a violation of the Code:

- a. When one or more officers/authorized representatives/captains acting in the scope of their capacities committed the violation.
- b. When one or more members committed the violation after the action that constitutes the violation was approved by a vote of the organization/group/team or was part of a committee assignment of the organization/group/team.
- c. When the violation was committed at an activity funded by the organization/group/team.
- d. When the violation occurred as a result of an event sponsored by the organization/group/team.
- e. When one or more members of an organization/group/team or its officers/authorized representatives/captains permitted, encouraged, aided, or assisted in committing a violation.
- f. When a reasonable person would construe the violation as being associated with the organization/group/team

2. Adjudication of Complaints

- a. *The Assistant Dean of Students or designee will review the complaint and determine whether it should be adjudicated by the student discipline system, and, if so, the appropriate adjudicator will be determined. The review of the complaint may not require meeting with all parties, and the Assistant Dean of Students or designee will determine what meetings are necessary. For any disciplinary action for which sanctions may be imposed, the Respondent(s) will have his/her/their case heard before one of the following adjudicators:*
 - i. *Administrative Hearing Officer* – If the alleged violation is one for which the student/organization could not be suspended or expelled from the University, the complaint will be heard by an Administrative Hearing Officer.
 - ii. *Campus Hearing Board* – If the alleged violation is one for which the student/organization could likely be suspended or expelled from the University, the complaint will be heard by the Campus Hearing Board. (refer to Attachment 5 for additional information concerning the Campus Hearing Board) A hold and a transcript notation indicating “Pending Discipline” will also be placed on the Respondent’s transcript.
 - iii. *Special Interim Hearing Board* - If the Campus Hearing Board cannot meet, a Special Interim Hearing Board will be appointed at the discretion of the Office of Community Standards to expedite adjudication of student disciplinary cases under the following conditions:
 1. An interim suspension has been issued (see Attachment 10), or
 2. The case will be adjudicated when the Campus Hearing Board cannot convene (for example, final exam week, vacation periods, or summer school, etc.)
- b. Given the sensitive nature and the unique legal issues related to cases involving sexual misconduct, sexual harassment and sexual assault complaints, they will be addressed under the University's Title IX Sexual Harassment/Sexual Assault Policy or Student Sexual Misconduct and Harassment Policy. To the extent such conduct may not be covered under either of those policies, it may be addressed under this Code.
- c. Although the default method will be in-person sessions, the University will determine if the disciplinary hearing will take place in person or virtually.
- d. Situations that do not warrant adjudication by the Office of Community Standards may be referred to the Vice President of Student Life/Dean of Students or designee for adjudication and/or educational discussions to address allegations.
- e. All matters referred to an adjudicating administrator or body will begin with individual meetings to initiate a Student Conduct Informational Meeting (SCIM) document.

3. Notification

- a. When it is determined that a complaint will be adjudicated by the student disciplinary system, the Respondent(s) will be notified of the alleged violation in writing (the "Hearing Notice") via a tracked letter sent to the student’s Rowan email address. This is the official method of notification and students are responsible for checking their University email address daily. The Hearing notice will state what portion of the Code was allegedly violated. The student will be notified of the hearing date in the Hearing Notice. The student will receive notice of a hearing at least three (3) business days prior to an Administrative Hearing and five (5) business days prior to a hearing before the Campus Hearing Board or Special Interim Hearing Board.
- b. If the Respondent or Complainant (if applicable) fails to attend the hearing, except when there is a justifiable reason (serious illness or hospitalization, death of member of immediate family, serious physical emergency, arrest or incarceration, or unavoidable transportation delay), the hearing will proceed *in absentia* and a

finding will be reached based upon the available information. No negative inference will be made from a failure of the Respondent or Complainant to appear, participate, or speak during a hearing.

- c. All participants have the right to select an Advisor of his/her/their choosing, including an attorney. Advisors are expected to communicate privately with the student in a non-disruptive manner. Advisors may have no other role in the hearing/case and are not permitted to speak on behalf of the student, ask questions, or appear in lieu of the student/organization. Advisor availability will not be sufficient grounds for postponing a hearing. A hearing will not be cancelled or postponed in the event an Advisor does not attend. If the Advisor is not able to attend, the Respondent or Complainant should arrange for a substitute.
 - d. A student who wishes to have an attorney as an Advisor must inform the Office of Community Standards in writing, by telephone, or electronic mail at least one (1) business day prior to a hearing. If a Complainant, Respondent, or other participant informs the University that an attorney will be present at the hearing, the University will decide if legal counsel for the University should also be present.
 - e. Both the Respondent and the Complainant have the right to request witnesses to provide information at the hearing. Witnesses must have personal knowledge of the incident at issue and may serve no other role at the hearing/case. Witnesses may be present at the hearing only at the time they are called to participate. A hearing will not be cancelled or postponed if a scheduled witness does not attend.
 - f. Written statements of witnesses not in attendance due to extraordinary circumstances may be considered by Hearing Officer or the Campus Hearing Board. Character witnesses are considered irrelevant and will not be permitted to participate. A list of witnesses must be submitted to the Office of Community Standards at least one (1) business day prior to the hearing for approval and notification to other parties. The list should include each witness' name and a summary of the information s/he/they is expected to provide.
4. Administrative Agreement/Hearing Waiver
- a. The Respondent and Complainant will also be informed if the disciplinary complaint can be resolved by completing an Administrative Agreement/Hearing Waiver. An Administrative Agreement/Hearing Waiver would be completed only when there is acknowledgement of responsibility on the part of the Respondent and agreement, by all parties including the Complainant, and/or victim that the sanction(s) imposed are reasonable and fair.
 - b. The sanction will reflect the severity of the current charge(s) against the student/organization, as well as any previous disciplinary sanctions. All participants will also waive the rights to have the complaint adjudicated at a disciplinary hearing and appeal. Should the Respondent not accept responsibility for the charges, nor accept the proposed sanction(s), then appearance at the disciplinary hearing is required.
5. Administrative Hearing Officer Procedures
- a. A student/organization may challenge the assignment of a specific hearing officer to his/her/their case for good cause. This challenge must be presented in writing to the Office of Community Standards at least one (1) business day prior to the scheduled date of the hearing. Upon reviewing the details of the challenge, the Assistant Dean of Students or designee will either uphold the challenge and appoint an alternate hearing officer and arrange a new hearing or deny the challenge.
 - b. A hearing officer will withdraw from adjudicating any case in which he/she/they cannot reach a fair and objective decision.
 - c. The hearing officer will exercise control over the manner in which the hearing is conducted to avoid unnecessarily lengthy hearings and to prevent the harassment or intimidation of witnesses. This includes, but is not limited to, rejecting redundant or irrelevant questions and imposing reasonable limits on the number of factual witnesses that may participate. An explanation and record of any rejected question will be made. Technical legal rules of evidence, wording of questions, hearsay and opinions will not be formally applied. Anyone who disrupts a hearing or who fails to adhere to hearing procedures may be excluded from the proceeding at the discretion of the hearing officer.
 - d. The hearing officer will review all materials, hear all information pertinent to the case from the Complainant, the Respondent, and witnesses. The hearing officer may also consult with other hearing officers who are assigned to hearings within the same disciplinary case, clarify issues raised, render a decision based on the information presented, and take all actions and make all determinations necessary and proper for the hearing.
 - e. The Respondent will be presumed not responsible for the allegation. The hearing officer will determine if it was "more likely than not" that the Respondent was responsible after considering all of the credible information provided during the disciplinary hearing process. If the student is found in violation of

University rules, any submitted statement of mitigating factors, records within the student's past disciplinary file, and a written victim impact statement (if appropriate) will also be used in determining an appropriate sanction(s).

- f. Following all hearings in the case, the hearing officer will provide the Respondent with written notification of the decision reached and information regarding the University's appeal process.
- g. For cases involving a victim of "crimes of violence,"(covered under this Code) the hearing officer will also provide the Complainant/victim with written notification of the decision reached and information regarding the University's appeal process.

Attachment 5 - Campus Hearing Board

Hearings for Rowan University and Rowan Choice students will follow the policies, procedures, and protocols as outlined in this Code. Hearings for Cooper Medical School of Rowan University, Rowan University Graduate School of Biomedical Sciences, Rowan University School of Osteopathic Medicine will follow appropriate protocols that are outlined in either the Code or documents specific to those academic areas.

1. Campus Hearing Board Structure

- a. The Campus Hearing Board is chaired by a non-voting Administrative Hearing Officer, who is normally an employee of the Student Life Division and most likely the Assistant Dean of Student Life. The Campus Hearing Board is composed of regular members and a pool of alternates.
 - i. For cases involving Rowan Choice students, the Campus Hearing Board will focus upon matters related to living on campus and the impact of behaviors upon the Rowan University community. Decisions may range for a finding of “not responsible” to removal from housing. All materials associated with allegations against Rowan Choice students will be forwarded to designated officials at other institutions for possible further adjudication regarding their status as a student.
 - ii. Rowan University hearings for Rowan Choice students will follow the policies, procedures, and protocols as outlined in the Code.
 - iii. Hearing board members will be composed of:
 1. Three (3) members who are matriculated undergraduate or graduate students and in good standing with the University. Student members are selected through an application and selection process conducted by the Office of Community Standards. Information on membership requirements and the application is available on the Office of Community Standards website.
 2. Three (3) members of the University Senate who are appointed by the University Senate President.
 3. Three (3) members of the professional staff who are appointed by the Vice President of Student Life/Dean of Students or designee.
- b. The Campus Hearing Board may be convened by a quorum of any five (5) members. For complaints that are adjudicated by a Special Interim Hearing Board any three (3) members of the Campus Hearing Board must be present. Title IX matters may be adjudicated with a single hearing board member. Title IX matters may be adjudicated with a single hearing board member.

2. Campus Hearing Board Procedures

- a. Any student appearing before the Campus Hearing Board may challenge the assignment of any member of the Board to his/her/their case. This challenge must be presented in writing to the Office of Community Standards at least one (1) business day prior to the scheduled date of the hearing. Upon reviewing the details of the challenge, the Assistant Dean of Student Life will either uphold the challenge and appoint an alternate member or deny the challenge. Any challenge at the time of the hearing, will be decided by the Chair.
- b. A Campus Hearing Board member will withdraw from adjudicating any case in which s/he/they cannot reach a fair and objective decision.
- c. There will be a recording of the hearing (excluding deliberations and voting) for the purpose of providing assistance to the Campus Hearing Board or Appeals Board in their deliberations and to the Vice President of Student Life/Dean of Students or designee, and Respondent or Complainant for use in filing an appeal. This recording remains the property of the University and constitutes an official record of the hearing. No other recording of the hearing is permitted.
- d. The Chair will make all determinations on questions of procedure and admissibility of information presented and will not be excluded from hearings or deliberations except that s/he/they will not vote. The Chair will exercise control over the manner in which the hearing is conducted to avoid unnecessarily lengthy hearings and to prevent the harassment or intimidation of witnesses. This includes, but is not limited to, rejecting redundant or irrelevant questions and imposing reasonable limits on the number of factual witnesses that may participate. An explanation and record of any rejected question will be made. Technical legal rules of evidence, the wording of questions, hearsay, and opinions will not be formally applied. Anyone who

disrupts a hearing or who fails to adhere to hearing procedures may be excluded from the proceeding at the discretion of the Chair.

- e. The Respondent will be asked to elaborate if he/she/they are responsible or not responsible for the alleged violation(s). If the Respondent admits responsibility, questions will be asked to provide informed context to the sanctioning phase of the process. If the Respondent states he/she/they are not responsible for the alleged violation(s), questions will be asked to determine preponderance related to the allegations.
- f. The Board will review all materials and hear all information pertinent to the case from the Complainant, Respondent, and all witnesses. Members of the Board, including the Chair, will be free to ask relevant questions in order to clarify information or resulting issues.
- g. The Respondent will be presumed not responsible for the allegation(s). After private deliberations, and by a majority vote, the Board will determine preponderance as to whether the Respondent is responsible or not responsible. A tie vote will result in a finding of "not responsible."
- h. If the Respondent is found responsible, the Board will determine the appropriate sanction(s) to be imposed by majority vote. The past disciplinary record of the Respondent(s) will not be supplied to the Board by the Chair prior to this point. Other information from either party, including any submitted statement of mitigating factors, a written victim impact statement if appropriate, or information from the Chair which is relevant to the choice of sanction(s), may also be introduced at this point, including information concerning sanctions imposed against other students for similar offenses. No information directly related to the case in question may be introduced for the first time unless the Respondent has been informed and allowed to review and comment on the information.
- i. Following the hearing, the Chair will provide the Respondent with written notification of the decision reached and information regarding the University's appeal process.
- j. For cases involving a victim of "crimes of violence", (covered under this Code) the Chair will also provide the victim with written notification of the decision reached and information regarding the University's appeal process.
- k. The Chair will also provide the Vice President of Student Life/Dean of Students or designee with written notification of the decision reached and supporting case documents for the purpose of conducting a "Case Review." At the conclusion of the review, the Vice President of Student Life/Dean of Students or designee may also file an appeal of the decision.

Attachment 6 - Rights in All Disciplinary Hearings

The University disciplinary system is not a criminal or civil law process and the technical legal rules of evidence, the wording of questions, hearsay and opinions applicable in criminal and civil cases will not apply. University disciplinary hearings will accord the following specific rights to all students/organizations:

1. To receive written notice of any disciplinary charges.
2. To have reasonable access to the case file prior to and during any hearing, provided that all reviews, prior to the hearing, take place in the Office of Community Standards. Any alternate arrangements for the case file review may be made at the discretion of the Office of Community Standards. Note: The Office of Community Standards does not maintain or release police reports. Any request for a police report associated with a disciplinary case must be made to the issuing police department.
3. To have access to advice and support by an individual of his or her choosing, including an attorney.
4. To have no negative inference made from a failure of the Respondent(s) or Complainant to appear, participate or speak during a hearing.
5. The Respondent(s) will be presumed not responsible for any allegation. Violation is found only after a review of the credible information presented determines that it was "more likely than not" that the Respondent(s) was responsible.
6. The Respondent(s) and the Complainant will be given the opportunity to participate in the hearing, present information on their own behalf, bring witnesses and question those who provide information at their hearing. This does not include the right to ask questions directly.
7. Disciplinary hearings will be closed to all members of the campus and outside community except those directly involved with the case (including an individual selected as an Advisor).
8. Following the completion of all hearings associated with a complaint, the Respondent(s) will receive written notification of the decision reached. The notification will also include a list of any sanctions imposed and appeal information.
9. The Respondent(s) will have the right to waive any of these rights.
10. The Respondent(s) may submit a written statement to the Office of Community Standards detailing the presence of any mitigating factors. This statement will be considered when determining an appropriate sanction and only if the Respondent is found responsible.
11. A Complainant or victim may submit a written statement to the Office of Community Standards detailing the impact the violation has had upon them and their ability to function as a student. This statement will be considered when determining an appropriate sanction and only if the Respondent is found responsible.
12. Victims of "crimes of violence" (covered under this Code) will receive written notification of the decision reached. The notification will also include a list of any sanctions imposed and appeal information.
13. To be free from intimidation, harassment, bullying, or any other form of retaliation throughout and following the disciplinary process.

Attachment 7 - Sanctions

Hearing Officers, Campus Hearing Boards, or Special Interim Hearing Boards may impose a single or multiple sanctions for violations of the Code. Factors to be considered in deciding sanctions will include: past disciplinary record of the student, monetary fines resulting from a corresponding court case, the nature of the violation, and severity of any damage, injury, or harm resulting from it as perceived by the victim, and/or appropriate University officials. The imposition of a sanction will normally be effective either on the date that the University provides the party 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. A disciplinary suspension or expulsion will normally result in withdraws from all the registered courses in the effective term, (not to exceed one academic term) regardless of the courses still being in progress or if final grades were submitted. Any request to have the effective date of a sanction deferred to a later date must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis.

Normally there will be no refund of tuition/fees if expulsion, suspension or withdrawal from courses and/or University housing is affected because of violations of the Code. Any request for a refund due to these circumstances must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis.

Sanctions, which may be imposed upon any student found to have violated the Code, include the following:

1. *Official Warning*: A written statement indicating a violation of the Code has occurred and warning that a subsequent violation will likely be treated more severely.
2. *Educational Task*: Completion of task(s) which benefit the individual, campus, or community.
3. *Monetary Fine*: The student is required to pay a fine that has been placed onto their student account.
4. *Suspension of Activity Privileges*: The student cannot be a member of a recognized student organization, participate in organizations' regularly scheduled activities, serve as a representative of the University, or participate in intramural, club, or intercollegiate sports. Notification of this sanction/status will be sent to appropriate University officials so they will know who may not participate in activities sponsored by their offices.
5. *Disciplinary Probation*: a designated period of time during which the student is given the opportunity to demonstrate the ability to abide by the community's expectations of behavior articulated in the Code and is not considered to be in good social standing with the Another violation will likely result in a more severe sanction.
6. *Suspension of Residence Privileges*: The student's privilege to live in University-owned housing, and visit the residence areas of the campus, is suspended on a temporary or permanent basis. Any request to have the effective date of the Suspension of Residence Privileges deferred to a later date must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis. **The student is not entitled to any refund of campus housing and/or meal plan fees.** Any request for a refund must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis.
7. *Suspension*: The student may no longer be a registered student, attend classes, or receive grades for a specified period of time. In addition, while in this status, the student may not be present on the campus nor at a University-sponsored event for any reason whatsoever. The suspension will be noted on the student's academic transcript. The sanction will be effective either on the date that the University provides the party 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. Any request to have the effective date of the Suspension deferred to a later date must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case by case **The student is not entitled to any refund of any tuition/fees.** Any request for a refund must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis.
8. *Expulsion*: The student may never again be a registered student, attend classes, or receive grades. In addition, the student may never be present on the campus nor at a University-sponsored event for any reason whatsoever. The expulsion will be noted on the student's academic transcript. The sanction will be effective either on the date that the University provides the party 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. Any request to have the effective date of the Expulsion deferred to a later date must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis. **The student is not entitled to any refund of any tuition/fees.** Any request for a refund must be made in writing to the Vice President of Student Life/Dean of Students and will be decided on a case-by-case basis.

9. *Other sanctions:* Other sanctions may be imposed in addition to, or instead of, those described in #1 through #9 above. For example, costs associated with educational programs or damage repair fees may be charged or students may have use of University facilities limited or revoked.

Students who are found responsible for Code violations which involve alcohol/drug (ab)use, may be required to attend educational programs intended to inform them about alcohol/drug use and abuse.

- a. The Office of Community Standards may notify parents/guardians of students less than 21 years of age when a student is found responsible for a violation of the Alcohol and Other Drugs Policy. Rowan Public Safety may notify parents/legal guardians when citations have been issued by law enforcement officials, without waiting for a hearing or any other due process since citations given by the law enforcement unit of a university are not covered by FERPA.
- b. Bias motivated offenses may result in more severe sanctions. Such offenses are defined as any offense wherein the Respondent(s) intentionally selects the alleged victim because of the victim's actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical, or sensory disability, or by any other distinguishing characteristic, or any other class protected under the New Jersey Law Against Discrimination, N.J.S.A. 10:5-1 et. seq.
- c. Any sanction may be put on hold or deferred (i.e. not put into effect) for a predetermined period of time by the Vice President of Student Life/Dean of Students or his/her/their designee. The original sanction(s) may be re-imposed immediately upon a further finding responsibility in a subsequent campus disciplinary hearing at any level.
- d. Sanctions for group or organization misconduct may include suspension, revocation or denial of recognition, partial or total de-funding, or the imposition of other appropriate sanctions.
- e. A student who fails to complete the terms of a campus disciplinary sanction by the given deadline will receive a monetary fine for noncompliance and could be charged with noncompliance under the Code.
- f. Under the Family Educational Rights and Privacy Act (FERPA), violators of provisions of the Code pertaining to certain "crimes of violence" may have their names and disciplinary findings publicly revealed.
- g. Students should be aware that conviction in criminal court for certain controlled substance offenses including drug possession and/or sale may have them declared ineligible for Federal financial aid for a period of time. See the Financial Aid Office for details.

Attachment 8 - Application of Standard Sanctions

1. Standard sanctions have been adopted by Rowan to respond to disciplinary violations. Of particular concern are substance abuse- related violations, off-campus conduct violations, as well as weapon and violence violations of the Code. Rowan is deeply concerned about the extent to which some students engage in underage consumption of alcohol, unlawful use of drugs, and/or consumption of alcohol or other drugs to a degree that renders them in need of emergency medical intervention or other extraordinary assistance. In addition, Rowan seeks to deter students from engaging in conduct that poses risks to the safety and well-being of the individual student and/or the University and Glassboro community as a whole.
2. Standard sanctions are intended to alert students and other members of the University community to the seriousness of alcohol-related and drug-related behaviors, violence, and safety violations; provide meaningful consequences for violations of the Code; and ensure that students are provided opportunities to access education, counseling, and support. Standard sanctions apply only to those offenses described below.
3. Standard sanctions listed below apply to misconduct that occurs both on-campus and off-campus, at the discretion of the Vice President of Student Life/Dean of Students or designee. Incidents falling within the Code but not described below will be handled on a case-by-case basis in light of all the circumstances.

4. Students found responsible for multiple violations will receive the cumulative sanctions associated with each violation.
5. Although the Standard Sanction Model is critically important to the Rowan process for addressing disciplinary matters, it is intended to be a guiding tenet. Each matter will be evaluated based upon the unique circumstances found during the process. Those circumstances may warrant deviation from the Standard Sanction Model. This may be true in the case of one or multiple violations.

Level One

1. Level One violations are generally a breach of the Code which adversely affects a smaller community. Examples include, but are not limited to, Noise Policy, Guest Policy, Pet Policy, Quiet Hours Policy & Posting Policy.
 - a. First Violation – Official Warning or Reflective Assignment
 - b. Second Violation - Adjudicated as "Level Two" violation (Refer to Standard Sanctions for Repeated Level One violations for additional information.)

Level Two

1. Level Two violations generally are breaches of the Code which are more serious and adversely affect the Rowan community at-large (include repeated Level One violations). Examples include, but are not limited to, disorderly conduct, disruptive activity, failure to comply with directions of University officials, fire safety, forging documents, theft and vandalism.
 - a. First Violation- Disciplinary probation, financial restitution, monetary fine, attendance at educational programs
 - b. Second Violation- Adjudicated as "Level Three" violation (Refer to Level Three violation section for additional information)

Level Three

1. Level Three violations generally are breaches of the Code which include threatening statements and/or behavior and unwanted contact that may compromise the health and safety of the Rowan community at large or individuals, specifically.
 - a. First Violation-Suspension of Campus Housing Privileges, University Suspension or Expulsion
 - b. Second Violation- University Suspension or University Expulsion

Alcohol Violations

- a. First Violation-Completion of Alcohol and Other Drugs Education Program, Disciplinary Probation, Notification of Parent/Guardian (Dependent student).
- b. Second Violation-Completion of Substance Screening, Disciplinary Probation, Notification of Parent/Guardian (Dependent student), Possible Suspension of Campus Housing Privileges and/or University Suspension, Notification of Parent/Guardian (Dependent student).
- c. Third Violation-possible Suspension of Campus Housing Privileges and/or University Suspension, Notification of Parent/Guardian (Dependent student), University Suspension or Expulsion, Notification of Parent/Guardian (Dependent student).

Violations of Laws/University Rules off-campus

- a. First Violation-Completion of the Community Responsibility Program, Disciplinary Probation
- b. Second Violation-Disciplinary Probation up to University Suspension (minimum of 1 semester)
- c. Third Violation-University Suspension (minimum of 2 semesters)

Illegal Drug Abuse-Related Violations

- a. First Violation-Completion of Substance Screening, Disciplinary Probation, Notification of Parent/Guardian (Dependent student)
- b. Second Violation-Completion of Substance Screening, Notification of Parent/Guardian (Dependent student), Suspension of Campus Housing Privileges and/or University Suspension
- c. Third Violation- University Suspension or Expulsion, Notification of Parent/Guardian (Dependent student)

Manufacture, sale, purchase, or distribution of illegal drugs or controlled substances

- a. First Violation- Expulsion, Notification of Parent/Guardian (Dependent student)

Substance Abuse Resulting in Harm-Related Violations

- a. First Violation-Completion of Substance Screening, Suspension of Campus Housing Privileges and/or University Suspension, Notification of Parent/Guardian (Dependent student)
- b. Second Violation- University Suspension or Expulsion, Notification of Parent/Guardian (Dependent student)
- c. Third Violation- University Expulsion, Notification of Parent/Guardian (Dependent student)

Weapons-Related Violations

- a. First Violation- Disciplinary Probation, University Suspension, or Expulsion, Suspension of Campus Housing Privileges (if the student is not Suspended from the University and lives in Campus Housing) and other educational sanctions, University Suspension or Expulsion.
- b. Second Violation- University Expulsion

Bullying and Other Violence-Related Violations

- a. First Violation- Disciplinary probation, University Suspension, or Expulsion; Suspension of Campus Housing Privileges (if the student is not Suspended from the University and lives in Campus Housing), Referral to the Wellness Center for Anger Management and other educational sanctions
- b. Second Violation- University Suspension, University Expulsion

Attachment 9 - Appeals

1. Upon receiving notification of the outcome of a case, the Respondent(s), Complainant, victim (in cases of "crimes of violence) covered under this Code, or the Vice President of Student Life/Dean of Students or designee (in Campus Hearing Board cases) may file an appeal under the following circumstances:
 - a. Procedural irregularity or substantive error that affected the outcome of the matter. Deviations from the University's policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted.
 - b. 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.
 - c. The 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
 - d. The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).

2. All appeals must be made within five (5) business days of the date on the letter informing the parties of the decision. Appeals must be submitted in writing to the designated appeal officer and should explain in detail the basis of the request, including any supporting documentation.
3. Upon receipt of the written appeal, the Assistant Dean of Student Life may defer the imposition of the sanction(s) pending the decision on the appeal. Note: Interim Suspension as well as any other prior restrictions will remain in effect during the appeal process.
4. Cases adjudicated by the Campus Hearing Board will be forwarded to the Campus Appeals Board. All other cases will be forwarded to the Vice President of Student Life/Dean of Students or designee.
5. An appeal will be responded to in a timely manner (usually two weeks) and a final decision will be issued in writing either accepting or denying the appeal. The student will be informed of any delay by the assigned Appeal Officer.
6. The Assistant Dean of Student Life or designee is responsible for compiling the appeal documentation for review, scheduling the appeal review meeting as well as sending all correspondence to the parties involved. The Assistant Dean of Student Life or designee will have no other role during the appeal review meeting.
7. The Campus Appeals Board:
 - a. The Board is comprised of a member of the University's Administration, President of the University Senate, and the President of the Student Government Association. Designees may be used in any of the positions. Each member or designee must be in attendance for a quorum.
 - b. The Board will review the written appeal and all documentation contained in the case file in a closed meeting. The Board by a simple majority vote will deny or uphold the appeal. If an appeal is upheld based on procedural error or new information reasons, the case will be remanded to the Campus Hearing Board for re-opening of the hearing. If an appeal is upheld based on inappropriate sanction reason, the Board will render the appropriate determination and/or sanction.
 - c. All Campus Appeals Board decisions are final and will be forwarded to the Office of Community Standards for immediate implementation.
8. When it is not possible for the Campus Appeals Board to meet in a timely fashion (for example, final exam week, vacation periods, summer school, etc.), an appeal from the Campus Hearing Board may be reviewed by the Vice President of Student Life/Dean of Students (or Designee) for final disposition.
9. The appeals process described will be the final step in the discipline process and constitutes final University action.

Attachment 10 - Procedures for Interim Suspension of Course participation, presence on Campus or Residence Areas and participation in University Related Activities

1. A student may be suspended from the entire campus, residence areas, extracurricular or other University related activities (i.e.. Internships, work study, etc.) for an interim period pending a disciplinary hearing; the interim suspension is effective immediately and without prior notice whenever there is evidence that the continued presence of the student on the campus may pose a substantial threat to others in the University or to the stability and/or continuance of normal University functions.
2. During an interim suspension from the entire campus, a student is not permitted to continue to participate in coursework in person or online, submit academic work or correspond with instructors. Course instructors and other appropriate staff are informed. Special permission is needed for the student to conduct routine business with the University, during this time.
3. The Vice President of Student Life/Dean of Students or designee is authorized to impose Interim Suspensions.
4. If a student wishes to return to classes and/or residence on campus, he or she is required to make an appointment to meet with a designated administrator within five (5) business days from the effective date of suspension. The purpose of this Interim Suspension appointment is to determine the following:
 - a. The reliability of the information concerning the student's conduct, including the matter of his/her identity.

- b. Whether the conduct and surrounding circumstances reasonably indicate that the continued presence of the student on the campus or at University activities likely poses a substantial threat to others or to the stability and/or continuance of normal University functions.
5. A disciplinary hearing will be scheduled at another time to hear the substantive issues involved. This follows the Interim Suspension appointment with the designated administrator and employs the procedures outlined earlier. An Interim Suspension, in and of itself, does not become part of a student's disciplinary record.

ATTACHMENT 11

***PROCEDURES ADDRESSING ALLEGATIONS OF DISCRIMINATION, HARASSMENT,
AND RETALIATION (Student v. Student)***

Title VI of the Civil Rights Act of 1964 provides that “[n]o person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” As an institution receiving Federal Funding, in accordance with Title VI, Rowan University prohibits discrimination, whether verbal, written, physical or psychological, based upon 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).

Rowan University is committed to creating and maintaining an educational and living environment free from discrimination. If students feel they have been the victim of discrimination, harassment, or retaliation caused by a faculty or staff member, they should refer to the Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment.

If students believe they are the victim of discrimination, harassment, or retaliation caused by another student, they should refer to the [Student Code of Conduct](#) (Code). Individuals are strongly encouraged to promptly file a complaint by contacting the Office of Student Equity and Compliance and/or by filling out the Student Complaint Form for Discrimination/Harassment/ Retaliation Complaints. Individuals may also file complaints directly with the Office for Civil Rights, United States Department of Education:

New Jersey, New York, Puerto Rico, Virgin Islands Office for Civil Rights New York Office U.S. Department of Education

32 Old Slip, 26th Floor

New York, NY 10005-2500

Telephone: 646-428-3800 Fax: 646-428-3843 E-mail: OCR.NewYork@ed.gov

Once a complaint of alleged discrimination, harassment, or retaliation by another student is received, the following resolution procedures will be initiated:

1. When a complaint is filed, action will be taken to review the matter within seven (7) business days to determine if there is sufficient information to initiate formal resolution measures. The Associate Vice President/Title IX Coordinator will determine the most appropriate avenue of response, including but not limited to, coordination with other University resources such as the Vice President of Student Life/Dean of Students. Where appropriate, the use of voluntary and informal resolution measures, such as mediation, may be used. Voluntary and informal resolution measures may not be used in cases where the allegations involve violence.
Note: If a report is deemed to be a potential violation of Title IX Sexual Harassment/Sexual Assault Policy or the Student Sexual Misconduct and Harassment Policy, the matter will be referred to the Title IX Coordinator.
2. At the Associate Vice President’s discretion, where deemed necessary, a formal resolution procedure will be initiated. The AVP will conduct a comprehensive, impartial investigation. The investigation may include interviewing the parties involved, including witnesses, review of written statements, and the gathering of other relevant information. Investigations will adhere to the following tenets:
 - a. **CONFIDENTIALITY:** The University will endeavor to maintain the confidentiality of reported matters and of individuals involved, except to the extent necessary to carry out the purposes of this policy, including conducting investigations, and where required by law.

- b. **NOTICE:** Once a formal resolution procedure has been started, the Complainant(s) and Respondent(s) will be notified in writing.
 - c. **ADVISORS:** The Complainant(s) and Respondent(s) have the right to an advisor of their choice during this investigation process. An advisor may be a family member, attorney or other third party. Advisors may be present to support the parties; however, advisors are not permitted to speak on behalf of any party during this process.
 - d. **LENGTH OF INVESTIGATION:** While the length of the process may vary based on the facts, circumstances, and witness availability in each case, every effort will be made to conclude the investigation within sixty (60) days provided doing so does not compromise the University's ability to conduct a fair, impartial, and thorough investigation and adjudicative process.
 - e. **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 this policy occurred.
3. Upon completion of an investigation, the AVP will prepare a written investigation report. This report will include a comprehensive description of the evidence gathered during the investigation, the investigator's findings of fact, credibility determinations and whether a policy violation has occurred.
 4. The Associate Vice President will issue a determination letter to the Complainant(s) and Respondent(s) stating whether the allegations of discrimination, harassment, or retaliation are substantiated or not substantiated.
 - a. If the allegations are substantiated (i.e., upheld or proven to be factual), the matter will be sent to the Division of Student Life for the imposition of sanctions (Attachment 7), disciplinary action, and/or educational interventions in accordance with the Student Code of Conduct.
 - b. If a party wish(es) to appeal the determination, they may request an appeal under the following circumstances:
 - i. A procedural or substantive error occurred in the process that significantly impacted the outcome of the hearing (e.g., material deviation from university policy; substantial bias; the findings and decision are contrary to the great weight of the evidence);
 - ii. New and significant information has become available which could not have been discovered by a properly diligent person before or during the hearing; or
 - iii. The sanction/disciplinary action imposed is inappropriate in light of the violation.
 - c. Appeal requests should be made to the Vice President of Student Life/Dean of Students, or designee, in writing, within five (5) business days of receiving the decision letter. All appeal requests will be reviewed within fifteen (15) business days, and the decision of the Vice President of Student Life/Dean of Students will be final.

Adjudication of Complaints

Once the Associate Vice President refers a matter to the Division of Student Life, the following protocol will be implemented:

1. The Assistant Dean of Student Life or designee will review the complaint and determine whether it should be adjudicated by the student discipline system, and, if so, the appropriate adjudicator will be determined. Matters not referred to the disciplinary system may be adjudicated through educational interventions implemented by the Vice President of Student Life or designee. The review of the complaint may not require meeting with all parties; The Assistant Dean of Student Life or designee will determine what meetings are necessary. For any disciplinary action for which sanctions may be imposed, the Respondent(s) will have his/her/their case heard before one of the following adjudicators:
 - a. *Administrative Hearing Officer* - If the alleged violation is one for which the student/organization could not be suspended or expelled from the University, the complaint will be heard by an Administrative Hearing Officer.
 - b. *Campus Hearing Board* - If the alleged violation is one for which the student/organization could likely be suspended or expelled from the University, the complaint will be heard by the Campus Hearing Board. (Refer to Attachment 5 for additional information concerning the Campus Hearing Board) A hold and a transcript notation indicating "Pending Discipline" will also be placed on the Respondent's transcript.

- c. *Special Interim Hearing Board* - If the Campus Hearing Board cannot meet, a Special Interim Hearing Board will be appointed at the discretion of the Office of Community Standards to expedite adjudication of student disciplinary cases under the following conditions:
 - i. An interim suspension has been issued (see Attachment 10), or
 - ii. The case will be adjudicated when the Campus Hearing Board cannot convene (for example, final exam week, vacation periods, or summer school, etc.)
2. The University will determine if the disciplinary hearing takes place in-person or virtually.
3. Notification and Communication
 - a. When it is determined that a complaint will be adjudicated by the student disciplinary system, the Respondent(s) will be notified of the alleged violation in writing (the "Hearing Notice") via a tracked letter sent to the student's Rowan email address. This is the official method of notification and students are responsible for checking their University email address daily. The Hearing notice will state what portion of the Code was allegedly violated. The student will be notified of the hearing date in the Hearing Notice. The student will receive notice of a hearing at least three (3) business days prior to an Administrative Hearing and five (5) business days prior to a hearing before the Campus Hearing Board or Special Interim Hearing Board.
 - b. If the Respondent(s) or Complainant, if applicable, fails to attend the hearing, except when there is a justifiable reason (serious illness or hospitalization, death of member of immediate family, serious physical emergency, arrest or incarceration, or unavoidable transportation delay), the hearing will proceed, and a finding will be reached *in absentia* based upon the available information. No negative inference will be made from a failure of the Respondent(s) or Complainant to appear, participate or speak during a hearing.
 - c. All participants have the right to select an Advisor of their choosing, including an attorney. Advisors are expected to communicate privately with the student in a non-disruptive manner. Advisors may have no other role in the hearing/case and are not permitted to speak on behalf of the student, ask questions, or appear in lieu of the student/organization. Advisor availability will not be sufficient grounds for postponing a hearing. A hearing will not be cancelled or postponed in the event an Advisor does not attend. If the Advisor is not able to attend, the Respondent(s) or Complainant should arrange for a substitute.
 - d. A student who wishes to have an attorney as an Advisor must inform the Office of Community Standards in writing, or electronic mail at least one (1) business day prior to a hearing. If a Complainant, Respondent(s) or other participant informs the University that an attorney will be present at the hearing, the University will decide if legal counsel for the University should also be present.
 - e. Both the Respondent(s) and the Complainant have the right to request witnesses to provide information at the hearing. Witnesses must have personal knowledge of the incident at issue and may serve no other role at the hearing/case. Witnesses may be present at the hearing only at the time they are called to participate. A hearing will not be cancelled or postponed if a scheduled witness does not attend.
 - f. Written statements of witnesses not in attendance due to extraordinary circumstances may be considered by the Hearing Officer or Campus Hearing Board. Character witnesses are considered irrelevant and will not be permitted to participate. A list of witnesses must be submitted to the Office of Community Standards at least one (1) business day prior to the hearing for approval and notification to other parties. The list should include each witness' name and a summary of the information s/he/they is expected to provide.
4. Administrative Agreement/Hearing Waiver
 - a. The Respondent(s) and Complainant will be informed if the disciplinary complaint can be resolved by completing an Administrative Agreement/Hearing Waiver. An Administrative Agreement/Hearing Waiver would be completed only when there is acknowledgement of responsibility on the part of the Respondent(s), and agreement, by all parties including the Complainant, and/or victim that the sanction(s) imposed are reasonable and fair.
 - b. Sanction(s) will reflect the severity of the current charge(s) against the student/organization, as well as any previous disciplinary sanctions. All participants will voluntarily waive their rights to have the complaint adjudicated at a disciplinary hearing and appeal. Should the Respondent(s) not accept responsibility for the charges, nor accept the proposed sanction(s), then appearance at the disciplinary hearing is required.
5. Administrative Hearing Officer Procedures

- a. A student/organization may challenge the assignment of a specific hearing officer for reasonable cause. This challenge must be presented in writing to the Office of Community Standards at least one (1) business day prior to the scheduled date of the hearing. Upon reviewing the details of the challenge, the Assistant Dean of Student Life or designee will either uphold the challenge and appoint an alternate hearing officer and arrange a new hearing or deny the challenge.
- b. Hearing officers will withdraw from adjudicating any case in which they cannot reach a fair and objective decision.
- c. The hearing officer will exercise control over the manner in which the hearing is conducted to avoid unnecessarily lengthy hearings and to prevent the harassment or intimidation of witnesses. This includes, but is not limited to, rejecting redundant or irrelevant questions and imposing reasonable limits on the number of factual witnesses that may participate. An explanation and record of any rejected question will be made. Technical legal rules of evidence, the wording of questions, hearsay and opinions will not be formally applied. Anyone who disrupts a hearing or who fails to adhere to hearing procedures may be excluded from the proceeding at the discretion of the hearing officer.
- d. The hearing officer will review all materials, hear all information pertinent to the case from the Complainant, the Respondent(s) and witnesses, consult with other hearing officers who are assigned to hearings within the same disciplinary case, clarify issues raised, render a decision based on the information presented, and take all actions and make all determinations necessary and proper for the hearing.
- e. The Respondent(s) will be presumed not responsible for the allegation. The hearing officer will determine if it was "more likely than not" that the Respondent was responsible after considering all of the credible information provided during the disciplinary hearing process. If the student is found responsible for a violation of University rules, any submitted statement of mitigating factors, records within the student's past disciplinary file and a written victim impact statement, if appropriate, will also be used in determining an appropriate sanction(s).
- f. Following all hearings in the case, the hearing officer will provide the Respondent(s) with written notification of the decision reached and information regarding the University's appeal process.
- g. For cases involving a victim of "crimes of violence,"(covered under this Code) the hearing officer will also provide the victim with written notification of the decision reached and information regarding the University's appeal process.

ATTACHMENT 12

PROCEDURES FOR ADDRESSING OFF CAMPUS CONCERNS

As noted previously, students are responsible and accountable for their behaviors on and off campus. Although many matters will be adjudicated through the established protocols outlined in the Code, some allegations may be handled through the following process:

Context:

It is essential that Rowan University implements a process which values the importance of independence for students who live off campus while at the same time appropriately addressing concerns which may negatively impact community members, landlords, students, and/or the reputation of Rowan University.

This process will allow students to have input into the process to promote education and behavioral change with their peers. The model will be implemented as a complement to the protocols outlined in the Student Code of Conduct (Code) and does not serve as a replacement of the Code.

In addition to this process, matters of hazing, recruitment violations, etc. involving fraternities and sororities will be referred to the Director of Orientation and Student Leadership Programs for communication with appropriate agencies such as National Offices. Similarly, matters involving student-athletes will be referred to the Director of Athletics, and organizational conduct matters involving other student clubs to the Associate Vice President for Student Life.

Matters that involve allegations related to discrimination, harassment, retaliation, sexual misconduct, Title IX, physical assault, etc. will be referred to appropriate University Officials (Office of Student Equity and Compliance, Community Standards, Vice President of Student Life/Dean of Students, etc.).

Definitions:

Letter: One option for addressing concerns will be a letter sent to individuals and/or groups who are associated with a *Minor Allegation*. The letter will serve as an acknowledgement of the concern(s), opportunity to make changes, and a record in case further concerns come to the attention of University Officials.

Minor Allegation: Reports that an individual or group has violated community standards, ordinances, and/or laws that do not cause significant threat to individuals, the community, and/or the reputation of Rowan University. Examples include, but are not limited to, excessive noise, large gatherings, and community complaints.

Major Allegations: Reports that an individual or group has violated community standards, ordinances, and/or laws that cause significant threat to individuals, the community, and/or the reputation of Rowan University. Examples include, but are not limited to, urinating in public, lack of cooperation with designated authorities, and multiple minor violations/allegations.

Off-Campus Student Conduct Board: A body composed of students and Student Life staff that will adjudicate allegations of concern that occur off-campus. Designated University Officials will assign students to serve as members of the board. An *Off-Campus Student Conduct Board* must have a minimum of three members and will be chaired by a designated Student Life staff member.

Sanction: A variety of opportunities to assist individuals or groups with the process of learning from actions or behaviors which have impacted others with the intent of preventing similar behaviors from occurring in the future.

University Official: Any person employed by Rowan, performing assigned administrative or professional responsibilities.

Process:

Information that comes to the attention of designated University Officials will be reviewed and referred to appropriate parties and procedures. If a report is sent to the Off-Campus Concerns protocol, the following will apply:

1. Designated University Officials will review available information and determine if the matter is a *Minor Allegation*, *Major Allegation*, or repeat offense.
2. Any matter that could result in the suspension or expulsion of a student or group will be referred to procedures as outlined in the Code.
3. *Sanctioning* may occur at any level of the process when circumstances warrant such action.
4. Unless a report contains allegations of egregious behavior(s), the first *Minor Allegation* will result in a letter being sent to those individuals and/or groups associated with the allegation(s). The letter will serve as an acknowledgement of the concern(s), opportunity to make changes, and a record in case further concerns come to the attention of University Officials.
5. Unless a report contains allegations of egregious behavior(s), the second *Minor Allegation* will result in a meeting between those individuals and/or groups associated with the allegation(s) and designated University Officials. Based upon the meeting, designated University Officials may impose sanctions on individuals or groups.
6. All *Major Allegations* and reports of three or more alleged violations will result in the matter being referred to the *Off-Campus Student Conduct Board*.
7. The *Off-Campus Student Conduct Board* shall be chaired by a designated University Official and must have at least three members to constitute a quorum.
8. Students or groups going before an *Off-Campus Student Conduct Board* will receive notice and information pertaining to the allegation(s) at least five (5) days prior to the session.
9. During the board session, individual students or groups will have the opportunity to present information that provides context and/or refutes the allegation(s).
10. Witnesses will be allowed to present information at the discretion of the chair.
11. Based upon all available information, the board will determine if the student(s) or group(s) are responsible or not responsible for a violation. Determinations will be made using *Preponderance* as the standard and a simple majority vote of the board members.
12. The outcome and any sanctions will be shared with students or groups via Maxient Letter within five (5) days of the board session.
13. Students or groups who wish to appeal the decision may do so to the Vice President of Student Life/Dean of Students following the appeals process outlined in the Code.
14. Appeal decisions made by the Vice President of Student Life/Dean of Students are final.

ATTACHMENT 13

NON-RESPONSE POLICY

In accordance with federal regulations, University policies, and respect for students, Rowan University is committed to addressing all matters in a timely manner. As a result, it is essential that students check official University communications (emails, on-line postings, etc.) on a regular basis.

Designated University officials will send messages to students as appropriate and/or necessary. The following expectations apply to students:

1. Students are responsible for checking their emails on a regular basis.
2. Requests to meet and/or provide information will be sent via email with a deadline for response.
3. Failure of a student to respond will result in the generation of a “reminder” message. The second message will be sent via email with a deadline for response.
4. Failure to respond to a “reminder” message will result in action *in absentia*.
5. Although rare, Rowan University understands that there could be reasonable causes for failure to respond and/or the need for an extended deadline. Students must request an exemption in written form prior to the established deadline.

Student Events Policy

POLICY: Student Events Policy

PURPOSE:

- 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: 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:

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 writable CMSRU Student Event Proposal Form included below and send the form to appropriate office contact **30 DAYS PRIOR TO EVENT TO:**

- **Diversity and Service Learning Groups-submit to Office of Diversity and Community Affairs**
 - Office of Diversity & Community Affairs-kentk@rowan.edu
(Diversity 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.

CMSRU Student Event Proposal Form

(Student Clubs, Organizations, Community Service Groups and Advisory Colleges)

Requestor _____ **Email address** _____

Name of Organization/Group _____

Event Title _____
(Name must be used in all communications)

Event Description (please include any overall themes and purposes; attached any supporting documentation, if applicable):

Budget \$ _____

Event Location Internal Event

CMSRU –Preferred Room: _____

External Event CMSRU Student Handbook
Location Name & Address:

Requested Event Date _____
MM/DD/YY

Requested Event Start Time _____ AM PM
Requested Event End Time _____ AM PM

Event Participants (List all parties attending/invited to event):

CMSRU Students Anticipated Number of Students Attending _____

CMSRU Faculty/Staff (please list names and department or title):

CUH Staff (please list names and department or title):

OTHER (please list names and affiliation/title):

Supplies/Equipment Needed:

Will you need food/catering for this event? YES NO

NOTE: Funds CAN NOT be used towards catering for general club meetings unless you have an outside speaker or the entire CMSRU student population is invited to attend.

Is this event **FREE** for participants? YES NO If no, anticipated costs: _____

Is this a fundraising event? YES NO

NOTE: Printed or other materials presented/displayed at CMSRU events (e.g. SGA Clubs & Orgs Fair, Diversity/Service Learning, Health & Wellness events, etc.) must be current and verified by a respective faculty advisor as factual and evidence based. All materials presented or displayed must be done in a professional manner.

Approvals required (please provide Faculty Advisor or Advisory College Director approval):

Student Organization Approval
Name: _____

Student Organization Approval
Name: _____

Email address:

Email address:

Position:

Position:

PLEASE RETURN THIS FORM 30 DAYS PRIOR TO EVENT TO:

Office of Diversity and Community Affairs

(Diversity and Community Service Groups)

kentk@rowan.edu

Office of Student Affairs

(SGA Clubs/Orgs, Interest Groups and Advisory Colleges)

thomasj@rowan.edu

FOR OFFICE USE ONLY:

EVENT APPROVED

EVENT DENIED

NOTES: _____

Budget Approved: \$ _____

Department Approval Signature:

Name _____ Date _____

Title _____

[Access the CMSRU Student Events Request Form online.](#)

Policies Related to Medical Education

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

*This 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.

Artificial Intelligence Policy

POLICY: Artificial/Augmented Intelligence (AI)

PURPOSE: The integration of Artificial Intelligence (AI) into societal, educational, clinical, and research spheres is accelerating, reshaping technological landscapes, and expected to revolutionize tasks that require complex decision-making, enhance medical education, and streamline research processes.^{1,2} CMSRU advocates for the ethical and responsible utilization of AI to augment learning, clinical care, and research, as detailed in the ensuing policy directives.

SCOPE: This policy is applicable to all students, faculty, staff, and affiliates of CMSRU engaged in the utilization, development, and implementation of AI technologies within educational, research, clinical, and administrative frameworks.

DEFINITIONS:

- Artificial Intelligence - (AI) - The ability of computers to perform tasks that are typically associated with a rational human being—a quality that enables an entity to function appropriately and with foresight in its environment.
- Augmented Intelligence: As defined by the AMA House of Delegates, augmented intelligence emphasizes AI's supportive role, designed to enhance rather than replace human intelligence.⁴
- Generative AI - Artificial intelligence systems that can generate novel text, images, videos, or other outputs, typically based on foundational models.
- Machine Learning - A subtype of AI in which complex algorithms are trained to make predictions about future outcomes. Machine learning can be supervised or unsupervised.
- Large Language Models (LLMs)- Models that are a subset of generative AI and have the ability to understand and generate human language.

PROCEDURE:

1. Responsible & Ethical Use and Integrity:

a) AI should serve as a tool to bolster learning, research, and patient care, reinforcing rather than diminishing decision-making accuracy and critical thinking.

b) Recognizing that AI-generated content and references may be inaccurate or misleading,⁵ it is the responsibility of users to verify the correctness and applicability of such information, especially when used for research, patient care, or educational materials. Users must ensure that AI-generated content is cross-referenced with credible sources and peer-reviewed literature.

c) Users are accountable for outputs from AI tools and must align their use with CMSRU's ethical standards and academic integrity policies. *[link to academic policy]*

d) Faculty and staff should remain aware of the unpredictability and limitations of AI technologies and avoid sole reliance on it for decision-making, especially in clinical settings.

2. Transparency & Accountability

a) AI-generated content must be properly cited, noting both the AI tool and the used prompt. *Examples below*⁶⁻⁸

- i) Content generated by author through AI generation using [tool] and prompt '.....'
- ii) ChatGPT, response to prompt ".....," OpenAI, March 7, 2023, <https://chat.openai.com/>

- iii) Text generated by ChatGPT, OpenAI, March 7, 2023, <https://chat.openai.com/>
If the prompt hasn't been included in the text, it can be included in a note or appropriate section such as Methods.

b) Compliance with policies from course directors, publishers, and professional bodies is required when presenting or publishing AI-assisted scholarly work.

c) To the fullest extent possible, all individuals should be informed when an AI system is in use and understand how and why it influences outcomes that affect them.⁵

d) In reference lists, AI software should be referenced not as an author, but as software.^{9,10} For example: ChatGPT. Version Mar 14. OpenAI; 2023. Accessed March 7, 2023. <https://openai.com/>

3. Confidentiality & Security

a) Compliance with Health Insurance Portability and Accountability Act(HIPAA) security standards is mandatory to safeguard identifiable health information.¹¹

b) Materials such as copyrighted and intellectual property, institutional data, confidential data, protected health information, educational and curricular content, and others should never be uploaded to AI tools without appropriate institutional approvals.

4. Education & Training

a) Similar to the guidance stated in the Rowan University Academic Integrity FAQs (https://sites.rowan.edu/academic-affairs/academic_integrity/), students must adhere to specific faculty guidelines regarding AI tool usage in coursework, including when the use of AI is limited or not permitted. <https://cmsru.rowan.edu/documents/ofa-documents/gp-documents/cmsru-compendium-of-student-policies.pdf>

b) Users must diligently read and rigorously verify all sources and information generated by AI tools to prevent the occurrence of factual inaccuracies, often referred to as 'hallucinations'.

c) CMSRU will provide resources and training for students, faculty, and staff on the responsible and correct use of AI, including the evaluation of AI-generated content and the ethical implications of AI in medicine.

d) Emphasis will be placed on data security education, outlining potential risks and best practices for maintaining confidentiality.

5. Diversity, Equity, and Inclusion (DEI)

a) The development and use of AI must be governed by principles of fairness and equity, particularly concerning race, gender, and socioeconomic status. AI should be used as a tool to expand opportunities across diverse socio-economic classes, races, and genders, ensuring it does not perpetuate existing biases or deepen inequalities.

b) Awareness of potential biases in AI training datasets is crucial to prevent discrimination.¹²

6. Research & Innovation

a) CMSRU is dedicated to advancing medical research and innovation involving AI technologies and generating diverse datasets. Recognizing the transformative potential of AI in healthcare, it is crucial to maintain transparency and adhere to ethical principles in all research endeavors, including the management of data used to train AI, whether sourced or synthetic.

- b) Protocols for secure data management in AI research must be rigorous, ensuring patient privacy and data integrity.
- c) Any AI algorithms developed must undergo rigorous testing and validation to ensure reliability, safety, and clinical utility.
- d) Researchers must also acknowledge the potential biases of AI algorithms and generalizability across diverse patient populations.

7. Oversight & Review

- a) CMSRU reserves the right to review and monitor the use of AI technologies to ensure compliance with this policy.
- b) Violations of AI policies may result in disciplinary measures, proportional to the severity of the misconduct.

IMPLEMENTATION & REVIEW:

- This policy will be periodically reviewed and updated to stay current with advancements in AI technology and its applications.
- Contributions from the CMSRU community are encouraged to maintain the policy's relevance and effectiveness.

REFERENCES:

1. Rahman MA, Victoros E, Ernest J, Davis R, Shanjana Y, Islam MR. Impact of Artificial Intelligence (AI) Technology in Healthcare Sector: A Critical Evaluation of Both Sides of the Coin. *Clin Pathol*. Jan-Dec 2024;17:2632010x241226887. doi:10.1177/2632010x241226887
2. Schmarzo B. *AI and Data Literacy: Empowering Citizens of Data Science*. Packt Publishing Ltd.; 2023.
3. American Medical Association. Future of Health: The Emerging Landscape of Augmented Intelligence in Health Care. Updated 2-26-2024. Accessed 4-20, 2024. <https://www.ama-assn.org/system/files/future-health-augmented-intelligence-health-care.pdf>
4. American Medical Association. Augmented intelligence in medicine. Accessed 4-25, 2024. <https://www.ama-assn.org/practice-management/digital/augmented-intelligence-medicine>
5. Esmailzadeh P. Challenges and strategies for wide-scale artificial intelligence (AI) deployment in healthcare practices: A perspective for healthcare organizations. *Artif Intell Med*. Mar 30 2024;151:102861. doi:10.1016/j.artmed.2024.102861
6. Brown University Library. Generative Artificial Intelligence. Accessed 4-25, 2024. <https://libguides.brown.edu/c.php?g=1338928&p=9868287>
7. Central Connecticut State University Elihu Burritt Library. How to cite the output of a program that utilizes artificial intelligence (such as a chatbot like ChatGPT). Accessed 4-25, 2024. <https://libguides.ccsu.edu/c.php?g=736245&p=9555042>
8. James Cook University Australia. 'Software and AI', AMA 11th Referencing Guide. https://libguides.jcu.edu.au/ama/software_AI
9. Flanagan A, Bibbins-Domingo K, Berkwits M, Christiansen SL. Nonhuman "Authors" and Implications for the Integrity of Scientific Publication and Medical Knowledge. *Jama*. Feb 28 2023;329(8):637-639. doi:10.1001/jama.2023.1344

10. Flanagan A, Pirracchio R, Khera R, Berkwits M, Hswen Y, Bibbins-Domingo K. Reporting Use of AI in Research and Scholarly Publication-JAMA Network Guidance. *Jama*. Apr 2 2024;331(13):1096-1098. doi:10.1001/jama.2024.3471
11. Office for Civil Rights (OCR), U.S. Department of Health and Human Services. HIPAA for Professionals. U.S. Department of Health and Human Services. Accessed 4-20, 2024. <https://www.hhs.gov/hipaa/for-professionals/index.html>
12. Ueda D, Kakinuma T, Fujita S, et al. Fairness of artificial intelligence in healthcare: review and recommendations. *Jpn J Radiol*. Jan 2024;42(1):3-15. doi:10.1007/s11604-023-01474-3

** This content was generated by CMSRU Library Informatics Committee but ‘rephrased and corrected’ through AI generation using ChatGPT 4.0, OpenAI.

Student Attendance Policy

POLICY: Student Attendance

This policy outlines what constitutes an absence and the processes that apply when submitting an absence request and the consequences of an unexcused absence.

PURPOSE: A physician has the great responsibility and privilege to care for patients. In many cases this requires that they are present in the clinical setting and that they alert colleague(s) to find and/or determine a replacement. Medical students have a similar responsibility. They must participate in their education, learning and assessment, to prepare for the care of their future patients. Students may have events occur during their medical education that will result in an absence from educational activities or assessment sessions. The importance of the health and welfare of each student is paramount. This policy outlines the importance of in-person, active engagement among students and faculty and the process for an anticipated or unanticipated absence. It is necessary to provide unambiguous expectations for active student participation in the educational program in a manner that is respectful of and adaptable to these events and allows students to plan their schedules responsibly.

SCOPE: This policy applies to students at CMSRU in all four years.

DEFINITIONS: “Attendance” is defined as presence during the entire scheduled activity (as appropriate)

- 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 reporting/logging the absence or being absent if the absence was not approved.

PROCEDURE: Please note that all policies that apply to the medical education program are available in the *CMSRU Student Handbook*. <http://www.rowan.edu/coopermed/students/files/handbook.pdf>

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 anticipated absence requests for mandatory sessions and assessment sessions are to be made using the Absence Request System in the CMSRU portal system. <http://cmsruapps.rowan.edu>; Login using your username and password, then from menu go to: Attendance - Create Absence Request.

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 the medical education program and on the USMLE Step exams.

Students are expected to attend all mandatory sessions and assessments. If a student knows they need to be absent from a mandatory session or assessment, they must submit a request to the Absence Request System. If a student is absent from a mandatory session or assessment and has not logged/reported the absence, this will be considered an unexcused absence.

Anticipated Absences:

1. All anticipated absences for a mandatory session or assessment must be submitted by the student as soon as they are aware they will be missing the session.
 - a. If it is an anticipated absence, it must be submitted at least 2 weeks prior to the session.
 - b. Students will be notified by email of each absence recorded in the system.

- c. All absences are monitored by the Office of Medical Education. (Please also see the Prolonged Absence Policy for extended absences.)
2. It is solely the student's responsibility to ensure that their presence at required sessions is recorded, including to bring their ID in order to swipe into a mandatory session. Students who forget their ID should immediately notify the course director by e-mail. Recorded absences due to failure to bring ID will not be retroactively excused.
3. Students should also contact the course director or session leader to see what information they will be missing and how to make it up.
 - a. Course/clerkship director(s), at their full discretion, may require make-up work of course material missed during absences, in any form that the clerkship/course director(s) chooses. Failure to submit this work may result in an Incomplete (I) grade.
 - b. For an anticipated absence(s) involving Ambulatory Clerkship, WOW I & II, and Selectives, students must notify their course/clerkship director(s) for prior approval before the absence.
4. An anticipated absence on the day of an assessment will require the assessment to be made up on the scheduled assessment make-up day, which is set by the assessment team. Summative assessments will not be administered to any student or a subset of students before the scheduled summative assessment date.

Unanticipated Absences:

1. If a student will have an unanticipated absence for a mandatory session, they must submit a request to the Absence Request System as soon as they are aware they are missing the session.
2. If a student will have an unanticipated absence for an assessment, they must contact the Assistant Dean for Student Affairs and either the Assistant Dean for Assessment and CQI for block/course exams or the Standardized Patient (SP) Program Coordinator for OSCE's.
 - a. Students may be asked to provide a physician's note or documentation for the absence.
 - b. The assessment must be made up on the scheduled assessment make-up day, which is set by the assessment team.
3. If a student is absent for more than one assessment in an academic year, including a make-up assessment, the student will be required to meet with the Assistant Dean for Student Affairs. The Office of Student Affairs will work with the student to support them in being successful in the curriculum and avoiding future absences or other required activities.

The Office of Medical Education will monitor absence records.

- a. No more than two half-day absences are allowed per course and no more than six half-days total are allowed per semester.
- b. Students in the PC3 program are all not allowed more than 2 half-days during the summer session.
- c. Absences due to religious holiday observances will not be counted towards the total allowed absences.
- d. Students (re-)entering the curriculum after the beginning of a semester will be allowed a pro-rated number of absences for that semester. The student will be notified of the number of available absences at the time they enter the curriculum.

If a student's absences exceed the allowed numbers, or otherwise violate any of the policies above:

- a. The Assistant Dean for Student Affairs will be notified and may require additional information from and/or a meeting with the student to establish the reason for the repeated absences.
- b. The Assistant Dean for Student Affairs will inform the Office of Medical Education and the course and/or clerkship director(s) as necessary.
- c. The student may be referred to the Director of Professionalism.

If a student is found to have been absent from a mandatory session and did not log/report the absence, was not approved for an absence and/or did not inform OSA and OME about their needed absence, this will be considered unprofessional, and a professionalism form will be submitted. 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 mandatory session.

Phase II

Third Year Students

The M3 Education Coordinator will monitor all absences for third year students.

Daily attendance and engagement in the clinical experience is critical for learning and assessment and is required on all clerkships and electives. All sessions on clinical rotations and assessment sessions are mandatory.

All absences from clinical rotations and assessments must be logged/reported by the student as soon as they are aware they will be missing a clinical experience/activity.

1. If it is an anticipated absence, it must be submitted at least 2 weeks prior to the day of absence.
2. If it is an unanticipated absence, it must be submitted as soon as the student is aware they will miss clinical time.
3. In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss. The clerkship/elective director and/or preceptor will then notify the student of any remediation for the missed time.

If a student has a total of 8 absences or more in an academic year, the M3 Education Coordinator will alert the Assistant Dean for Student Affairs who will then determine if a meeting is required to discuss reasons behind multiple absences (Personal illness, family issues, etc.) and possible solutions. This is to ensure student welfare.

For medical absences for three (3) or more consecutive dates, a doctor's note may need to be provided to the Office of Student Affairs.

Unexcused absences in the M3 or PC3 year are unacceptable. If a student is found to be absent from their educational activities and did not log/report the absence, was not approved for the absence and/or did not inform OSA and OME about their needed absence, a professionalism form will be submitted. If there have been other unprofessional events in the clerkship or it is a repeated unexcused absence, their grade in their enrolled clerkship may result in an Unsuccessful Remediable (UR).

For unanticipated absences on the day of a shelf exam, in addition to submitting the absence, the student must contact the Assistant Dean for Student Affairs and the Assistant Dean of Assessment and CQI to inform them of the assessment absence. The Assistant Dean of Assessment and CQI and/or team member will contact the student regarding the assessment rescheduling date.

Any absence on the day of a shelf exam will require the assessment to be rescheduled. Assessments must be rescheduled after the original date of assessment. Summative assessments will not be administered to any student or a subset of students before the scheduled summative assessment date

Absences due to illness or serious extenuating circumstances occurring on the date of scheduled exams may require supporting documentation.

***Retroactive absences are not allowed: you cannot apply for an absence after an absence occurs. This will be considered an unexcused absence.

M3 Clerkships:

If a student is absent for more than 2 days of any 6-week clerkship block during the third year, the missed time must be made up (there are seven 6-week clerkships blocks in the M3 year).

Examples:

- If you missed 3 total days on your 6-week Pediatrics Clerkship, you would have to make up 1 of these days.
- If you are in the 6-week Anesthesiology/Neurology block (2 weeks of Anesthesiology/4 weeks of Neurology), you can only miss a total of 2 days during that 6-week block.

Exceptions to this rule:

Certain individual activities or clinical experiences must be made up regardless of number of absences when they are a required component of the clerkship. These include but are not limited to:

- Transdisciplinary Sessions
- Ultrasound Sessions
- M3 formative OSCE
- M3 summative OSCE
- Shelf exam

In addition, please refer to the clerkship syllabus to see any other absences which must be made up no matter the circumstance. (example – Ob/Gyn call time that is missed must be made up).

M3 One-Week Electives:

Absence of more than a half of a day of a one-week elective must be made up.

Ambulatory Clerkship:

For absences involving Ambulatory Clerkship, third-year students must notify the Ambulatory clerkship director(s) for prior approval before the absence. Unexcused absences may be documented in the narrative section of the Ambulatory Clerkship summative evaluation. A Professionalism Report may be completed for unexcused absences.

PC3 Students

- Absences of more than 1 day in a 4-week clerkship must be made up.
- For the CLOC rotation, students are allowed 1 absence every 4 weeks.

Fourth Year Students

The M4 Education Coordinator will monitor all absences for fourth year students.

Daily attendance and engagement in the clinical experience is critical for learning and assessment and is required on all clerkships and electives. All sessions on clinical rotations and assessment sessions are mandatory.

The M4 Academic year consists of 40 weeks, including eight (8) 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 / Sub-Internship. For example – you cannot start your Sub-Internship and then take a week off within the Sub-Internship block.

Students who will be absent beyond the eight (8) weeks must email the Assistant Dean for Student Affairs for their reason for the absence. The Assistant Dean for Student Affairs will alert the M4 Director and the M4 Education Coordinator. Should the absence be excused, the student will be responsible to make up any missed time.

All absences from clinical rotations and assessments must be logged/reported by the student as soon as they are aware they will be missing a clinical experience/activity.

- a. If it is an anticipated absence, it must be submitted at least 2 weeks prior to the day of absence.
- b. If it is an unanticipated absence, it must be submitted as soon as the student is aware they will miss clinical time.
- c. In addition, the student must notify their clerkship/elective director, preceptor, and clerkship or elective coordinator of the time they will miss.
- d. Absences for any reason during a fourth year clerkship/elective, must be made up at the discretion of the clerkship/elective director. Remediation for the missed time can take the form of clinical time/patient care, writing a report on a topic of the clerkship/elective director's choosing, or any other educational activity that the clerkship/elective director chooses.
- e. Failure to complete missed time due to an absence will lead to an incomplete grade and possible failure of the clerkship/elective.
- f. For medical absences for three (3) or more consecutive dates, a doctor's note may be required.

Absence due to Residency Interviews

CMSRU wants to ensure students are able to go on residency interviews while obtaining the clinical knowledge and experience necessary to succeed in residency. Below are the rules regarding interviews during a clerkship / elective / Sub-Internship:

- Maximum of 4 excused days for residency interviews in a 4-week rotation.
- Maximum of 2 excused days for residency interviews in a 2-week rotation.
- Maximum of 1 excused day for residency interview in a 1-week rotation.
- Excused days for residency interviews do not have to be made up, if they are within the limit.
 - Exception – this only applies for rotations where you are required to come in every day. For rotations such as Emergency Medicine and Pediatric Emergency Medicine where you are not required to report every day and you work shifts, you will need to move your shifts so that you are not scheduled to work a shift on an interview day

You cannot use excused days for residency interviews for any other purpose. Inappropriate use of residency interview days will be viewed as unprofessional behavior and will lead to a Professionalism Report and possible failure of the Clerkship/Elective Rotation. Students may be required to present documentation of their residency interview.

Absence due to Step 2 CK

- Excused days for Step 2 do not have to be made up.

Unexcused absences in the M4 year are unacceptable. If a student is found to be absent from their educational activities and did not log/report the absence, was not approved for the absence and/or did not inform OSA and OME about their needed absence, a professionalism form will be submitted. If there have been other unprofessional events in the clerkship or it is a repeated unexcused absence, their grade in their enrolled clerkship may result in an Unsuccessful Remediable (UR).

***Retroactive absences are not allowed: you cannot apply for an absence after an absence occurs.

Match Week

- Students are required to attend all mandatory CMSRU Residency Match Week sessions.

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:

CMSRU M3 and M4 students.

PROCEDURE:

If the student has an issue with their preceptor, the following protocol will be followed:

It is recommended that a student allow time to pass for clerkships that span months (CLOC) as relationships take time to develop. 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 Senior Associate Dean for Student Affairs; or
- Meet with the Assistant Dean for Student Affairs
- 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.

Conflict of Interest Policy

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. 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.

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
- e. 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.

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.

11. 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.

Course/Clerkship Performance Remediation Procedure

PROCEDURE:

Course/Clerkship Performance Remediation

PURPOSE:

To achieve a passing grade in a course, a student must pass all components of the course or clerkship (Phase 1-e.g., written exams, practical exams, and ALG; Phase 2- e.g., clinical assessments, subject examinations, and OSCEs). A student may receive an unsatisfactory remediable grade in a course by performing unsatisfactorily in one or more components. A student who receives an unsatisfactory remediable grade in a course may be offered the opportunity to remediate his or her performance at the conclusion of the academic year. Because the path to the unsatisfactory remediable course grade is individual, each student's remediation program must be customized to address his or her learning needs. We offer the following guidelines, however, for the *process* of designing a customized remediation program

SCOPE:

Candidates for the Doctor of Medicine degree (M.D.)

PROCEDURE:

To design a course remediation program, the course/clerkship director will:

1. meet with the student to help identify his or her obstacles to achieving satisfactory performance
2. meet with course/clerkship faculty, as necessary, to discuss the student's learning needs and plan remedial experiences
3. 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 director
 - e. planned assessments
4. Seek signed approval from the appropriate course/clerkship director, phase dean, and senior associate dean for medical education. The remediation plan should also be submitted to the CMSRU learning specialists.
5. The assistant dean for assessment and continuous quality improvement will collect the remediation plan and signature page after the proper approvals are provided by the individuals described above. A final remediation assessment will be planned between the course/clerkship directors, the student and the Assistant Dean for Assessment and Continuous Quality Improvement.
6. Once the remediation assessment is delivered, the course/clerkship director will receive the final remediation assessment data from the Assistant Dean for Assessment and Continuous Quality Improvement.
7. The student will be informed of their remediation assessment outcome as soon as possible. If they were successful, their grade will be changed from Unsuccessful Remediable (UR) to Remediated Pass (RP) with the CMSRU registrar and in the CMSRU grade book. If they are unsuccessful in passing the remediation assessment, their grade will be change to Unsuccessful (U) with the CMSRU registrar and in the CMSRU grade book.
8. Students should refer to the Grading, Promotions, and Appeals Policy for further information on how an Unsuccessful (U) grade impacts their academic progress.

CRC Food/Beverage Consumption Policy

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.

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 options listed below. The student must meet with the appropriate Phase Dean to initiate a Change in Enrollment Status (CES) form for approval.

- Leave of Absence: A student must formally apply for this using the CES 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 Policy
- Enroll in the Independent Study Course: 01900.
 - Approval to take this course is via the Senior Associate Dean for Medical Education and the Senior Associate Dean for Student Affairs.
 - The CES form must be filed and fully approved before any student can begin the course.
 - A student on an approved Leave of Absence for one or more semesters is not eligible for the Prolonged 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.
 - There will be no course fee.
 - 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 Policy.

Duty Hours Limitations Policy

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.
 - 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.
 - The student may spend up to 4 hours of additional time per stint for activities related to patient safety and/or education (maximum is 28 contiguous hours).

- 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 Continuous Quality Improvement will report duty hour policy violations every month to the Senior Associate Dean for Student Affairs 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 Senior Associate Dean for Student Affairs 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.

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 one-week electives. Students may choose from M3 electives offered by CMSRU, or other LCME-accredited medical schools or ACGME-accredited residency programs not affiliated with a medical school. (International electives are not available to M3 students.) CMSRU M3 electives are assigned by lottery. Outside electives 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 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 12 weeks in the same elective. For example, a student can complete a 4-week Orthopedics Sub-Internship at CMSRU, a 4-week Orthopedics Sub-Internship at Visiting Institution #1, and a 4-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 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.

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.)

PROCEDURE:

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.

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 mid-course/mid-clerkship 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.

Grading, Promotions, and Appeals Policy

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 Office of Medical Education and/or the CMSRU Executive Deans for students whose appeal regarding a promotional decision has been upheld by the Academic Standing Committee or the Ad Hoc Committee for Student Appeals. 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.

I. 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 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 of Deans

The Executive Cabinet of Deans at CMSRU is comprised of all the associate and assistant deans at CMSRU. This group may develop Academic Improvement or Performance Improvement Plans for students-

II. 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 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. In Phase 1, the successful completion of both Molecular Basis for Medicine (MBM) and Microbiology, Immunology and Infectious Disease (MIID) is a prerequisite for all other basic science block courses. Foundations of Medical Practice must be taken with their corresponding basic science blocks and Scholars Workshop must be taken in sequence.

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 document 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).

III. 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.

1. The CMSRU Grading System

Phase 1

The grading system for Phase 1 provides two levels of credit (Pass [**P**] 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.

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 = **P**, **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 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.

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 and all summative narrative 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 Scholar's Workshop (SW) 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, SW, 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.

B. 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.

IV. THE PROMOTIONAL SYSTEM

A. Phase 1

Students are required to achieve final grades of Pass (P) or Remediated Pass (RP) in all prerequisite courses in order to progress to the subsequent courses. 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 pass 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 will restrict clerkship options during blocks 1 and 2 of the M4 year and could potentially impact the options for residency selection.

- The passing grade 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) 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 a student is found to have been absent from a mandatory session and did not log/report the absence, was not approved for an absence and/or did not inform OSA and OME about their absence, their grade in their enrolled course or clerkship will 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. In addition, a Professionalism Form will also be submitted for an unexcused absence.
- 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 Unsuccessful Remediable (UR) in the course, non-academic or academic probation and/or review for dismissal.

Phase 1	
Event	Outcome
UR in 1 or 2 courses/clerkships	Remediate the failures, if unsuccessful, placed on academic probation and 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.
UR in 3 courses/clerkships	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.

B. Phase 2

- Students are required to pass all courses and clerkships in Year 3 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 Scholar's Workshop capstone project to be eligible for graduation.
- A student who receives a final grade of UR in three M3 courses or clerkships or three M4 courses or clerkships in an academic year will be reviewed by the Academic Standing Committee for dismissal. They will be permitted to remediate up to two of the unsatisfactory courses or clerkships before being reviewed for dismissal by the Academic Standing Committee, notwithstanding their remediation.
- 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 a student is found to be absent from their educational activities and did not log/report the absence, was not approved for the absence and/or did not inform OSA and OME about their needed absence, their grade in their enrolled clerkship will immediately 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. In addition, a Professionalism Form will be submitted for the unexcused absence.

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 Scholar's Workshop 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.
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 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 his/her 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 his/ her 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 his/her rendering a decision about the case. The director of professionalism determines if the case should be referred to 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.

V. 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 course/clerkship director, and/or the associate dean for professional development, the senior associate dean for medical education, and/or the assistant dean for student affairs, refer the student to the Academic Standing Committee for review. If the Academic Standing Committee 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 is responsible for monitoring the student's adherence to the conditions of the probation. The director of professionalism will 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.

VI. 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 Academic Standing 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 course/clerkship directors with a copy to the Office of Medical Education administrative assistant. The Office of Medical Education administrative assistant monitors and documents the process so that all steps in the appeal process are followed correctly. The course/clerkship directors, in consultation with the course/clerkship teaching faculty, will review the grade appeal and notify the Office of Medical Education administrative assistant of the decision within five (5) working days of the appeal. 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. The written appeal must be made within three (3) working days of receiving notice upholding the original grade from the course/clerkship directors. The administrative assistant in 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. 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.

VII. 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 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 senior associate dean of medical education and presented to the Executive Cabinet for approval. This academic plan is not appealable 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 Scholar's Workshop, 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.
 - 4.
- **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.

HIPAA Privacy Policy

POLICY:

HIPAA Privacy Policy

PURPOSE:

To ensure 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’ 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 governmental 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 tribe, 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, aliens 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 tribe, 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, aliens 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).
- 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 accreditor 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 are the keys 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.

Academic Workload Policy for Pre-Clinical Years

POLICY:

Academic Workload Policy for Pre-Clinical Years

PURPOSE:

A primary goal of CMSRU is to provide a quality education for medical students. In doing so, CMSRU recognizes the importance of creating an atmosphere that encourages students to maintain a healthy balance between required academic activity and a lifestyle focused on wellness. Therefore, it is important to develop policies that define limitations of scheduled educational sessions within the curriculum, so as to simultaneously maximize educational benefits and limit fatigue which may impair the student's ability to learn. A current duty hour policy exists for the educational program during the clinical years at CMSRU (M3 and M4). This policy will specifically address academic workload during the pre-clinical years (M1 and M2) and will also provide for allotment of time on a weekly basis for students to engage in self-directed, independent learning. The method of oversight and monitoring of the effectiveness of this policy by the Curriculum Committee and Office of Medical education is also discussed.

SCOPE:

Candidates for the Doctor of Medicine degree (M.D.)

DEFINITIONS:

In-class activity: An in-class activity refers to an educational session that appears on the weekly academic schedule and involves presentation of curricular content through direct interaction between medical students and faculty. Although these sessions appear on the weekly academic calendar, not all sessions are considered mandatory (e.g. attendance is required).

Required out-of-class activity: A required out-of-class activity refers to an educational activity that is required to be completed outside of scheduled class time, generally in preparation for a scheduled in-class activity. Examples of required out-of-class activities include, but are not limited to, case preparation for Active Learning Group, reading of assigned literature for Scholars' Workshop sessions, and review of material (e.g. a recorded lecture) prior to an in-class flipped lecture. Required out-of-class activities do not include time to study material presented in in-class activities.

Self-directed learning time: Self-directed learning time refers to blocks of time built into the weekly academic calendar to allow students to identify, analyze, and synthesize information relevant to their own learning needs. Self-directed learning time also allows students the time required to complete required out-of-class activities or to prepare for in-class activities. The actual activities that occur during self-directed learning time are at the discretion of the student.

Mandatory educational session: A mandatory educational session refers to an educational session that appears on the weekly academic calendar, at which student attendance is required. Some educational sessions, because of their interactive nature (e.g. Active Learning Groups, Scholars' Workshop, Foundations of Medical Practice, Ambulatory Clerkship), are always considered mandatory. Other sessions, such as lectures, are not mandatory. Specific descriptions of which educational sessions are designated as mandatory are contained within the syllabus for each course and are at the discretion of the course directors.

PROCEDURE:

The structure of each course within the Phase 1 (pre-clinical) curriculum is developed by the faculty course directors and then approved and subsequently monitored by the Curriculum Committee. The average weekly total academic workload, which includes in-class educational sessions and required out-of-class activities, shall not exceed 40 hours. In the pre-clinical (Phase 1) curriculum at CMSRU, the weekly academic calendar consists of total of 40 hours. These 40 hours are divided between scheduled in-class sessions and self-directed learning time.

The weekly schedule includes no more than 30 hours of scheduled in-class sessions and for most weeks this ranges from 27.5 to 29.5 hours (Note: this excludes attendance to Week-On-the-Wards activities). The format for scheduled in-class sessions includes lectures, small group or team-based learning activities, laboratory or practical sessions, simulation

activities and clinical experiences. These scheduled educational sessions generally occur Monday through Friday between the hours of 8AM and 5PM, although occasionally an Ambulatory Clinic session may extend beyond this time frame, and Week-On-the-Wards activities may include night “floats”. No more than nine hours of scheduled in-class sessions will occur in a single day.

In addition to in-class educational sessions, the weekly academic calendar contains at least ten hours of designated self-directed learning time, although for most weeks this ranges from 10.5 to 12.5 hours. Self-directed learning time is present on most days and generally occurs in blocks of at least two hours. The allotted self-directed learning time will allow sufficient time for students to address their own learning needs, which may include required out-of-class activities or other activities necessary for preparation for in-class sessions. Self-directed learning time is not intended to include additional discretionary study time.

Monitoring: On-going central monitoring of the academic workload, including in-class sessions and required out-of-class activities for each pre-clinical course, will be performed by the Office of Medical Education to ensure that the established workload guidelines are appropriate and that the actual workload prepared by faculty course directors is in compliance with this policy. The monitoring data collected by the Office of Medical Education will be forwarded to the Curriculum Committee upon the completion of each semester. If individual courses are found to be out of compliance with this policy or the overall policy guidelines are deemed to be inappropriate, the Curriculum Committee will take action to remedy the situation and re-establish compliance.

Medical Student Documentation in the Patient Health Record

POLICY:

Medical student documentation in the Patient Health Record

PURPOSE:

This procedure outlines a unified policy regarding medical student documentation in the medical record.

SCOPE:

CMSRU 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.
- Residents and teaching physicians may not copy notes written by medical students (exception: The Review of Systems (ROS) and/or Past /Family/ Social History (PFSH) portion of history for Evaluation and Management services may be referred to from the student's documentation and used in support of a bill).
- 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.
- If only a student note is available to the teaching physician, they must personally verify and re-document the history of present illness (HPI) and personally perform and re-document the physical examination and medical decision-making activities of the service.
- For Evaluation and Management (E/M) Services:
 - The documentation of an E/M service by a student that may be referred to by a teaching physician (or resident) to support a billable service is limited to documentation related to the review of systems (ROS) and/or past/family/social history (PFSH).
 - The teaching physician (or resident) must confirm the ROS and PFSH with the patient and document that confirmation.
 - The teaching physician/resident may not refer to a student's documentation of physical exam findings or medical decision making in his or her note.
 - The teaching physician/resident must personally perform/obtain and document the history of the present illness (HPI) portion of the history, the physical examination and medical decision-making components of the E&M service.
- Procedures:
 - Procedures performed by medical students or procedures where students performed significant parts of the procedure are not billable.

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 Blackboard® 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 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.

Note: For billing purposes, the teaching physician must personally verify and redocument the history of present illness (HPI) and personally perform and redocument the physical examination and medical decision-making activities of the service. The teaching physician may refer to the student's documentation only with respect to Review of Systems and Fast/Family/Social History. (See Cooper Health System Policy 1.220 Teaching Physician Billing Policy.)

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 Senior Associate Dean for Student Affairs.

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 Senior Associate Dean for Student Affairs should the potential for these conflicts of interest arise.

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. In Section 6.7 of the Match Participation Agreement for Medical Schools, the NRMP requires medical schools to 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. In Section 8.0 of the Match agreement, 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 to their assigned Dean to be included in their MSPE. 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, the CMSRU medical education program objectives 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. The NRMP Board of Directors have issued the following statement on May 14, 2018: “Prior to graduation, a medical school shall attach an addendum to a MSPE that becomes outdated as a consequence of superseding events.” The NRMP in Section 6.7 of the Match Participation Agreement for Medical Schools “imposes on the school a contractual obligation to evaluate the facts and circumstances related to an individual student and to determine whether they are reasonably pertinent to a program’s determination as to whether an applicant will be able to satisfy the requirements or standards for entry into the program. If so, the information must be reported unless the school is legally prohibited from doing so.” 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.

Please note that all policies that apply to the medical education program are available in the *CMSRU Student Handbook*. https://cmsru.rowan.edu/documents/student_life_documents/handbook/cmsru-student-handbook-ay-23-24-061024.pdf

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, changes may be necessary 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.

Prolonged Absence Policy

PURPOSE:

To provide a policy guiding students who are not participating in the academic program for more than ten (10) consecutive class or clerkship days. This policy outlines the consequences in terms of promotion, participation in the curriculum, use of the buildings and associated resources and activities associated with CMSRU outside of the curriculum.

POLICY:

Prolonged Absence Policy

SCOPE:

This policy applies to all CMSRU students.

PROCEDURE:

1. **Excused Absence:** When a student does not participate in the educational program of CMSRU for ten (10) or more consecutive courses/clerkship days with an official excused absence, their status will be reviewed by the Senior Associate Dean for Medical Education in collaboration with the Senior Associate Dean for Student Affairs or designee. The Change in Enrollment Status (CES) form must be completed and signed by the student. It is the student's responsibility to consult with all parties listed on the form. Each decision will be reviewed and acted upon individually, but the following guiding principles will be followed:
 - a. In courses that are more than 5 weeks, the impact on the associated year-long courses will be considered as well as the ALG portion of that course. Repeating the year may be a possibility.
 - b. In courses/clerkships that are less than 5 weeks, the student may be asked to repeat the entire year or to repeat that course the following year, which would involve taking that course in isolation while being on an approved independent study year.
 - c. The financial consequences of this decision will be managed by CMSRU Financial Aid Services, as the student's financial aid package may be affected. If the student does not return to the educational program, a Title IV federal aid calculation based on the start date of the prolonged absence will be conducted, to determine if funding is required to be returned to the student's respective lender.
 - i. These consequences may be based on the academic standing of the student at that time. The Grading Promotions and Appeals Policy will be followed with regard to a student's academic standing.
 - ii. The Grading, Promotions and Appeals Policy will be followed with respect to the number of years to complete each phase of the curriculum.
2. **Unexcused Absence:** When a student does not participate in the educational program of CMSRU for ten (10) or more consecutive class/clerkship days without being excused the following will occur:
 - a. The ID cards for CMSRU and for Cooper University Hospital will be inactivated and must be returned to the Office of Student Affairs.
 - b. Parking wafers or hangtags (if applicable) must be returned to the Office of Student Affairs.
 - c. Electronic Access to Blackboard and all access to the medical library will be terminated.
 - d. The Tuition and Fees Policy will be adhered to with respect to any possible refunds. As per the Tuition and Fees Policy, student fees are not refundable.
 - e. The student may return to CMSRU to remove belongings but will be accompanied by Security staff.

- f. The student must complete a Leave of Absence/Withdrawal form and consult with the appropriate departments referenced on the form.
3. Dismissal: When a student is dismissed from Cooper Medical School of Rowan University for any reason, and pending their decision to appeal this decision per the Grading, Promotions, and Appeals Policy, the following will occur:
- a. The ID cards for CMSRU and for Cooper University Hospital will be inactivated and must be returned to the Office of Student Affairs.
 - b. Parking wafers or hangtags (if applicable) must be returned to the Office of Student Affairs.
 - c. Electronic Access including Blackboard and all access to the medical library will be terminated.
 - d. The Tuition Policy will be adhered to with respect to any possible refunds. As per that Policy, student fees are not refundable.
 - e. The student may return to CMSRU to remove belongings but will be accompanied by Security staff.
 - f. The student must complete a Leave of Absence/Withdrawal form and consult with the appropriate departments referenced on the form.
4. Approved Leave of Absence: A leave of absence is an interruption in the educational curriculum due to medical or personal reasons. Each request for a leave of absence will be reviewed and acted upon individually. The following shall apply to all approved leaves of absence:
- a. A leave of absence may be for either a defined or an undefined period of time, determined by the Senior Associate Dean for Student Affairs or designee. Except in extraordinary circumstances, a student may request a leave of absence only for a period of up to one academic year. The student may request an extension to a leave of absence for extraordinary extenuating circumstances.
 - i. For leaves of absence taken prior to the completion of curricular year two:
 1. A two-year leave of absence shall ordinarily be the maximum allowed. At the discretion of the Academic Standing Committee (ASC), such students may re-enter the curriculum at the point where their leave of absence began.

Should circumstances dictate that a student be granted a leave of absence that is longer than two years, the ASC may require that the student repeat some or all of the curriculum previously taken, even if all courses were passed. Students may be required to demonstrate competency in previously passed courses by a method deemed appropriate by the ASC. A leave of absence longer than three years will ordinarily require repeating the curriculum from the beginning of year one. On a case-by-case basis, the ASC may determine if exceptional circumstances warrant some other arrangement.
 - ii. For leaves of absence taken after the successful completion of Phase I and USMLE Step 1:
 1. Ordinarily, a two-year leave of absence shall be the maximum allowed.
 2. Students who are approved for leaves of absence during the M3 year may be required to re-enter the curriculum at the beginning of the M3 curricular year.
 3. Students who are granted leaves of absence during the M4 year may be required to re-enter the curriculum at the beginning of the M4 curricular year.
 4. Students may be required to prove competency in previously passed courses by a method deemed appropriate by the ASC.

5. Students granted leaves of absence that are two years or longer will re-enter the curriculum at a point determined by the Academic Standing Committee. On a case-by-case basis, the ASC may determine if exceptional circumstances warrant some other arrangement. The decision of the ASC Committee is final.
- b. The time that a student spends on a leave of absence shall not count towards the maximum of time permitted to complete either the first two or the last two curricular years, as per the ASC. It is the responsibility of the student to complete the Leave of Absence request form and consult with the appropriate departments referenced on the form.
 - c. Access to the school building and resources will be terminated during the time period of the leave of absence. The student is required to return their CMSRU and Cooper University Hospital ID cards to the Office of Student Affairs.
 - d. Parking wafers or hangtags (if applicable) must be returned to the Office of Student Affairs.
 - e. Electronic Access to Blackboard and all access to the medical library will be terminated.
 - f. The financial consequences of this decision will be managed by the student through the Financial Aid Officer of CMSRU
 - g. Protocol for Medical Leave of Absence: A leave of absence due to medical reasons must be prescribed by the student's treating physician.
 - i. It is the student's responsibility to request a medical leave of absence and to provide all required supporting documentation.
 - ii. A student may request a medical leave of absence by contacting the Associate Dean of Student Affairs or the Assistant Dean of Student Affairs.
 - iii. Each medical leave of absence request will be reviewed on an individual basis with the Associate Dean of Student Affairs or designee.
 - iv. A medical leave of absence may be requested for up to one year. Additional time beyond one year will require approval by the Associate Dean of Student Affairs or designee.
 - v. The following information must be provided to the Office of Student Affairs prior to the commencement of a medical leave of absence:
 1. CMSRU Leave of Absence form. This form shall be completed and signed by the student. It is the responsibility of the student to consult with all parties listed on the form.
 2. Contact information of the treating physician.
 3. A letter from the treating physician indicating the need for a medical leave with confirmation of their role as the physician of record during the leave of absence. This person shall serve as the contact for the Office of Student Affairs. The treating physician must furnish the letter on official letterhead and must include the physician's original signature and date.
 - vi. Release of information protected by the Health Insurance Portability and Accountability Act shall be at the discretion of the student.
 - vii. A medical leave of absence will not be approved in cases where the supporting documentation is incomplete or missing. In extraordinary or catastrophic circumstances, the supporting documentation requirements may be waived at the discretion of the Senior Associate Dean for Student Affairs or designee.

- viii. A medical leave of absence may have financial implications. The financial consequences of this decision will be managed by the student with the asst. director of financial aid.
 - ix. Students are required to notify the Senior Associate Dean for Student Affairs or designee of their anticipated return date as early as possible to ensure successful re-entry into the curriculum and to meet enrollment registration deadlines. Students will be required to complete any necessary paperwork related to return from the medical leave of absence, including, but not limited to, enrollment, course registration and financial aid.
 - x. Clearance for return from a medical leave of absence is required from the designated treating physician and any consulting physicians where applicable. The clearance for return must include a statement from the treating physician indicating the student has sufficiently recovered from the medical event such that they are fit to return to the curriculum with an expected reasonable chance of success. The student may be required to supply results of neuropsychiatric testing where applicable. In cases where the student's decision-making ability may be affected by a medical condition, the clearance for return must specifically address cognitive function. The clearance for return from medical leave of absence must be signed by the treating physician on official letterhead and furnished to the Associate Dean of Student Affairs or designee.
 - xi. Students returning from medical leave must be able to meet CMSRU technical standards. CMSRU reserves the right to require fitness for duty or any other relevant testing. CMSRU may require an evaluation of the student by the Director of Student Health.
 - xii. The student will discuss the plan for re-entry with the Associate Dean of Student Affairs or designee and the Senior Associate Dean for Medical Education. The plan will be reviewed and approved by the Academic Standing Committee for all leaves over one year. Students will need to demonstrate competency to return to clinical care. This will be arranged by the Office of Medical Education.
- h. Protocol for Personal Leave of Absence: A personal leave of absence may be requested by the student when an interruption in the educational curriculum is necessary for the student's non-medical reasons.
- i. A student may request a personal leave of absence by contacting the senior associate dean for student affairs or the assistant dean for student affairs.
 - ii. The Leave of Absence form must be completed and signed by the student. It is the student's responsibility to consult with all parties listed on the form.
 - iii. Each personal leave of absence will be reviewed on an individual basis with the Senior Associate Dean of Student Affairs or designee.
 - iv. A personal leave of absence may be requested for up to one year. Additional time beyond one year will require approval by the Academic Standing Committee (ASC).
 - v. The conditions of the personal leave will be customized in consultation with the senior associate dean for student affairs or designee and the senior associate dean for medical education. The student will discuss the plan for re-entry with the Associate Dean of Student Affairs or designee and the senior associate dean for medical education. The plan will be reviewed and approved by the ASC for all leaves over one year. Students will need to demonstrate competency to return to clinical care. This will be arranged by the Office of Medical Education.
 - vi. If a student has already taken one personal leave of absence and is requesting an additional personal leave of absence, the Leave of Absence ad hoc committee will review the student's request and render a decision regarding granting the leave of absence. The Leave of Absence ad hoc committee will consist of three advisory college directors (none of whom are from the student's respective advisory college) and two representatives appointed by the Dean. A

chairperson will be chosen from among the five members to communicate with the student and the Senior Associate Dean for Student Affairs or designee.

- vii. The student may appeal this decision to the Executive Cabinet. The Executive Cabinet will be convened at the request of the Senior Associate Dean for Student Affairs or designee.
- viii. The student shall be given at least 72 hours' notice of the time and place of the committee's hearing.
- ix. Any advocacy efforts must be in the form of written communications to the committee, and must be received by the committee no later than 24 hours preceding the time scheduled for the start of the appeals hearing.
- x. The chairperson will communicate the decision of the executive committee of deans to the Senior Associate Dean for Student Affairs or designee within 10 working days.
- xi. The Senior Associate Dean for Student Affairs or designee will communicate the decision to the student and carry out the conditions set forth by the executive committee of deans.
- xii. Disciplinary proceedings, such as academic dismissal or professionalism adjudications, will continue if the Leave of Absence was initiated during such proceedings.
- xiii. It is the student's responsibility to inform the Office of Student Affairs of any change in plan or status during a Leave of Absence.
- xiv. Students must notify the Office of Student Affairs thirty (30) days prior to their expected date of return. If confirmation of return is not received by the Office of Student Affairs the student will be administratively withdrawn from CMSRU.

5. Pregnancy and Parental Leave: Cooper Medical School of Rowan University (CMSRU) is committed to supporting all students in their programs and aims to provide reasonable support and leave to all students who choose to have or adopt children during their medical education.

- a. Protocol for requesting a pregnancy and parental leave of absence: When requesting a parental leave of absence, early communication and good-faith efforts among all parties involved are essential to ensure the least impact on a student's education. Because the structure and demands of the curriculum vary throughout the four-year program, the approach to parental leave will differ depending on the year of the program in which the pregnancy and birth occur. Regardless of the timing, a detailed plan must be developed by the student in close collaboration with and written approval by the Office of Medical Education (OME) and the Office of Student Affairs (OSA).
- b. Phase 1: A student who wishes to request parental leave during the first two years of medical school should consult with their Advisory College Director, Phase 1 Dean and the Associate Dean of Student Affairs or designee to request a leave of absence. Due to the nature of the medical education program, depending on the time of year and the length of the leave, leaves of absence may require a student to take a full year of leave and return the following year. Students must complete all coursework and the USMLE Step 1 exam before M3 year.
- c. Phase 2:
Year 3: A student seeking parental leave should work closely with Phase 2 Dean, M3 Director, M3 Education Coordinator, and the Associate Dean of Student Affairs or designee to schedule the leave. The student may resume clerkships at a mutually agreed upon time.

The plan for time away from clerkships should be completed and approved by all parties at least 3 months before the start of the leave.

Year 4: A student seeking parental leave should work closely with Phase 2 Dean, M4 Director, M4 Education Coordinator, and the Associate Dean of Student Affairs or designee to schedule the leave. The plan should be completed and approved by all parties at least 3 months before the start of the leave. Students will need to demonstrate competency to return to clinical care. This will be arranged by the Office of Medical Education.

- d. Pregnancy and Parental Leave complies with federal and state law regarding accommodations during and after pregnancy. Our goal is to accommodate student parents during this period and provide options for leave (if desired) and reasonable options for re-entry such that students can continue making progress toward completion of the medical degree.
 - e. Students are not required to take parental leave, however, if they choose to do so, CMSRU permits parental leaves up to 12 months, and an extension of 12 months, unless a longer extension is medically necessary.
6. Independent Study course: A student may choose or be required to take an Independent Study Course during their medical education program. The Independent Study course may be required if a student fails to pass the USMLE Step 1 or Step 2 and wants to attempt the examination for a third time. The Independent Study course may be taken to enrich the student's educational experience during Phase 1 or Phase 2 of the CMSRU medical curriculum. An Independent Study course may be taken for up to one academic year.
- a. The student will complete the Independent Study Course request form and consult with the appropriate departments referenced on the form.
 - b. This must be approved by both the Senior Associate Dean for Medical Education in collaboration with the Associate Dean of Student Affairs or designee.
 - c. Tuition will be billed as per tuition policy. Students are required to pay all student fees that are billed on a semester basis.
 - d. Enrollment in an Independent Study Course may result in significant reduction in financial aid funding. It is the responsibility of the student to consult with the Asst. Director of Financial Aid. Students in the Independent Study Course are ineligible for CMSRU Scholarship Funding.
 - e. The Independent Study Plan is filed within the Office of Student Affairs and the Office of Medical Education along with the Independent Study Request form.
 - f. The Senior Associate Dean for Medical Education in collaboration with the Phase Deans will assign a course director.
 - g. Students are expected to meet with learning specialist and course director and meet all milestones required by the Independent Study Plan.
 - h. An evaluation of the student is part of this course and there will be a grade (P/U).
 - i. This course will appear on the student's academic transcript.
 - j. Students will not participate in patient care while enrolled in an Independent Study Plan.
 - k. Students will need to demonstrate competency to return to clinical care. This will be arranged by the Office of Medical Education.
7. Student Scholar Research Experience: A student may spend one or more years doing full time research at CMSRU or another institution with the permission of the Senior Associate Dean for Medical Education or designee in collaboration with the Senior Associate Dean for Student Affairs or designee.
- a. The Student Scholar Research Experience form must be completed including the signed approval by the research sponsor.

- b. Students are not billed tuition; however, students are enrolled full time and are required to pay student fees.
 - c. Students will maintain enrollment to prevent entering loan repayment.
 - d. The Student Scholar Research Experience status will be listed on the student's transcript as a non-credit (NC) course during the term(s) enrolled.
 - e. While participating in Student Scholar Research, a student is not enrolled in CMSRU for-credit curricular requirements.
 - f. Students will need to demonstrate competency to return to clinical care. This will be arranged by the Office of Medical Education.
8. Administrative Leave of Absence: An administrative leave of absence is an administrative measure used in situations where it is deemed in the best interest of the student and/or the school that the student's medical education be interrupted. The conditions for administrative leave will be determined by a designated CMSRU official (see list below) and may include consultation with Rowan University. The following school officials can grant and determine conditions of an administrative leave of absence:
- a. Dean of CMSRU or designee
 - b. Senior Associate Dean for Medical Education or designee
 - c. Senior Associate Dean for Student Affairs or designee

Circulation of Materials in the CMSRU Library Learning Commons Reading Room

POLICY:

Circulation of Materials in the CMSRU Library Learning Commons Reading Room

PURPOSE:

In its efforts to ensure access to the resources necessary to meet the educational goals of the Cooper Medical School of Rowan University curriculum, the following policy defines the use of materials located in the Reading Room.

SCOPE:

This policy applies to all CMSRU faculty, staff and students.

PROCEDURE:

- A. Books in the Reserve Collection are to be used in the Reading Room. These books cannot be checked out or removed from the Reading Room. These books are marked with a 'Reserve' sticker and are maintained in an area of shelving separate from the Circulating Collection. The purpose of the Reserve Collection is to ensure that all faculty, staff and students have continuous access to a print copy of each required textbook for years M1 and M2.
- B. Books in the Circulating Collection can be checked out for 72 hours. There is no mechanism to renew a book from the Circulating Collection. Patrons wishing to use a book for longer than 72 hours must return the book and allow the book to be made available for 24 hours on the Reading Room shelf, at which time if it is still available the patron may check the book out. The purpose of the Circulating Collection is to ensure that all faculty, staff and students have the opportunity to use a print copy of each required textbook for years M1 and M2 outside of the Reading Room environment.
 - a. The CMSRU Library Learning Commons Reading Room uses a computerized self-checkout system to document the check-out (borrowing) and check-in (return) of materials.
 - b. The goal of the computerized self-checkout system is to ensure 24 hour access to the print collection.
- C. Bone Boxes may be checked out of the Reading Room for up to two hours. Individual bones may not be removed/checked out separately. Bone Boxes are for onsite use only and may not leave the CMSRU building. Patrons are to use the posted Check-Out and Check-In Sheet due to the fact that the Bone Boxes are not cataloged in the computerized self-checkout system.

Satisfactory Academic Progress (SAP) Policy

PURPOSE:

To outline the relationship of financial aid awards and academic performance

SCOPE:

Candidates for the Doctor of Medicine Degree (M.D.)

DEFINITION:

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, or Step 2 CS 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, or Step 2 CS examination on 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 [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.

<u>Degree Program</u>	<u>Standard Length</u>	<u>Maximum Length</u>
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 Office. The CMSRU Financial Aid Office 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 Office 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 or Executive Committee of Deans, the student can continue to receive federal aid as long as the student follows the academic plan set forth by the Academic Standing Committee* or Executive Committee of Deans. The academic plan option is determined on a case by case basis.
- The CMSRU Financial Aid Office 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 Office 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 Student Handbook for 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.

Scholars Workshop Phase 2 Policy for students with Dual or Second Degrees

POLICY:

The Capstone Project is a required curricular component of the Scholars Workshop, a four-year integrated longitudinal 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 semesters of the Scholars Workshop M3 year 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 Scholars Workshop, given the above.

PROCEDURE:

For students on CMSRU Leave of Absence (LOA) from the curriculum between M2 and M3 year

To receive credit for SW 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 Scholars Workshop 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 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 Scholars Workshop 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 Scholars Workshop for the third year. They will not receive a grade for the course, for either semester. Students will be exempt from activities related to Scholars Workshop for the third year upon their return to the CMSRU curriculum, including deliverables, progress reports 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 Scholars Workshop 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 Scholars Workshop 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 requirements, assessment, and grading as outlined in the M4 syllabus.

Scholars Workshop 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 mentor a CMSRU faculty member:

- **Yes**
- **No**

Student Signature: _____ Date: _____

SW Course Directors Signatures:

.....Date:

.....Date:

Committee Review of Scholarly Work Completed and Credit for M3 Scholars Workshop in AY

_____ **Approved.**

SW Course Directors Signatures:

_____Date: _____

.....Date:

Capstone Director Signature:

.....Date:

Associate Dean for Medical Education Signature:

_____Date: _____

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 senior associate dean for medical education, who reviews the request and makes the final decision within 48 hours.

M3/PC 3-Cooper Longitudinal Outpatient Clerkship (CLOC) placements

Similarly, M3 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 senior 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 senior associate dean for medical education, who will review the case and make the final decision within 48 hours.

Teacher-Learner Interaction Policy

POLICY:

Teacher-Learner Interaction

CMSRU acknowledges that the profession of medicine is a moral enterprise in which practicing physicians engender the development of virtues, integrity, sense of duty and ethical framework in medical students. CMSRU faculty, residents, fellows, teaching staff and students will abide by the following compact which serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

PURPOSE:

To establish guidelines for interactions between medical students and CMSRU faculty and instructors.

SCOPE:

Candidates for the Doctor of Medicine Degree and all those who act in the role of teacher for these students at CMSRU.

DEFINITIONS:

Teacher - any individual serving in a capacity as teacher or mentor that a student will interact with in a classroom, small group or clinical setting over all four years.

PROCEDURE:

GUIDING PRINCIPLES: (AAMC's *Compact Between Teachers and Learners of Medicine*)

DUTY - Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.

INTEGRITY - The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

RESPECT - Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

COMMITMENTS OF FACULTY

- “We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for “call” on clinical rotations, to ensure students' and residents' wellbeing.

- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence. We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.”

COMMITMENTS OF STUDENTS AND RESIDENTS

- “We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We pledge to respect all faculty members and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.”

Policies Related to Health and Safety

Alcohol and Other Drugs Policy

CMSRU adheres to the [Rowan University Alcohol and Other Drugs Policy](#)

POLICY:

Alcohol and Other Drugs Policy

PURPOSE:

The policy states the University's (CMSRU's) expectations regarding the use of alcohol and other drugs by students, student organizations, faculty and staff. The policy also serves to articulate compliance and obligations with local, state and federal laws which includes the Drug-Free Schools and Communities Act.

ACCOUNTABILITY:

Under the direction of the Rowan University President, the Rowan University Vice President for Student Affairs, the Cooper Medical School of Rowan University Senior Associate Dean for Student Affairs and Assistant Dean for Student Affairs or designee shall implement and ensure compliance with this policy.

SCOPE:

This policy applies to all students, faculty and staff of Rowan University and Cooper Medical School of Rowan University.

REFERENCES

[Rowan University Student Code of Conduct](#)

POLICY:

1. Rowan University (CMSRU) is committed to the pursuit of a quality education by providing an environment which promotes respect, safety, and optimal health and well-being to all members of the campus community. This includes students, faculty, staff, administration, alumni, and Rowan University (CMSRU) guests. Alcohol and illicit drug use can pose many safety and health risks. Such use may result in impaired judgment and coordination, physical and psychological dependence, damage to vital organs, inability to learn and retain information, psychosis and severe anxiety, unwanted or unprotected sex, injury, and death. In light of this, the Rowan University (CMSRU) Alcohol and Other Drugs Policy prohibits all use of illegal drugs and only permits the consumption of alcoholic beverages in a manner that is responsible and adheres to restrictions imposed by law and University (CMSRU) standards of conduct. Rowan University does not accept misuse of illicit drugs or alcoholic beverages as an excuse for violations of any University (CMSRU) policies. Emphasis is placed on responsible and legal use of alcohol. Responsible drinking is the use of alcohol in ways that do not have negative effects on either the individual or the community and do not violate the law. The preparation, sale, service, and consumption of alcoholic beverages must comply with the limitations established by University (CMSRU) policies, local ordinances, state laws, and federal laws. As an institution of higher education and an employer, Rowan University (CMSRU) is obligated to abide by and enforce provisions in the Drug-Free Workplace Act of 1988 and Drug-Free Schools and Communities Act.
2. Behavior at off-campus events, which are not sponsored or funded by Rowan University (CMSRU) or a University (CMSRU) recognized organization, will be subject to the University (CMSRU) discipline system if the conduct violates local, state, or federal law or when the University (CMSRU) determines that the conduct has a direct impact on the educational mission and interests of the University (CMSRU) and/or the safety and welfare of the University (CMSRU) community.
3. Violations will result in disciplinary sanctions as specified in sections entitled "Consequences for Non-Compliance" and "Parental Notification for Student Violations of the Alcohol and Other Drugs Policy."
4. Rowan University (CMSRU) Regulations

- a. In compliance with the Drug Free Schools and Communities Act and the Drug-free Workplace Act, Rowan University (CMSRU) prohibits the unlawful possession, sale, use, or distribution of alcohol and illicit drugs on campus or as part of any of its sponsored events.
 - b. In addition to the legal requirements from the New Jersey Statute, Title 2C, the following University (CMSRU) regulations must be observed whenever alcoholic beverages are served, sold, or consumed in approved facilities on campus, in University (CMSRU)-owned or operated residential facilities, or at university (CMSRU) sponsored events. The office of the Vice President of Student Life/Dean of Students has been charged with overall responsibility to administer, support, and enforce the Alcohol and Other Drugs Policy. This office also reserves the right to suspend alcohol privileges temporarily when it is in the best interest of the University (CMSRU) community. Additional personnel involved in the administration, support, and/or enforcement of the policy include, but are not limited to, Greek Affairs, Community Standards, Athletics, Student Affairs, Residential Learning and University Housing, Public Safety, Dining Services, Faculty, Staff, Human Resources, and Counseling and Psychological Services.
 - c. The Vice President of Student Life/Dean of Students may convene an ad hoc board to review policy details of process and educational approach.
5. **Illegal Drugs**
- a. The University (CMSRU) has a long-standing policy against illegal drug use on campus and within the University (CMSRU) community, and that policy does not change with New Jersey's adoption of the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act. Rowan is subject to the Controlled Substances Act, which classifies marijuana as a Schedule I drug. Accordingly, the use, possession, cultivation, or sale of marijuana violates federal policy. Importantly, Federal grants are subject to Rowan's compliance with the Drug Free Schools and Communities Act, and the Drug Free Workplace Act, which also prohibit the university (CMSRU) from allowing any form of marijuana use on campus.
 - b. The intent of, actual distribution of, sale of or manufacturing of drugs, narcotics, barbiturates, hallucinogens, marijuana, steroids, amphetamines, or any other controlled substance is prohibited.
 - c. The possession or use of controlled dangerous substances, marijuana, steroids, or narcotics, including, but not limited to: opium (morphine, codeine, heroin), prescription drugs in possession of someone other than the prescribed individual, misuse of prescribed drugs, and every other substance not chemically distinguishable from them (i.e. imitation products, such as bath salts and/or K2) as well as any drug paraphernalia, on campus or in any University (CMSRU)-related premises is prohibited.
6. **Medical Marijuana**
- a. Medical marijuana, while legally permitted in New Jersey under the "New Jersey Compassionate Use Medical Marijuana Act," is prohibited on Rowan campuses.
 - b. Rowan is subject to the Controlled Substances Act, which classifies marijuana as a Schedule I drug. Accordingly, the use, possession, cultivation, or sale of marijuana violates federal policy. Importantly, Federal grants are subject to Rowan's compliance with the Drug Free Schools and Communities Act, and the Drug Free Workplace Act, which also prohibit the university (CMSRU) from allowing any form of marijuana use on campus.
 - c. Thus, although students, staff, and faculty who legally obtain a medical marijuana "ID card" from the New Jersey Department of Health and Senior Services are allowed to possess and consume certain quantities of marijuana, doing so is not permitted on Rowan's property or at university (CMSRU) sponsored events (either on or off campus).
Sharing medical marijuana with individuals who do not have a medical marijuana prescription is prohibited.
 - d. Given that the use and/or possession of medical marijuana is prohibited on Rowan property, any student, staff or faculty member who legally obtains a medical marijuana ID card should contact the Academic Success Center – Disability Resources (students) or the Office of Employee Equity and Labor Relations (staff/faculty) to discuss any possible on-campus accommodations (excluding the ability to use or possess medical marijuana on Rowan property).
7. **Alcohol at Campus Events**
- a. Rowan University (CMSRU) students, faculty, staff, guests, and facilities users, who are 21 years and older, may only possess, purchase, and consume alcoholic beverages at locations which are licensed to sell alcohol or where consuming it is legal and authorized.

- b. The University (CMSRU) and/or management of the facility in use have the right to request identification and proof of age from all persons seeking admission to an event on campus at which alcohol will be served.
 - c. Intoxication is prohibited, regardless of age. Behavioral symptoms frequently associated with intoxication will be considered in determining intoxication. These symptoms may include, but are not limited to, the following: impaired motor skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior, and engaging in any behavior which may endanger oneself or others.
 - d. Carrying open containers of alcohol is strictly forbidden in public areas of the University (CMSRU), i.e. academic buildings, the Chamberlain Student Center, parking lots, and common grounds, regardless of age.
 - e. Any marketing, advertising, and promotion of alcoholic beverages on campus is prohibited. All advertisements for social events at which alcohol is served will not make reference to the amount of alcohol available. There will be no publicity distributed or posted indicating the availability of alcoholic beverages, except to indicate legal age requirements for admission.
 - f. Non-alcoholic beverages must also be served whenever alcohol is served/sold, and must be displayed as openly as the alcohol. Food must be served in adequate amounts when alcoholic beverages are served or sold.
 - g. Except in authorized designated areas, alcohol is strictly prohibited in athletic facilities, at athletic events and at any "tailgating."
 - h. No event will include any kind of a "drinking contest" or "drinking game," or feature any inducements to consume excessive amounts of alcohol.
 - i. For a listing of consequences for non-compliance, please refer to Sections VI. – "Consequences for Non-Compliance" and VII. – "Parental Notification for Student Violations of the Alcohol and Other Drugs Policy."
8. Alcohol in University Housing (Living Units)
- a. Designated "Dry" Living Units
 - i. Alcohol is not permitted within undergraduate living units serving predominately underage students (Chestnut, Evergreen, Holly Pointe Commons, Magnolia, Mimosa, Mullica, or Willow halls- excluding graduate and professional staff living units). These areas are designated "dry" living units. No one, regardless of age, is permitted to possess, consume or be in the presence of alcohol in these areas.
 - ii. All other living areas (Edgewood Park, International House, Nexus Apartments, Rowan Blvd., Triad, Townhouses, Whitney Center or any temporary University housing such as a hotel) in which any assigned resident is under the age of twenty-one is a designated "dry" living unit. No one, regardless of age, is permitted to possess, consume or be in the presence of alcohol in these areas. It is the responsibility of each resident to know if alcohol is permitted within their living unit.
 - b. "Wet" Living Units
 - i. Alcohol is permitted only in living units in which all assigned residents are of legal drinking age. These are considered "wet" living units. It is the responsibility of each resident to know if alcohol is permitted within their living unit.
 - c. Presence in any living unit (room, apartment or townhouse) where an alcohol policy violation is taking place, even if not actually in possession of or consuming alcoholic beverages may result in disciplinary action.
 - d. Residents holding a gathering in their living unit where an alcohol violation is taking place will be considered the hosts. Hosts may be held responsible for injury or damage occurring to any person or property in which the consumption of alcohol was a contributing factor. Hosts will be subject to disciplinary action and may receive harsher sanctions.
 - e. At the time of an alcohol violation, all alcohol and containers will be confiscated and properly disposed of regardless of the age of the occupant(s) or the designation of the living unit as "wet" or "dry."
 - f. Kegs and beer balls are prohibited in all living units at all times.
 - g. Possession of grain alcohol is prohibited at all times.
 - h. Students of legal drinking age may transport an alcoholic beverage as long as it is in its original closed container.

- i. Consumption of any form of alcohol in an open container, including but not limited to cups, cans, plastic containers, or bottles, is prohibited outside a student's living unit and/or any outside campus area.
 - j. Games or activities that encourage excessive drinking of alcohol (e.g. beer pong, flip cup, beer funnels, etc.) or the serving of alcohol that leads to the endangerment of an individual's wellbeing or property damage will not be tolerated.
 - k. Consumption of alcohol to the point of intoxication, regardless of age, is prohibited. Behavioral symptoms frequently associated with intoxication will be considered in determining intoxication. These symptoms may include, but are not limited to, the following: impaired motor skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior, and engaging in any behavior which may endanger oneself or others. A person in this condition may be asked to leave the campus. If the person is a student, the student's family or emergency contact may be called to assist. Other guests may have a taxi/ride called (at the intoxicated person's expense) to take them to their permanent residence.
 - l. Alcoholic beverage containers and paraphernalia, including but not limited to empty cans and bottles, are not permitted as room decorations in any living unit.
9. Alcohol in University Housing Regulations state:
- a. Persons under the age of twenty-one **MAY NOT**:
 - i. Be in possession of or in the presence of alcohol in any living unit.
 - ii. Permit persons to bring in or consume alcohol in their living unit.
 - iii. Carry opened or unopened alcoholic beverage containers any place on campus.
 - iv. Provide alcohol to any persons on campus.
 - v. Possess alcohol displays made up of empty alcoholic beverage containers.
 - b. Persons twenty-one and older **MAY NOT**:
 - i. Consume alcohol outside of a living unit (lobby, hallways, stairwells, grounds, etc.).
 - ii. Possess/Consume alcohol in a "dry" living unit.
 - iii. Permit underage persons to possess or be in the presence of alcohol in their living unit.
 - iv. Provide alcohol to others under the age of twenty-one.
 - v. Charge in any way for alcohol consumption by others.
 - vi. Possess kegs, beer balls, or paraphernalia that promotes excessive consumption of alcohol.
 - vii. Possess alcohol displays made up of empty alcoholic beverage containers.
 - c. Persons twenty-one and older **MAY**:
 - i. Possess/Consume alcohol in their living unit if it is designated "wet" and all those present are of legal drinking age.
 - ii. Possess/Consume alcohol in another living unit if it is designated "wet" and all those present are of legal drinking age.
 - iii. Transport unopened alcoholic beverage containers within University housing areas that are packaged and out of plain view.
 - iv. Provide alcohol in their living unit to others of legal drinking age.
 - d. Persons who are present, within University housing, where alcohol is being consumed by those over or under the legal drinking age will be presumed to have been drinking or in possession of alcohol if Public Safety, RAs, RDs, or other University officials are called to the scene. This is because it is not possible to distinguish who is actually consuming or possessing alcohol on an individual basis where a number of persons are present.
 - e. Off-Campus Events
 - i. University (CMSRU)-affiliated events are covered by this policy, even though they may take place off campus. A University (CMSRU) affiliated event is defined as an off-campus gathering of members of the Rowan University (CMSRU) community (and/or their guests) which is sponsored or funded in whole or in part by Rowan University (CMSRU). This includes Study Abroad, field trips and professional meetings attended by employees. Private off-campus events which are not sponsored or funded by Rowan University (CMSRU) will also be subject to the University (CMSRU) discipline system if the conduct violates University (CMSRU) regulations or local, state, or federal law, or when the University (CMSRU) determines that the conduct has a direct impact on the educational mission and interests of the University (CMSRU) and/or the safety and welfare of the University (CMSRU) community. Please be aware that the University (CMSRU) reserves the right to hold a student responsible for actions at their residence even if

- they were not present at the time of the incident. In such a case, the student would be required to produce confirming evidence that s/he was not involved.
- ii. Sponsors, coaches, and/or organization advisers are expected to ensure that their respective student organizations/groups take reasonable precautions in their activities in order that policies and laws governing alcohol/illegal drugs are not violated and that the welfare of their members is not endangered. The Vice President of Student Life/Dean of Students in conjunction with the sponsors, advisers, or coaches may designate an event as non-alcoholic and/or determine the conditions under which the consumption of alcohol may be permitted by students of legal drinking age. Therefore, a sponsor, adviser, or coach may prohibit the service, possession, or consumption of alcohol by any person, regardless of age, at University (CMSRU)-affiliated or University (CMSRU)-funded activities (e.g., retreats, conferences, intercollegiate athletic events, etc.). Sponsors, advisers, or coaches will inform the student organizations of their decision(s) regarding the nature of the event prior to the scheduled date of the activity.
 - iii. The University (CMSRU) expects that the existing state, local, or premises regulations which prohibit illegal drugs or regulate the service, sale, possession, or consumption of alcohol will be supported and enforced at University (CMSRU)-sponsored events.
 - iv. Under New Jersey Statute, it is unlawful for any operator or passenger in a motor vehicle to possess an open container of an alcoholic beverage, regardless of age. In addition, the University (CMSRU) prohibits the service, sale, or consumption of alcoholic beverages while in transit in any motor vehicle, to or from any University (CMSRU)-affiliated event. This applies to all students, faculty, staff, alumni, and their guests, regardless of legal drinking age.
 - v. Alcoholic beverages will not be permitted at intercollegiate athletic events.

CONSEQUENCES FOR NON-COMPLIANCE

1. The University (CMSRU) is concerned that individuals make responsible decisions regarding the use of legal and illegal substances. All members of the campus community found in violation of the Rowan University (CMSRU) Alcohol and Other Drugs Policy will be subject to disciplinary action.
2. A student found violating the Alcohol and Other Drugs Policy will be considered to have violated the Student Code of Conduct and be subject to sanctions commensurate with the offense consistent with local, State, and Federal law, up to and including expulsion from the university (CMSRU), as well as the possibility of revocation of the privilege to consume alcohol on campus and/or to attend University (CMSRU) affiliated events at which alcohol will be served or consumed. Referrals to educational programs sponsored by the Wellness Center at Winans or CMSRU may be required.
3. Organizational sanctions for violations of the Alcohol and Other Drugs Policy by campus groups may include written reprimand, restriction or loss of privileges, and loss of official recognition. In addition, the campus group may be mandated to participate in educational programs. Individual members of the group may also be individually sanctioned for their involvement in the violations pursuant to this section.
4. Violations of the University (CMSRU) Alcohol and Other Drugs Policy by a University (CMSRU) employee will be referred to the individual's supervisor for the appropriate administrative action consistent with the state regulations and applicable agreements between the state and employee bargaining units. An employee may be disciplined for violation of this policy consistent with local, State, and Federal law up to and including termination of employment and referral for prosecution.
5. Violations of the University (CMSRU) Alcohol and Other Drugs Policy by persons who are not members of the University (CMSRU) community may result in their being banned from the Rowan University (CMSRU) campus or from specific facilities and/or subject to arrest for trespass. Contractors are subject to all University (CMSRU) rules and regulations.
6. Any violation which occurs while an event is in progress may subject the violator to immediate removal from the area.
7. When violations or other circumstances occur at events which, in the judgment of University (CMSRU) officials, constitute a threat to life or property or which create a substantial risk thereof, the event may be terminated. It is expected that such authority will be exercised only in extraordinary and/or emergency circumstances.
8. This policy does not supplant or supersede statutory or administrative law at the federal, state, county, or municipal level. Strict compliance with such laws will be the responsibility of all organizations and individuals.

Violators of the law may be subject to penalties imposed by a court or other empowered board, agency, or commission, in addition to any action taken by Rowan University (CMSRU).

PARENTAL NOTIFICATION FOR STUDENT VIOLATIONS OF THE ALCOHOL AND OTHER DRUGS POLICY

Rowan University (CMSRU)'s Alcohol and Other Drugs Policy outlines the University (CMSRU)'s position regarding the unauthorized possession, use, or distribution of alcohol and controlled substances on campus. A 1998 amendment to The Family Education Rights and Privacy Act of 1974 authorizes higher education institutions to inform a parent or guardian of any student under age 21, who has been found in violation of any federal, state, or local law or any rule or policy of the institution governing the use or possession of alcohol or controlled substances. The Office of Community Standards may notify parents/guardians of students under 21 years of age when a student is found responsible for a violation of the Alcohol and Other Drugs Policy. Please note: Citations given by the law enforcement unit of a university are not covered by FERPA. Therefore, Rowan Public Safety may notify parents/legal guardians when citations have been issued by law enforcement officials, without waiting for a hearing or any other due process.

ATTACHMENTS

1. Attachment 1 - Summary of Applicable State and Local Laws Regarding Alcohol Offenses and Penalties
2. Attachment 2 - Summary of Applicable State and Federal Laws Regarding Drug Offenses and Penalties
3. Attachment 3 - State of New Jersey Drug-Free Workplace Act - Executive Order No. 204
4. Attachment 4 - Commonly Abused Drugs
5. Attachment 5 - Education and Prevention - Important Telephone Numbers
6. Attachment 6 - Biennial Review of Policy and the Alcohol and Drugs Education Program

Attachment 1 - Summary of Applicable State and Local Laws Regarding Cannabis and Alcohol offenses and Penalties

As of February 22, 2021 the State adopted the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act along with (A1897) and (S3454). This legislation legalizes and regulates cannabis use and possession for adults 21 years and older and clarifies marijuana and cannabis use and possession penalties for individuals younger than 21 years old.

As of January 1, 1983 New Jersey state law prohibited the sale, possession, or consumption of alcohol by individuals under 21 years of age. Rowan University (CMSRU) is a public institution governed by Federal, State, and local laws, and by University (CMSRU) policies and procedures. The University (CMSRU) complies with municipal and other law enforcement authorities in enforcing these laws as stated below:

State of New Jersey (Refer to the New Jersey Statutes Title 2C. The New Jersey Code of Criminal Justice for complete citations)

1. The purchase and consumption of alcohol is a right extended by the State of New Jersey. The legal age to purchase and consume alcoholic beverages in the State of New Jersey is twenty-one (N.J.S.A. 9:17b1).
2. **Possession, consumption by persons under legal age; penalty - 2C:33-15**
Any person under the legal age to purchase alcoholic beverages, or under the legal age to purchase cannabis items, who knowingly possesses without legal authority or who knowingly consumes any alcoholic beverage, cannabis item, marijuana, or hashish in any school, public conveyance, public place, or place of public assembly, or motor vehicle shall be subject to the following consequences:
 - First violation, a written warning issued by a law enforcement officer to the underage person or parent/guardian (if under 18 years of age).
 - Second violation, a written warning issued by a law enforcement officer to the underage person or parent/guardian (if under 18 years of age) indicating that a second violation has occurred. The officer shall provide the person or parent/guardian (if under 18 years of age) with informational materials about how to access community services provided by public or private agencies and organizations that shall assist the person with opportunities to access further social services, including but not limited to counseling, tutoring programs, mentoring services, and faith-based or other community initiatives.
 - Third or subsequent violation, a write-up issued by a law enforcement officer to the underage person or parent/guardian (if under 18 years of age) indicating that a third or subsequent violation has occurred. The officer shall provide the person or parent/guardian (if under 18 years of age) with a referral for accessing community services provided by a public or private agency or organization.
 - The failure to accept assistance from an agency or organization to which a law enforcement referral was made, or to access any community services provided by that agency or organization shall not result in any summons, initiation of a complaint, or other legal action to be adjudicated and enforced in any court.
3. **Misrepresenting age to induce sale or delivery to minor; disorderly person (N.J.S.A. 2C:33:1-81)**
An under-aged person who purchases or attempts to purchase alcohol, or who misstates his/her age, or a person of legal age who purchases alcohol for an under aged person faces a conviction of a disorderly persons offense, which incurs a fine of not less than \$500. In addition, under aged persons may be required to participate in a state-sponsored alcohol education program.
4. **Driving while intoxicated.- 39:4-50**
A person who operates a motor vehicle while under the influence of intoxicating liquor, narcotic, hallucinogenic or habit-producing drug, or operates a motor vehicle with a blood alcohol concentration of 0.08% or more by weight of alcohol in the defendant's blood or permits another person who is under the influence of intoxicating liquor, narcotic, hallucinogenic or habit-producing drug to operate a motor vehicle the person owns or which is in the person's custody or control or permits another to operate a motor vehicle with a blood alcohol concentration of 0.08% or more by weight of alcohol in the defendant's blood shall be subject:
 - For the first offense:
 - i. Person's blood alcohol concentration is 0.08% or higher but less than 0.10%
 1. Fine of not less than \$250 nor more than \$400, period of detainment of not less than 12 hours nor more than 48 hours spent during two consecutive days of not less than six hours each day and served as prescribed by the program requirements of the Intoxicated Driver Resource Centers and, in the discretion of the court, a term of imprisonment of not

more than 30 days. In addition, the court shall order the person to forfeit the right to operate a motor vehicle over the highways of this State until the person installs an ignition interlock device.

- ii. Person's blood alcohol concentration is 0.10% or higher
 - 1. Fine of not less than \$300 nor more than \$500 and a period of detainment of not less than 12 hours nor more than 48 hours spent during two consecutive days of not less than six hours each day and served as prescribed by the program requirements of the Intoxicated Driver Resource Centers and, in the discretion of the court, a term of imprisonment of not more than 30 days, forfeit the right to operate a motor vehicle over the highways of this State for a period of not less than seven months nor more than one year.
- iii. Person's blood alcohol concentration is 0.10% or higher but less than 0.15%
 - 1. Person shall forfeit the right to operate a motor vehicle over the highways of this State until the person installs an ignition interlock device
- iv. Person's blood alcohol concentration is 15% or higher
 - 1. Person shall forfeit the right to operate a motor vehicle over the highways of this State for a period of not less than four months or more than six months following installation of an ignition interlock device.
- For second violation:
 - i. Fine of not less than \$500 nor more than \$1,000, and shall be ordered by the court to perform community service for a period of 30 days, imprisonment for a term of not less than 48 consecutive hours or more than 90 days, and shall forfeit the right to operate a motor vehicle over the highways of this State for a period of not less than one year or more than two years upon conviction. A person also shall be required to install an ignition interlock device.
- For a third or subsequent violation:
 - i. Fine of \$1,000, and shall be sentenced to imprisonment for a term of not less than 180 days in a county jail or workhouse, except that the court may lower such term for each day, not exceeding 90 days, served participating in a drug or alcohol inpatient rehabilitation program approved by the Intoxicated Driver Resource Center and shall thereafter forfeit the right to operate a motor vehicle over the highways of this State for eight years. A person also shall be required to install an ignition interlock device.

Local Ordinances

Glassboro Ordinances (<http://ecode360.com/GL0316>)

1. 150-26 Unlawful acts for underage persons.

[Added 12-8-1998 by Ord. No. 98-26]

It shall be unlawful for a person under the legal age to consume, to have consumed, to purchase, attempt to purchase or have purchased for him or her or have in his or her possession any alcoholic beverage. For purposes of this section, "consume" or "consumed" excludes those instances where a person under the legal age, in the home, apartment or rental unit of his or her own parent or parents, or an adult in loco parentis, under the supervision and control of his or her own parent or parents, consumes or has consumed any alcoholic beverage.

2. 150-27 Violations and penalties.

[Amended 12-8-1998 by Ord. No. 98-26; 8-23-2011 by Ord. No. 11-34; 12-29-2016 by Ord. No. 16-60]

Each and every person violating any of the provisions of this chapter, may, in addition to other penalties noted, upon the conviction thereof, be punished by one or more of the following: a fine not less than \$400 and not more than \$2,000; or by imprisonment not exceeding 90 days or by a period of community service not to exceed 90 days, or both, in the discretion of the Court.

3. 150-29 Underage drinking.

It shall be unlawful for any person under the legal age who, without legal authority, knowingly possesses or knowingly consumes an alcoholic beverage on private property.

4. 150-30 Violations and penalties.

Any person violating the provisions of this article shall, in accordance with the provisions of N.J.S.A. 40: 48-1, as amended, be punished by a fine of \$250 for a first offense and \$350 for any subsequent offense.

5. 354-5 Consumption of alcoholic beverages in public and quasi-public places.

[Added 8-26-1975 by Ord. No. 75-20]

- a. It shall be unlawful for any person to consume any alcoholic beverage or to possess any alcoholic beverage in an open container with intent to consume the same on any sidewalk, street, avenue, highway, public parking lot or other public place, or in any motor vehicle not on private property, within the Borough of Glassboro at any time.
- b. It shall be unlawful for any person to consume any alcoholic beverage or to possess any alcoholic beverage in an open container with intent to consume the same on any parking lot, yard or other open area which is open to the public or to which the public is invited at any time.
- c. It shall be unlawful for the owner or any other person in control of any such parking lot, yard or other open area which is open to the public or to which the public is invited as described in Subsection **B** above to knowingly permit or suffer the consumption or possession in an open container with intent to consume of any alcoholic beverage on said premises by any person at any time.
- d. Violations and penalties. Any person violating any of the provisions of this section shall, upon conviction, be punished by one or more of the following, in the discretion of the Court:
[Added 8-23-2011 by Ord. No. 11-35; amended 6-26-2018 by Ord. No. 18-30]
 - i. A mandatory fine of not less than \$150 and not more than \$2,000;
 - ii. Imprisonment not to exceed 90 days;
 - iii. A period of community service not to exceed 90 days.

Stratford Ordinances (https://www.municode.com/library/#!/nj/stratford_borough/codes/code_of_ordinances)

1. **09.04.010 - Prohibited acts generally.**

- a. No person shall consume any liquor, wine, beer or any other alcoholic beverage, or have access to or in his or her possession, any open bottle, can, jar or any other vessel containing liquor, wine, beer or any alcoholic beverage:
 - i. While in or on a public street, lane, sidewalk, public parking lot or quasi-public parking lot or any other public or quasi-public place, or in any public conveyance; or
 - ii. In a private conveyance while such conveyance is in motion, stopped or parked in or on a public street, lane, public parking lot or quasi-public parking lot; or
 - iii. While in or upon private property, not his or her own, without having the express permission of the owner or any person authorized to grant such permission; or
 - iv. In a private conveyance while such conveyance is in motion, stopped or parked in or on private property without having the express permission of the owner or any person authorized to grant such permission.
- b. No person shall discard any bottle, can, jar or other vessel used to contain liquor, wine, beer or any other alcoholic beverage upon any public street, lane, sidewalk, public parking lot, quasi-public place, or upon any private property not his or her own, without the express permission of the owner or any person having authority to grant such permission.
- c. The prohibitions contained in subsection A. shall not apply to any conveyance or place specifically licensed for the consumption of alcoholic beverages in accordance with the provisions of N.J.S.A. 33:1-1 et seq.
- d. Any individual, firm or corporation, who or which suffers, aids, abets or permits any person to violate any provision of this section shall also be deemed in violation of this section.
- e. Any individual, firm or corporation, which or who shall violate this section upon conviction thereof, shall pay a fine not exceeding five hundred dollars (\$500.00), or be imprisoned in the county jail for a term not exceeding ninety (90) days or both, for each offense in the discretion of the court. (Ord. No. 98:13, §§ 1—4, 7, 1998)

City of Camden Ordinances (<http://ecode360.com/CA1078>)

1. **181-22 Places restricted.** Any person who shall consume an alcoholic beverage or possess an alcoholic beverage with intent to consume in the following places shall be in violation of this article:
 - f. While in or on a public street, lane, sidewalk, public parking lot, public or quasi-public place, public park or in any public conveyance.
[Amended 10-13-2005 by Ord. No. MC-4111]
 - g. While in a private motor vehicle, while the same is in motion or parked in any public street, lane or public parking lot.
 - h. While upon any private property not his own without the express permission of the owner or other person having authority to grant such permission.
2. **181-23 Determination of intent to consume.** For the purposes of § **181-22**, any person who has possession of an open container, of any kind whatsoever, containing an alcoholic beverage in any place or location set forth in § **181-22** shall be presumed to have possession of an alcoholic beverage with intent to consume in violation of § **181-22** hereof.
3. **181-24 Violations and penalties.**
[Amended 4-9-1987 by Ord. No. MC-2289]
The violation of any such provisions shall be punishable by a fine not to exceed \$1,000 or by imprisonment for a term not to exceed 90 days, or both.
4. **181-31 Prohibitions.** It shall be unlawful for any underage person to, without legal authority, knowingly possesses or knowingly consume an alcoholic beverage on any private property within the City of Camden.
5. **181-33 Violations and penalties.**
Any violation under this article shall be punishable by a fine of \$250 for a first offense and \$350 for any subsequent offense.

Attachment 2 - Summary of Applicable State and Federal Laws Regarding Drug Offenses and Penalties**State of New Jersey**

1. State of New Jersey
 - a. N.J.S.A. 2C:35-5, Manufacturing, Distributing, or Dispensing, provides that such conduct results in imprisonment and fines.
 - b. N.J.S.A. 2C:35-7, Drug-Free School Zones, provides that any person who distributes, dispenses, or possesses with intent to distribute a controlled dangerous substance within 1,000 feet of school property is guilty of a crime of the third degree.
 - c. N.J.S.A. 2C:35-8, Distribution to Persons Under Eighteen or Pregnant Females, provides that such conduct carries a penalty of imprisonment and fines.
 - d. N.J.S.A. 2C:35-10, Possession, Use, Being Under the Influence, or Failure to Make Lawful Disposition, provides that such conduct carries penalties of fines.
 - e. N.J.S.A. 2C:35-11, Imitation Controlled Dangerous Substance (CDS), provides that dispensing or distributing a substance falsely purported to be a CDS is a third degree crime, and can carry a fine up to \$200,000.
 - f. N.J.S.A. 2C:36-3, Distribute, Dispense or Possess with Intent to distribute or manufacture, provides that such conduct is a fourth degree crime.
 - g. N.J.S.A. 2C:36-4, Advertise to Promote Sale of Narcotics Paraphernalia, provides that such conduct is a fourth degree crime.
 - h. N.J.S.A. 2C:36-5, Delivering Paraphernalia to Person Under Eighteen Years, provides that such conduct constitutes a third degree crime.

2. Federal Drug Offenses

For information concerning the Controlled Substances Act, listing of drugs/schedules and Federal Trafficking Penalties please refer

to: <https://www.getsmartaboutdrugs.gov/sites/getsmartaboutdrugs.com/files/publications/Drugs%20of%20Abuse%202020-Web%20Version-508%20compliant-4-24-20.pdf>

Attachment 3 - State of New Jersey Drug-Free Workplace Act - Executive Order No. 204

The Governor of the State of New Jersey issued Executive Order 204, on March 14, 1989, in compliance with federal law. This order, the Drug-Free Workplace Act, is a condition of continued employment by all public employees, including Rowan University (CMSRU) employees. This policy prohibits the unlawful possession, use, distribution, dispensation, sale, or manufacture of controlled substances on University (CMSRU) premises. Violation of this policy may result in the imposition of employment discipline up to and including termination as defined for specific employee categories by existing college policies, statutes, rules, regulations, employment contracts, and labor agreements. In addition to campus rules, faculty and staff must obey applicable Federal, State, and local laws concerning drugs and alcohol and are subject to criminal and civil penalties. The University (CMSRU) cooperates with municipal and other law enforcement authorities in enforcing these laws.

EXECUTIVE ORDER NO. 204

WHEREAS, the problem of drug abuse is adversely affecting the lives and safety of our citizens; and

WHEREAS, the abuse of drugs in the workplace, among other things, reduces job efficiency, increases absenteeism and sick leave, and, most importantly, jeopardizes the lives and safety of fellow employees and citizens; and

WHEREAS, the State of New Jersey has a vital interest in promoting a safe and drug-free workplace and in ensuring our citizens that public safety employees do not threaten life and limb due to the abuse of drugs; and

WHEREAS, the Federal Drug-Free Workplace Act of 1988, Public Law 100-690, Title V, Subtitle D, conditions receipt of Federal grant funds upon the grantee's agreement to provide a drug free workplace; and

WHEREAS, the Federal Drug-Free Workplace Act requires a grantee to prohibit the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, to specify actions that may be taken against employees who violate the prohibition, to establish a drug free awareness program for employees, to require employees and employers to give notice of any conviction for a drug offense committed in the workplace; and

WHEREAS, the citizens of the State greatly benefit from the State government's participation in federally funded programs;

NOW, THEREFORE, I, THOMAS H. KEAN, Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and by the Statutes of this State, do hereby ORDER and DIRECT:

1. The following "Policy for a Drug-Free Workplace in New Jersey State Government" shall apply to all principal executive departments in New Jersey State Government, the Office of the Governor, and all agencies that are in, but not of, principal executive departments. This policy establishes minimum standards for the imposition of discipline and for participation in drug abuse treatment programs in the limited context of convictions for drug offenses committed in the workplace. Nothing in this Policy precludes the application of other more comprehensive or more stringent provisions governing drug offenses committed by State employees. In fact, the Cabinet Task Force on Drug Testing in the Workplace, which was created in Executive Order No. 191, will formulate a more comprehensive State policy regarding drug abuse and the workplace in the near future.
2. The State of New Jersey is committed to maintaining a drug-free workplace for all State employees in order to protect the health and safety of State employees and the public.
3. The unlawful manufacture, distribution, dispensation, possession, or use of a drug in the workplace is prohibited.
4. In addition to any other applicable civil or criminal penalty, any employee convicted of illegal manufacture, distribution, dispensation, possession, or use of a drug in the workplace shall be subject to the following consequences
 - a. The State Forfeiture of Public Office Statute (N.J.S.A. 2C:51-2) requires forfeiture of public office or employment upon conviction of a crime of the third degree or higher. All convictions of crimes of the

third degree or higher listed in the Comprehensive Drug Enforcement Act of 1987, and all convictions for equivalent Federal and out-of-state drug offenses, require forfeiture of public office or employment.

- b. The Forfeiture of Public Office Statute also requires forfeiture of public office or employment upon conviction for an offense involving dishonesty or upon conviction for an offense involving or touching upon the convicted person's public employment irrespective of the degree of the offense. Consequently, convictions for any drug offense occurring in the workplace (including fourth degree, disorderly persons, and petty disorderly persons offenses) which are determined to involve or touch upon the office or employment of an individual may result in the statutory forfeiture of public office or employment.
 - c. In the case of a drug conviction for an offense occurring in the workplace that does not result in statutory forfeiture of public office or employment, disciplinary action shall be taken. The extent of disciplinary action shall be determined by the appointing authority. In addition, in the case of any disciplinary action other than removal, an employee shall be required to satisfactorily participate in a program for the treatment of drug abuse approved by both the appointing authority and any Federal or State agency responsible for the approval or licensure of such programs.
 - d. Each department head, agency head, or their designee who receives notice of a drug offense conviction shall, within 30 days of receipt of notice, take the administrative action necessary for removal where statutory forfeiture is required, and where statutory forfeiture is not required, take the administrative action necessary to impose discipline and require satisfactory participation in an approved program for drug abuse where appropriate.
5. An employee who is convicted of a drug offense committed in the workplace must, within five days, report the conviction to his or her supervisor.
 6. Each supervisor who receives a report of a conviction for a drug offense in the workplace must immediately report the conviction, according to departmental or agency procedures, to the department head, agency head, or their designee.
 7. Within 10 days of the supervisor's receipt of notice of a conviction for a drug offense, the department head, agency head, or their designee shall ensure that notification of such conviction is provided to any Federal agency providing funds for a program in which the convicted employee is employed.
 8. Each department head, agency head, or their designee must develop and implement procedures to ensure that reports, which are received by supervisors concerning convictions for drug offenses in the workplace, are reported promptly to the department head, agency head, or their designee.
 9. Each department head, agency head, or their designee must maintain records that contain the following information on each conviction for a drug offense committed in the workplace by an employee:
 - a. Date of conviction
 - b. Disciplinary action taken
 - c. Whether the employee is one whose duties involve the performance of a Federal grant
 - d. Date Federal grantor was notified of the conviction, if applicable.
 10. Each department head, agency head, or their designee will distribute an Employee Notice, and this Executive Order to each current employee. Each department head, agency head, or their designee shall distribute these documents to any employee who joins the work force after the initial A program entitled, "Drug-Free Awareness" is being developed, and upon completion will be provided to all employees.
 11. Definitions for purpose of this policy:
 - a. Conviction - means a finding of guilt, or a plea of guilty, before a court of competent jurisdiction, and, where applicable, a plea of nolo contendere.^{1A} conviction is deemed to occur at the time the plea is

accepted or verdict returned. It does not include entry into and successful completion of a pre-trial intervention program, pursuant to N.J.S.A. 2C:43-12, et seq., or a conditional discharge, pursuant to N.J.S.A. 2C:36A-1.

- b. 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, et seq., 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. The term shall not include tobacco or tobacco products or distilled spirits, wine, or malt beverages as they are defined or used in N.J.S.A. 33:1-1, et seq.
- c. Employee - means all employees of the Office of the Governor or a department or agency within the scope of this Policy, whether full- or part-time and whether in the career, senior executive, or unclassified service.
- d. Workplace - for the purposes of this Policy only, means the physical area of operations of a department or agency including buildings, grounds, and parking facilities provided by the State. It includes any field location or site at which an employee is engaged, or authorized to engage, in work activity, and includes any travel between such sites.
- e. This policy is effective March 18, 1989 and shall remain in effect until superseded by statute, regulation, or Executive Order. (signed) Thomas H. Kean, GOVERNOR

Attachment 4 - Commonly Abused Drugs

Substance	Nicknames/Slang Terms	Short Term Effects	Long Term Effects
Alcohol		slurred speech, drowsiness, headaches, impaired judgment, decreased perception and coordination, distorted vision and hearing, vomiting, breathing difficulties, unconsciousness, coma, blackouts	toxic psychosis, physical dependence, neurological and liver damage, fetal alcohol syndrome, vitamin B1 deficiency, sexual problems, cancer, physical dependence
Amphetamines	uppers, speed, meth, crack, crystal, ice, pep pills	increased heart rate, increased blood pressure, dry mouth, loss of appetite, restlessness, irritability, anxiety	delusions, hallucinations, heart problems, hypertension, irritability, insomnia, toxic psychosis, physical dependence
Barbiturates and Tranquilizers	barbs, bluebirds, blues, yellow jackets, red devils, roofies, rohypnol, ruffies, tranqs, mickey, flying v's	slurred speech, muscle relaxation, dizziness, decreased motor control	severe withdrawal symptoms, possible convulsions, toxic psychosis, depression, physical dependence
Cocaine	coke, cracks, snow, powder, blow, rock	loss of appetite, increased blood pressure and heart rate, contracted blood vessels, nausea, hyper-stimulation anxiety, paranoia, increased hostility, increased rate of breathing, muscle spasms and convulsions, dilated pupils, disturbed sleep	depression, weight loss, high blood pressure, seizure, heart attack, stroke, hypertension, hallucinations, psychosis, chronic cough, nasal passage injury, kidney, liver and lung damage
Gamma Hydroxy Butyrate	GHB, liquid B, liquid X, liquid ecstasy, G, georgia homeboy, grievous bodily harm	euphoria, decreased inhibitions, drowsiness, sleep, decreased body temperature, decreased heart	memory loss, depression, severe withdrawal symptoms, physical dependence, psychological dependence

		rate, decreased blood pressure	
Heroin	H, junk, smack, horse, skag	euphoria, flushing of the skin, dry mouth, “heavy” arms and legs, slowed breathing, muscular weakness	constipation, loss of appetite, lethargy, weakening of the immune system, respiratory (breathing) illnesses, muscular weakness, partial paralysis, coma, physical dependence, psychological dependence
Ketamine	K, super K, special K	dream-like states, hallucinations, impaired attention and memory, delirium, impaired motor function, high blood pressure, depression	Urinary tract and bladder problems, abdominal pain, major convulsions, muscle rigidity , increased confusion, increased depression, physical dependence, psychological dependence
LSD	acid, stamps, dots, blotter, A-bombs	dilated pupils, change in body temperature, blood pressure and heart rate, sweating, chills, loss of appetite, decreased sleep, tremors, changes in visual acuity, mood changes	may intensify existing psychosis, panic reactions, can interfere with psychological adjustment and social functioning, insomnia, physical dependence, psychological dependence
MDMA	ecstasy, XTC, adam, X, rolls, pills	impaired judgment, confusion, confusion, blurred vision, teeth clenching, depression, anxiety, paranoia, sleep problems, muscle tension	same as LSD, sleeplessness, nausea, confusion, increased blood pressure, sweating , depression, anxiety, memory loss, kidney failure, cardiovascular problems, convulsions, death, physical dependence, psychological dependence
Marijuana/Cannabis	pot, grass, dope, weed, joint, bud, reefer, doobie, roach	sensory distortion, poor coordination of movement, slowed reaction time, panic, anxiety	bronchitis, conjunctivas, lethargy, shortened attention span, suppressed immune system, personality changes, cancer, psychological dependence, physical dependence possible for some

Mescaline	peyote cactus	nausea, vomiting, anxiety, delirium, hallucinations, increased heart rate, blood pressure, and body temperature	lasting physical and mental trauma, intensified existing psychosis, psychological dependence
Morphine/Opiates	M, morf, duramorph, Miss Emma, monkey, roxanol, white stuff	euphoria, increased body temperature, dry mouth, “heavy” feeling in arms and legs	constipation, loss of appetite, collapsed veins, heart infections, liver disease, depressed respiration, pneumonia and other pulmonary complications, physical dependence, psychological dependence
PCP	crystal, tea, angel dust, embalming fluid, killer weed, rocket fuel, supergrass, wack, ozone	shallow breathing, flushing, profuse sweating, numbness in arms and legs, decreased muscular coordination, nausea, vomiting, blurred vision, delusions, paranoia, disordered thinking	memory loss, difficulties with speech and thinking, depression, weight loss, psychotic behavior, violent acts, psychosis, physical dependence, psychological dependence
Psilocybin	mushrooms, magic mushrooms, shrooms, caps, psilocybin & psilocyn	nausea, distorted perceptions, nervousness, paranoia	confusion, memory loss, shortened attention span, flashbacks may intensify existing psychosis
Steroids	roids, juice	increased lean muscle mass, increased strength, acne, oily skin, excess hair growth, high blood pressure	Cholesterol imbalance, anger management problems, masculinization or women, breast enlargement in men, premature fusion of long bones preventing attainment of normal height, atrophy of reproductive organs, impotence, reduced fertility, stroke, hypertension, congestive heart failure, liver damage, psychological dependence

Attachment 5 - Education and Prevention - Important Telephone Numbers

Rowan University (CMSRU) acknowledges the importance of communicating information concerning alcohol and other drugs, and the effects and consequences of illegal use, misuse, and abuse.

1. The Wellness Center at Winans provides specialized programs for students, faculty and staff, on issues related to alcohol, tobacco, and other drug use, misuse, and abuse. Aftercare and programs for recovering students are also provided on campus. The Wellness Center at Winans offers books, pamphlets, videos, and other pertinent information regarding alcohol, tobacco, and other drug issues for use by the campus community. The office also serves as a confidential referral location for drug and alcohol assessment and evaluation.
2. Human Resources offers direction to any Rowan employee who may have questions and/or concerns related to alcohol and other drug use, misuse, and abuse. The Wellness Center at Winans offers help and information to directors and supervisors of departments in identifying an employee in need of assistance.

Drug and Alcohol Treatment

This is a partial list only and not intended as an endorsement of facilities. Please consult [Yellow Pages](#) under Alcoholism or Drug Abuse and Addiction for additional resources.

On-Campus Resources

1. The Wellness Center at Winans: 856-256-4222

Off-Campus Resources

1. Division of Addiction Services, Gloucester County 856-384-6886
2. ReachNJ, 844-732-2465
3. IME Addictions Access Center 1-844-276-2777
4. Sodat (outpatient) 124 N. Broad St., Woodbury, NJ: 856-845-6363

Attachment 6 - Biennial Review of Policy and the Alcohol and Drugs Education Program

A notification regarding the availability of this policy will be distributed, via the Rowan email system, annually to each employee and student who is taking one or more classes for any type of academic credit except for continuing education units, regardless of the length of the student's program of study.

Rowan University (CMSRU) will conduct a biennial review of this policy and Alcohol and Other Drug Education programs to determine their effectiveness and implement changes to the policy if they are needed and to ensure that the disciplinary sanctions are consistently enforced. A committee of faculty, staff, and students will review the policy and programs in consultation with Student Affairs and the Office of Human Resources.

Cooper University Healthcare Signage Policy-CMSRU

POLICY:

Cooper University Healthcare Signage Policy-CMSRU

PURPOSE:

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

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.

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.

ACRYONYMS:

- 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

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

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

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.

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:
 - 5. **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.
 - 6. **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)

APPENDICIES:

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

RELATED FORMS OR DOCUMENTS:

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

RELATED POLICIES:

- F. [4.314 - Decorations](#)

APPROVED BY:

Faith Orsini, PE MHA Vice President
of Facilities

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

Robert Hockel, FACHE
 Senior Vice President of Hospital Operation

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

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

COVID-19 Exposures and Testing Policy

POLICY:

This policy addresses known or suspected COVID-19 exposures and testing.

PURPOSE:

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

SCOPE:

This policy applies to all 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 Student Health 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 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 (SH) 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

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

- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- GI symptoms such as nausea/vomiting and diarrhea

PROCEDURE:

New 8/15/24: *Students who have influenza-like or covid-like symptoms should utilize an at-home covid 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 Cherry Hill office, 1210 Brace Rd, Cherry Hill, Mon.-Sat.). Drive-up testing must be scheduled through 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 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 will provide 7 days a week/12 hours a day telemedicine 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 SH 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 Student Health immediately. Students may not return to school or the clinical environment without first speaking with Student Health.

Symptomatic students may not return to school or the clinical environment without speaking with Student Health. Student Health 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 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 Student Health 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.

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

Symptomatic students may not return to school or the clinical environment without speaking with Student Health. Student Health 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 CMSRU Student Health 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 Student Health. Test results performed at CUHC are not sent to Student Health. Students must isolate if the testing is positive. If a student has testing outside of CUHC, a student must send these results to Student Health.

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 Student Health. Symptomatic students may not return to school or the clinical environment without speaking with Student Health.

COVID-19 Positive:

If the COVID-19 testing is positive, the student is required to send testing results to Student Health.

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

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

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. Student Health 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 Student Health. 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 Student Health.

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 Hospital 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 Student Health. COVID-19 testing will be required and the student will be excused from school/clinical environment at least until the results are discussed with Student Health. 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 Student Health.

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

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

1) If the PCP is a Student Health provider, the student will be triaged and/or given an appointment.

2) If the PCP is not a CMSRU Student Health 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 Student Health provider for the evaluation and testing of COVID-19 and form completion.

If the student contacts a PCP other CMSRU Student Health, 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 Student Health has received these forms. Students may not return to school or the clinical environment without first speaking with Student Health.

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 Student Health 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 Student Health 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 Student Health 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, and Cooper University Healthcare 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.](#)

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



**COVID-19 Return to School/Clinical Environment
Clearance by Primary Care Provider**

Student/Patient's Name: _____

Student/Patient's DOB: _____

Student/Patient's Phone Number: _____

In accordance with Cooper Medical School of Rowan University's Policy on COVID-19, please complete the following form for your patient's return to school/clinical environment. This form may only be completed by the students' Primary Care Provider and will not be accepted without signature.

Attach the students COVID-19 PCR Test Results (with their name and DOB if applicable).

Please return this form by faxing it to 856-968-8697 (attention to Dr. Rozengarten) or 856-536-1983 (attention to Dr. Flaherty).

Call Dr. Kimberly Rozengarten with questions at 856-968-8695 or Dr. Flaherty at 856-536-1515.

PCP Signature: _____

PCP Printed Name: _____

PCP Phone Number: _____ Date: _____

Tested COVID-19 Positive, Asymptomatic: Student may return to school/clinical environment as they tested positive for COVID-19 on _____ (MM/DD/YYYY), have had no symptoms AND it has been 5 days since their positive test date.

Tested COVID-19 Positive, Symptomatic: Student may return to school/clinical environment as it has been 5 days since the student can identify the exact date symptoms started _____ (MM/DD/YYYY). If the student cannot identify the exact date symptoms started, it has been 5 days from the date of their positive test date on _____ (MM/DD/YYYY).

Additionally, the student has gone at least 24 hours without a fever (without the use of fever-reducing medications) AND has had a significant improvement in symptoms.

Tested COVID-19 Negative, Symptomatic: Student may return to school/clinical environment as they tested negative for COVID-19 on _____ (MM/DD/YYYY) AND have an alternate diagnosis for their symptoms. Based on such diagnosis, they may return to school/clinical environment at this time as the symptoms have resolved or there is a significant reduction in symptoms for at least 24 hours (including fever, if applicable) and are afebrile for 24 hours without the use of antipyretic medication.

Revision Date 08/01/2023

Emergency Preparedness Policy

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 CMSRU Chief Security Officer Department of Public Safety 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, Rowan's Department of Public Safety coordinates and responds to emergencies on and around all University (CMSRU) campuses. Rowan's Department of Public Safety 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 Department of Public Safety and Office of Emergency Management. 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.

Free Speech and Peaceful Assembly Policy

CMSRU Adheres to the [Rowan University Free Speech and Peaceful Assembly Policy](#)

POLICY:

Free Speech and Peaceful Assembly Policy

PURPOSE:

Rowan University is inherently a marketplace of ideas, and encourages and protects the rights of members of the University community to express divergent viewpoints and opinions. At the same time, the University encourages persons engaging in expressive activity to demonstrate civility, concern for the safety of persons and property, and respect for University (CMSRU) activities and for those who may disagree with their message. All persons engaging in expressive activity on University (CMSRU) property must comply with University (CMSRU) policies. The purpose of this policy is to provide for expressive activity to be conducted on the grounds of the University in a manner consistent with these principles.

ACCOUNTABILITY:

Under the direction of the President, designated University (CMSRU) personnel shall implement this policy and ensure compliance.

SCOPE:

This policy applies to all Rowan University faculty, staff, students, and visitors to all Rowan University (CMSRU) campuses who wish to engage in speaking, rallies, vigils, literature distribution, poster or sign displays, petitioning and similar non-commercial activities (generally referred to as “expressive activity”) at locations on University (CMSRU) property.

POLICY:

1. GENERAL INFORMATION

Rowan University (CMSRU) is committed to providing an educational climate that is conducive to the personal and professional development of each individual. The University (CMSRU) recognizes the right of all individuals to engage in peaceful and orderly expressive activity, which is not unlawful, does not disrupt the functions of the University (CMSRU) or interfere with the rights of others. The University will protect the rights of freedom of speech, expression, petition, and peaceful assembly as set forth in the United States Constitution and the Constitution of the State of New Jersey. The University maintains its right to implement reasonable time, place, and manner restrictions concerning expressive activity.

The Supreme Court of the United States has adopted a forum analysis framework to assess whether, and to what extent, a government entity such as Rowan University must permit expressive activity on its property. The Court has established three categories of forums (this forum analysis is highly fact dependent and the examples which follow are intended to serve as illustrative and not definitive):

- a. Quintessential or traditional public forums – Quintessential or traditional public forums, including public streets, sidewalks, parks, and common outdoor facilities and areas on campus that are generally available for expressive activity, planned or spontaneous, for an individual or small groups (generally where a crowd of twenty-five (25) or less will be present), at any time;
- b. Designated public forums – Designated public forums are created by the University when it deliberately opens property to the public. These forums may be so designated for only limited uses or for only limited class of speakers.

- c. Nonpublic forums – Nonpublic forums are areas that are not traditional public forums or designated public forums. These forums will be restricted to use for their intended purpose. Examples include, but are not limited to, classrooms, residence hall rooms, faculty and staff offices, academic buildings, administration buildings, the Student Center, medical treatment facilities, libraries, research and computer laboratories and facilities, and locations where University events, ceremonies, commencement activities and other similar events and activities are held.

2. ADVANCE RESERVATION REQUIREMENTS

To ensure safety and to promote an environment conducive to study, advance reservation is required for expressive activity that is expected to have more than twenty-five (25) participants; and strongly encouraged for expressive activity expected to have twenty-five (25) or fewer participants.

Any individual or group, either required by this section to make an advance reservation, or desiring to make an advance reservation, may reserve an outdoor location for the use of the group/organization by completing the **Reservation Request Form** and submitting it to the Office of the Assistant Vice President for Public Safety and Emergency Management (Bole Annex), at least 72 hours in advance of the expressive activity. On the main Glassboro Campus, it is recommended that a group/organization request to reserve either Bunce Green or the Student Center back patio. A group/organization may reserve only one location for each day, and cannot reserve the same location for more than one day in each calendar week. Smaller groups (less than 25) and individuals are requested to voluntarily use the suggested areas, but may use any outdoor area open to the public that can safely be used so long as noise levels do not conflict with the conduct of University (CMSRU) business and crowds do not impede egress and ingress to University (CMSRU) facilities.

Advance reservation is encouraged to avoid conflicts and ensure availability of the location. With a proper reservation, a group/organization will have exclusive use of the reserved location and may not transfer the reservation to, or allow use of the location by, any other group/organization. The group/organization that has reserved the location has priority over non-reserved groups/organizations. If a location has not been reserved, it will be available for use by a group/organization, consistent with the other requirements of this policy. Registered student organizations and University (CMSRU) groups will have priority in the event of conflicting requests.

After applications are reviewed by appropriate personnel, including those designated with management or assignment responsibility for specific areas, the group/organization will be advised by the Office of the Assistant Vice President for Public Safety and Emergency Management. An advance reservation request may be denied for the following reasons:

- a) The requested venue is an indoor facility that the University (CMSRU) has designated as not available for expressive activity under this policy;
- b) The request does not comply with applicable sound and sign requirements;
- c) The requested venue conflicts with restrictions enacted pursuant to this policy;
- d) The venue is already reserved for another event;
- e) The expressive activity will attract a crowd larger than the venue can safely contain;
- f) The expressive activity is a clear and present threat to public safety, according to the Rowan University's Department of Public Safety;
- g) The expressive activity will occur during college examination periods; or
- h) The expressive activity is unlawful.

If the expressive activity is proposed to be held in either a quintessential/traditional or designated public forum (as listed above), then under no circumstance will the decision to grant or deny a reservation request

be based on the content or viewpoint of the expressive activity unless there exists a compelling interest of the University to do so. If a reservation request is denied, the reason(s) for that decision shall be provided in writing. The denial of a reservation request can be appealed to the President of the University or his/her designee.

In addition, because locations within buildings are frequently booked well in advance, those wishing to engage in expressive activities in a particular room or building should reserve that space through the established procedures for the particular facility. Contact University Events for assistance in determining the appropriate individual or office to contact to reserve the building space.

Individuals, or student groups/organizations associated with the University wishing to use University-owned sound amplification equipment may request to rent equipment by contacting the Student University Programmers ("SUP").

The University recognizes that spontaneous expressive activity may occur. In such situations, the University expects the persons involved to act responsibly and peacefully in accordance with this policy, and reserves the right for an appropriate University official, such as the Associate Vice President for Student Affairs and Dean of Students or any Public Safety Officer or security personnel, to ask persons to relocate the expressive activity if it proves disruptive or creates a safety hazard at the particular location(s).

3. REQUIREMENTS OF USE

As the above principles illustrate, and subject to compliance with this policy, the University (CMSRU) recognizes the right of all individuals on University property or at any place in use for an authorized University (CMSRU) purpose to engage in peaceful and orderly expressive activity, which does not disrupt functions of the University (CMSRU) or interfere with the rights or safety of others.

The University (CMSRU) will not allow conduct that materially or substantially disrupts or interferes with the University's (CMSRU) proper operation or the rights of others. Persons engaging in disruptive conduct shall be subject to disciplinary action, including, but not limited to, removal from the premises and/or charges of violations of the law, and in the case of students, expulsion and/or separation. Such conduct is strictly prohibited on University property or at any place in use for an authorized University (CMSRU) purpose.

Participants in the expressive activity are expected to clean up after themselves, and asked to assist in cleaning up any litter that might result from leafleting or other activity.

Listed below are examples of activities that will be considered disruptive and will result in discipline and/or removal, arrest, and/or prosecution.

- a. Interference with scheduled University ceremonies, events and/or activities held on University (CMSRU) property or at any place in use for an authorized University purpose is prohibited. During a University (CMSRU) ceremony, event and/or activity, assembling and/or demonstrating noiselessly, such as by wearing clothing, gesturing, standing or distributing literature, is acceptable, provided it does not impede access to the University (CMSRU) ceremony, event and/or activity, disrupt the University (CMSRU) ceremony, event and/or activity or interfere with the attendees' ability to see or hear the University (CMSRU) ceremony, event and/or activity

- b. Any use of signs, prolonged standing, or other activity likely to block the view of any of the attendees is prohibited, unless it is confined to the last row of the crowd, if the University (CMSRU) ceremony, event and/or activity is held outdoors, or to the back of the room, if the University (CMSRU) ceremony, event and/or activity is held indoors.
- c. Chanting or making other sustained or repeated noise or displaying or utilizing objects such as kites, balloons, banners or similar objects in a manner which interferes with the communication of any speaker at a University (CMSRU) ceremony, event and/or activity, or the attendees' ability to see or hear the speaker, ceremony, event and/or activity, is prohibited.
- d. Activities with a noise level that disrupts or poses a tenable threat of disrupting the proper operation of the University (CMSRU) are prohibited.
- e. Obstruction, disruption or interference with classes, research, administrative functions or other University (CMSRU) activities is prohibited.
- f. Actions that endanger the safety of any individual, the University (CMSRU) community, or the academic process are prohibited.
- g. Failure to comply with directives of authorized University (CMSRU) Officials in the performance of their duties, including failure to identify oneself when properly requested to do so, is prohibited.
- h. Unauthorized entry, use, or occupancy of University (CMSRU) facilities, or refusal to vacate a University facility or property that is being used without authorization when directed to do so by an authorized official is prohibited.
- i. The use of sound amplification equipment within a building without prior authorization is prohibited.
- j. Damage to or destruction of University (CMSRU) property or of property on University (CMSRU) premises belonging to others is prohibited.
- k. Unauthorized setting of fires on University (CMSRU) property, or unauthorized use of or interference with fire equipment, is prohibited.
- l. Actions which threaten or incite immediate property damage, assault, or injury to self or other persons are prohibited.
- m. Verbally provoking immediate physical assault, personal injury or property damage through the use of harassment, intimidation, bullying, threats, or fighting words is prohibited.
- n. Violation of published University (CMSRU) regulations, policies or rules, or violation of any New Jersey state law or federal law is prohibited.
- o. Obstruction of vehicular and/or pedestrian traffic and/or obstruction of access to, and exit from, any university ceremony, office, classroom, laboratory or building is prohibited.
- p. Infringement on the rights of others is prohibited.

Attachments

Attachment 1- Reservation Request Form

**ROWAN UNIVERSITY
FREE SPEECH AND PEACEFUL ASSEMBLY POLICY
RESERVATION OF LOCATION REQUEST FORM**

Name of person, group or organization sponsoring the event:

Name and contact information (cell phone number/email address) for representative who will be present during the event:

Location, date, time of day and duration requested for the event:

List of planned activity(ies) (i.e. speech, rally, march, use of signs, distribution of literature, etc.):

Special equipment that has been/will be requested (if any):

Anticipated attendance (number of persons in attendance): _____

Requestor's Signature: _____

Print Name: _____

For use by the Office of the Assistant Vice President for Public Safety and Emergency Management

APPROVED _____ NOT APPROVED: _____

If the request is not approved, set forth the reason(s):

Current Event Statements by the Dean and Free Speech Guidelines

POLICY:

Current Event Statements by the Dean and Free Speech Guidelines

PURPOSE:

To clarify the Dean's position on publicly supporting or denouncing current events in the world and to provide guidance on free speech by students, faculty, and staff.

SCOPE:

Students, Faculty and Staff

BACKGROUND:

In recent years, expectations have risen for leaders of organizations all kinds—academic, business, government, and others—to issue timely public statements of opinion on potentially distressing current events. Leaders are often expected or prompted to take positions, especially when events are controversial. After issuing statements of opinion, leaders have frequently been criticized or condemned—at times from opposite sides simultaneously—for failing to express a desired view or for insufficient force of expression. Their position statements have typically done little to quell divisions or encourage civil conversations. The current conflict between Israel and Hamas is the most recent example.

In academia, there is now significant pushback against the trend toward University Presidents, Deans, and Department Chairs staking out positions. Many universities cite a long-standing policy of the University of Chicago, articulated in its 1967 Kalven report. This document lists free speech, candid inquiry and discussion, and a commitment to diversity as fundamental reasons to avoid top-down pronouncements:

The mission of the university is the discovery, improvement, and dissemination of knowledge. Its domain of inquiry and scrutiny includes all aspects and all values of society. A university faithful to its mission will provide enduring challenges to social values, policies, practices, and institutions. By design and by effect, it is the institution which creates discontent with the existing social arrangements and proposes new ones... [However,] the instrument of dissent and criticism is the individual faculty member or the individual student. The university is the home and sponsor of critics; it is not itself the critic... To perform its mission in the society, a university must sustain an extraordinary environment of freedom of inquiry and maintain an independence from political fashions, passions, and pressures. A university, if it is to be true to its faith in intellectual inquiry, must embrace, be hospitable to, and encourage the widest diversity of views within its own community...

The neutrality of the university as an institution arises... not from a lack of courage nor out of indifference and insensitivity. It arises out of respect for free inquiry and the obligation to cherish a diversity of viewpoints. And this neutrality as an institution has its complement in the fullest freedom for its faculty and students as individuals to participate in political action and social protest. It finds its complement, too, in the obligation of the university to provide a forum for the most searching and candid discussion of public issues.

Medical schools are further charged with instilling respect for, intimate engagement with, and service to people who are diverse in every way. The Declaration of Geneva includes the pledge,

I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient.

For physicians this solemn duty includes a commitment to care for patients whose values and behaviors are different from, and even at times repulsive to, those of providers.

Exemplary medical care also requires teamwork and respectful collaboration with colleagues. CMSRU is dedicated to maintaining a local culture of respect, inclusion, and compassion, which requires a similar commitment to diversity among peers, teachers, students, and other health professionals.

Policy on Dean's statements of opinion:

1. The Dean will, as a matter of principle and at her discretion, generally refrain from issuing public statements of opinion on current events.
2. The absence of a dean's public statement does not reflect a lack of concern or caring for those most affected by an event but is instead central to CMSRU's categorical support for all students.
3. Any statements of opinion she makes at her discretion will generally center on current events or domestic matters in the US that threaten medical education or the safety of CMSRU students, faculty, and staff or affect the care of persons in our community.
4. The dean will continue to support students in many other ways, which may include reaching out to individuals and groups, organizing speakers and meetings, and other actions as she sees fit.

Guidelines for respectful free speech and civil discourse:

CMSRU students and faculty are encouraged to express their views while following certain guidelines to support respectful free speech and civil discourse.

1. Student and faculty speakers (and authors) must bear in mind that their audience can include patients and colleagues with different views, and any disagreements shall be civil and respectful, to maintain the priority of patient care.
2. Speakers will contribute to the CMSRU culture of support and collaboration, addressing differences with a goal of understanding and appreciating the perspectives of others.
3. Direct conversation will be favored over other forms of communication with the recognition that social media postings and other electronic pronouncements, rather than helping to bridge differences, often exacerbate them.
4. Speakers must take responsibility for their personal views. If needed, they will include a disclaimer that their views do not represent the views of CMSRU or Rowan University.
5. There must be broad endorsement by members of an affinity group for any message designated as coming from the group. If a message is from an affinity group, all members must agree to its contents and signatures, otherwise individuals must sign if some members don't agree with the content.
6. Speakers must respect the civil free speech of others and must not disrupt CMSRU and Cooper University Health Care functions, including the education of other students.

General Safety and Security Policy

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 the Department of Public Safety, CMSRU Chief Security Officer Department of Public Safety, 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 (CMSRU) Department of Public Safety Mission and Values Statement is available on Public Safety's website.

POLICY:

1. The mission of Rowan University (CMSRU) Department of Public Safety 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 (CMSRU) Department of Public Safety 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 Public Safety Department. The day-to-day operations are under the direction of the Senior Director of Public Safety. The 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 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.
- f. The Chief of Security manages the volunteer student Emergency Medical Services ambulance squad on the Glassboro campus.

4. Calling for Assistance

- a. The Public Safety services can be requested at any time by calling the Rowan University Department of Public Safety 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 Public Safety 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 Department of Public Safety 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 Public Safety's 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 Department of Public Safety 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.

ATTACHMENTS

- 1. Attachment 1, Bomb Threats
- 2. Attachment 2, Crime Prevention
- 3. Attachment 3, Security Services

Attachment 1, Bomb Threats

- 1. 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 Public Safety's Emergency Line 856-256-4911 immediately to report the situation. The person who receives the call or item should try to make note of:
 - a. The time the call or item is received.
 - b. The telephone number the call is received from, if shown on the phone display or known.
 - c. The exact message given by the caller, including any location, or times that an event might occur.
 - d. Any distinctive characteristics about the caller's voice, background noises, etc. that might aid in identifying the caller.

- e. In the case of an item, the way it was received, and any identifying information from the sender or its source.
2. If or when evacuation of a building is necessary, uniformed Public Safety Officers, or command/staff with appropriate identification badges will initiate evacuation by text alerts, voice message, public address system or by use of a fire alarm. If a fire alarm is used, everyone is to follow the University's (CMSRU's) fire emergency plan/decal instructions.
3. When evacuation is ordered, everyone should take any small, necessary personal items with him or her. For example: coats or outer garments to deal with inclement weather conditions that may exist; keys; wallets; ID and driver's licenses; purses; briefcases; back packs; laptops, cell phones, medications, etc. since they will not be allowed back into the building for an extended period of time. Please remember that action should not delay a prompt evacuation of the building/facility.

Attachment 2, Crime Prevention

1. Our Public Safety department can function effectively with the assistance and cooperation of concerned and responsible members of the academic community. The department depends upon the community to call and alert the department whenever they observe suspicious persons or activities. The department encourages the entire community to practice crime prevention every day. To request crime prevention services call 856-256-4922.
2. Each fall, the Crime Prevention section conducts an evening tour of the campus to identify areas needing improvement. The University community is encouraged to participate by calling Crime Prevention at 856-256-4922.
3. **Crime Prevention Services**
Upon request, the Crime Prevention Officer will come to your location and engrave property such as computers, printers, typewriters and answering machines. It is our experience that property, which is visibly engraved, is less a target of theft and, if stolen, more easily recovered and returned to you. Crime Prevention also has security programs designed to help you protect cars, bicycles, motorcycles, textbooks, computers, and other possessions. Crime Prevention strongly encourages special education presentations for students, faculty and staff. These presentations can be delivered at any time of the day or night by calling 856-256-4922.
4. **Crime Prevention Surveys**
Upon request, the Crime Prevention Officer will conduct security surveys to identify potential compromises to the security of the surveyed area. A written evaluation, with recommendations for improvement will be provided to the person who made the request. Should the recommendation indicate the need for services from other on-campus departments to rectify concerns, that request must emanate from the individual for whom the survey was done.
5. **Student Patrol Program**
The Departments of Public Safety and Law and Justice co-sponsor the Student Patrol Program. This innovative program provides trained students to patrol the campus on a nightly basis during the academic year. They oversee their assigned sections and help to ensure they are safe and secure. Student Patrol also promotes good crime prevention practice, and they deliver peer programming to their assigned buildings and areas if applicable. A team of two students provides walking safety escorts to the University community each evening during the Fall and Spring semester. Student Patrol services can be requested for an evening safety escort, call the Communications Center at 856-256-4922.

Attachment 3, Security Services

The Department of Public Safety offers many services to the campus community. A description of each is as follows:

1. Escorts
Should you feel the need for a safety escort, call Public Safety at 856-256-4922. An officer will be dispatched either in a patrol vehicle or on foot to your location. The officer will escort you to any location on campus.
2. Opening of Doors
Doors to campus buildings will be opened each working day by 8:00 am. Should a particular outer door need to be opened earlier because of a special event, send a letter of request or an email at least five (5) days in advance to the Senior Director of Public Safety.
3. Opening of Vehicles – Vehicle, Bicycle, Motorcycle Security
Requests to open vehicles in which keys have been locked may be directed to Public Safety at 856-256-4922. Public Safety does not open vehicles but will assist the owner by calling an automobile service provider. The requestor will be responsible for any costs. The Crime Prevention section also sponsors an anti-theft program for your car, bike, or motorcycle. Special high quality CLUB devices may be purchased at a reduced price. Call Crime Prevention at 856-256-4922.
4. Parking Event Assistance
On occasion large numbers of guests attend events on campus. These events may require parking assistance, directions, and decals. Requests for such service should be made to the Senior Director of Public Safety or the Parking Services Office, in writing or via email, at least five (5) days in advance.
5. Building Security
Officers patrol the interior of buildings during the evening hours. Immediate concerns about building security should be reported to Public Safety at 856-256-4911. In addition, Student Patrols are assigned to buildings in the evening if needed. They are usually located at the lobby area. They are present to help supervise the building, to contact a public safety officer when necessary, to provide safety evening escorts, or to promote crime prevention programs.
6. Special Events
 - a. Special events that occur on campus may need an officer assigned for control, parking and general assistance. The number of officers assigned will be determined in collaboration with the individual responsible for the event. Should officers be necessary, the individual department or organization may be charged the amount paid to the officer while assigned to the event. Notice of all special events must be made to the Senior Director of Public Safety in writing at least ten (10) days in advance. The following information is required
 - i. Name, address and telephone number of applicant
 - ii. Organization or Department sponsoring event
 - iii. Type of event
 - iv. Estimated number of participants
 - v. Date, location, and hours of event
 - vi. If tickets sold, in advance or at the door

- vii. Attendance limited to members of campus community
 - viii. Outside advertising concerning event
 - ix. Attendance by individuals not directly connected with the campus community
 - x. Special security needs or concerns
- b. Student organizations hosting special events are coordinated by Lieutenants and must reference the University (CMSRU) Event Policy.
7. Lost and Found
- a. Individuals losing items on campus should report such losses to the Public Safety Communications Center at 856-256-4922.
 - b. Any found property is to be turned over to Public Safety in Bole Annex. A Lost & Found form will be completed.
 - c. There is a list of lost items on the Public Safety website. The list is updated regularly.
8. Fire Alarm
- a. Immediately notify Public Safety at 856-256-4911 of any fire alarms. It is required that all occupants of a building in which an alarm is sounding immediately exit the building. Do not use elevators during a fire alarm. Exit via stairwells. Be familiar with exit routes from your building.
 - b. The alarm will remain sounding and the building must remain empty until Public Safety personnel determine that the building is safe to re-enter.
 - c. When it is safe to re-enter the building, officers will silence the alarm.
9. Emergency Medical Services
- Medical emergencies are to be reported to the Public Safety Communications Center at 856-256-4911. Indicate to the Dispatcher your name, telephone number, and location of the emergency. It is important to indicate as much as you know about the emergency. An officer will be dispatched to the scene. The Communications Center will also dispatch an ambulance if necessary.
10. Emergency Messages/RAVE Alerts
- Communications Operators receiving notice of an emergency message will coordinate and implement a RAVE Alert text and email message to the campus community.
11. Emergency Maintenance Repairs
- a. Requests for emergency maintenance repairs such as no heat, flooding and power losses occurring during the evening or weekend hours should be reported to the Communications Center at 856-256-4911.
 - b. An officer will evaluate whether or not immediate emergency services are needed and, if so, notify Maintenance personnel.
 - c. The individual reporting the problem will be notified of the actions to be taken.
12. Money Escorts
- Requests for an escort while transporting money are to be made to the Communications Center at 856-256-4922. An officer will be dispatched to your location to escort you to the depository.

13. Motor Vehicle Accidents

- a. Motor vehicle accidents occurring on campus are to be immediately reported to Public Safety at 856-256-4911. An officer will be dispatched to the scene to complete an accident investigation report. If there are injuries, an ambulance will also be dispatched.
- b. It will be necessary for those involved in an accident to produce their driver's license, motor vehicle registration and insurance card.
- c. To obtain a copy of the accident report for your records please contact Public Safety Records at 856-256-4524. Reports are ready after five (5) days. There is no fee for obtaining this record.
- d. Insurance companies must write to the Department of Public Safety to request a copy of the accident report.

14. Building Usage, After Hours and Card Access

- a. Students are not permitted to utilize academic or administrative buildings after closing hours. Students found in buildings after hours must present identification and will be asked to vacate the premises.
- b. Faculty, staff or administration needing to gain access to buildings after hours must first contact Public Safety. Upon the presentation of identification, access will be allowed. When leaving the building, notify Public Safety. It is the responsibility of the individual leaving the building to ensure that all doors are locked behind him/her.
- c. Most academic buildings now have a door card access system located at the handicapped exterior door. If assistance is needed for card access for your building. Call 856-256-4922.

Inclement Weather Policy

POLICY:

Inclement Weather Policy

PURPOSE:

The purpose of this policy is to develop a plan of operation should there be a weather emergency causing a closure of the Cooper Medical School of Rowan University.

SCOPE:

This policy applies to all CMSRU medical students, visiting medical students, and 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) for information on adjustments to the M3 transdisciplinary schedule and other information from your course and clerkship directors and the Office of Medical Education.
5. Virtual teaching sessions and orientations will be held as scheduled.
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.

Infectious and Environmental Hazards, Needlesticks and Bloodborne Pathogens Exposure Policy

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 (for example, 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:
- f. Parenteral: needle stick, puncture or cut.
- g. Mucous membrane: splash to eyes, nose, mouth.
- h. 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).
- g. 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, 7:30 AM to 5:00 PM. If the exposure occurs outside of Concentra’s 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 Office of the Dean at CMSRU will cover any residual expenses for acute exposure or injury not covered by the medical student’s health or disability insurance. 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 does not want care from their own physician. The director may consult an ad hoc committee including an advisory dean, the director or a designee from Concentra, 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 VSAS/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

Immunization Requirements Policy

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, a CMSRU 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.
 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 Assistant 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>

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.

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 for Student Affairs or designee, in collaboration with the Senior Associate Dean for Medical Education or designee, Student Support Services Specialist 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 Student Support Services Specialist, 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 Assistant Dean for Student Affairs or designee, who will take appropriate action.

Acutely Impaired Student

- If the Associate Dean of Student Affairs or designee and/or the 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 7:30 am and 5:00 pm, Monday through Friday. Due to COVID-19 Concentra is operating under the adjusted office hours of 8:00 AM to 3:00 PM temporarily. The Emergency Department (ED) will be used outside of Concentra hours of operation.
- The Senior Associate Dean for Student Affairs and/or a designee will alert Concentra or the ED that a student will be presenting for an evaluation. The Associate Dean or designee 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 Associate Dean of Student Affairs or a designee will document the student's refusal.
- In the event a student refuses the recommendations of the Associate Dean of Student Affairs and/or designee and 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 Associate 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 Associate 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 for Student Affairs and/or designee and Associate Dean of Medical Education and/or designee, in consultation with the Student Support Services Specialist, 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 Concentra and alcohol and/or drug tests prove negative.
- The Associate 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 Associate 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 Associate 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.

Pregnancy and Related Conditions Policy for Students

POLICY:

Pregnancy and Related Conditions Policy

PURPOSE:

Students of the Rowan University (“University”) community have the right to access and benefit from the University’s education programs or activities, free from any form of discrimination based on sex, including discrimination based on pregnancy and related conditions and parental status. The University does not tolerate discrimination based on sex of any kind. This policy has been developed to reaffirm these principles and to provide support for students who are experiencing pregnancy or related conditions.

ACCOUNTABILITY:

Under the direction of the President, the Title IX Coordinator and the Office of Student Equity and Compliance (“Title IX Coordinator”), shall implement and ensure compliance with this policy.

III, APPLICABILITY

This policy applies to all University students from the time of their admission until the date of their graduation or formal withdrawal.

With respect to employees, the University complies with Title IX, the Pregnant Workers Fairness Act, and other laws related to accommodations, voluntary leaves of absence, lactation space and related issues. Information for employees experiencing pregnancy and related conditions may be found at [HERE](#) and by contacting the Office of Labor Relations.

DEFINITIONS:

1. PREGNANCY OR RELATED CONDITIONS – (1) Pregnancy, childbirth, termination of pregnancy, or lactation; (2) medical conditions related to pregnancy, childbirth, termination of pregnancy, or lactation; or (3) recovery from pregnancy, childbirth, termination of pregnancy, or lactation or related medical conditions.
2. REASONABLE MODIFICATION – An adjustment to Rowan’s policies, practices, or procedures as necessary to prevent sex discrimination and ensure equal access to Rowan’s education programs and activities, based on a student’s individualized needs. A requested modification that would fundamentally alter the nature of the education program or activity is not a reasonable modification.

V. REFERENCES

1. [Title IX of the Education Amendments of 1972](#)
2. Policy Prohibiting Discrimination in the Workplace and Educational Environment

VI. POLICY

1. [Title IX of the Education Amendments of 1972](#) is a federal law that prohibits discrimination based on sex 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 University of Federal financial assistance, the University has jurisdiction over complaints alleging discrimination based on sex, including discrimination based on pregnancy or related conditions and/or

parental status. New Jersey Law also ensures equal rights and opportunities for pregnant students in higher education.

2. Notice of Pregnancy or Related Conditions - When a student, or a person who has a legal right to act on behalf of the student, informs any employee of the University of the student's pregnancy or related condition as defined above, unless the employee reasonably believes that the Title IX Coordinator has been notified, the employee must promptly provide that person with the Title IX Coordinator's contact information and inform that person that the Title IX Coordinator can coordinate specific actions to prevent discrimination based on sex and ensure the student's equal access to the University's education program or activity. A student or their legal representative informs an employee of a student's pregnancy or related condition when the student or such person tells the employee that the student is pregnant or experiencing pregnancy-related conditions, either verbally or in writing.

The Title IX Coordinator is: Brandy Bennett
 Office of Student Equity & Compliance, Hawthorn Hall
 856-256-5440 or 856-256-4562
bennettb@rowan.edu

Once the student, or their legal representative, informs the Title IX Coordinator of the student's pregnancy or related condition, the Title IX Coordinator will take steps to promptly and effectively prevent discrimination based on sex and ensure equal access the University's education programs and activities, including by (i) notifying the student (and legal representative if applicable) of the University's obligations under this policy, providing the University's notice of nondiscrimination, and coordinating steps to prevent discrimination and ensure equal access; (ii) providing reasonable modifications; (iii) allowing the student voluntary access to a separate and comparable portion of a program or activity if applicable; (iv) allowing a voluntary leave of absence; and/or (v) providing lactation space.

3. Reasonable Modifications for Pregnancy or Related Conditions
 - a. The University will make reasonable modifications to its policies, practices, or procedures as necessary to prevent discrimination based on sex and ensure equal access to the University's education program or activity. Each reasonable modification will be based on the student's individualized needs. In determining what modifications will be made, the University will consult with the student. A requested modification that would fundamentally alter the nature of the University's education program or activity is not a reasonable modification. The student has discretion to accept or decline each reasonable modification offered by the University. The University will implement the reasonable modification(s) accepted by the student.
 - b. Reasonable modifications may include, but are not limited to: breaks during class to express breast milk, breastfeed, or attend to health needs associated with pregnancy or related conditions, including eating, drinking, or using the restroom; intermittent absences to attend medical appointments; changes in schedule or course sequence as appropriate; extensions of time for coursework and rescheduling of tests and examinations; allowing a student to sit or stand, or carry or keep water nearby; counseling; changes in physical space or supplies (for example, access to a larger desk or a footrest); elevator access; or other changes to policies, practices, or procedures.
 - c. The University does not engage in discrimination when it allows a student, based on pregnancy or related conditions, to voluntarily participate in a separate portion of its education program or activity provided that the separate portion is comparable to that offered to students who are not pregnant and do not have related conditions
4. Voluntary Leave of Absence
 - a. The University will allow a student to voluntarily take a leave of absence from its education program or activity to cover, at minimum, the period of time deemed medically necessary by

the student's licensed healthcare provider. To the extent that a student qualifies for leave under a leave policy maintained by the University that allows a greater period of time than the medically necessary period, the University will permit the student to take voluntary leave under that policy instead if the student so chooses. When the student returns to the University's education program or activity, the student will be reinstated to the academic status and, as practicable, to the extracurricular status, that the student held when the voluntary leave began.

5. Documentation

- a. The University will not require documentation to support a request for reasonable modifications, participation in a separate and comparable portion of a program or activity, voluntary leave of absence, or lactation space, unless the documentation is necessary and reasonable for the University to determine the reasonable modifications to make or whether to take additional specific actions. The University will treat pregnancy or related conditions in the same manner and under the same policies as any other temporary medical conditions with respect to any medical or hospital benefit, service, plan or policy the University administers, operates, offers, or participates in with respect to students admitted to its education program or activity.
- b. The University will not require a student who is pregnant or has related conditions to provide certification from a healthcare provider or any other person that the student is physically able to participate in a class, program or extracurricular activity unless: (i) the certified level of physical ability or health is necessary for participation in the class, program or extracurricular activity; (ii) the University requires such certification of all students participating the class, program or extracurricular activity; and (iii) the information is not used as a basis for discrimination.

6. Lactation Space

The University provides lactation spaces that are not bathrooms, and are clean, shielded from view, and free from intrusion from others, that may be used by a student for expressing breast milk or breastfeeding as needed. Please contact the Title IX Coordinator for assistance in locating a lactation space or visit [Title IX: Pregnancy & Related Conditions \(rowan.edu\)](#).

7. Training

University employees will receive training with respect to the notification and information requirements set forth in this policy.

Service and Emotional Support Animals Policy

CMSRU Adheres to the [Rowan University Service and Emotional Support Animals Policy](#)

POLICY:

Service and Emotional Support Animals Policy

PURPOSE:

Animals/pets are not permitted in Rowan University's campuses buildings, except in certain limited circumstances such as Service Animals, Emotional Support Animals, Shreiber Family Pet Therapy Programs and vivarium's. This policy provides the procedures for the use of Service Animals by students and employees; and Emotional Support Animals by students, on Rowan University's campuses. This policy may be amended from time to time as circumstances require.

Rowan University complies with the Americans with Disabilities Act ("ADA") in allowing the use of Service Animals for students, staff and visitors. In addition, Rowan University complies with the Fair Housing Act ("FHA") in allowing students the use of Emotional Support Animals in housing, when they are an approved accommodation.

ACCOUNTABILITY:

At the direction of the Vice President for Student Life / Dean of Students, the Accessibility and ADA Coordinator, and the Assistant Dean of Residential Learning and University Housing, as well as other managers responsible for disability services and student housing, shall implement and ensure compliance with this policy.

III, APPLICABILITY

This policy is applicable to individuals requiring the use of a Service Animal. In addition, this policy is applicable to all undergraduate and graduate students occupying housing facilities owned or leased and operated by the University, as well as student housing provided by third parties, affiliated with the University (collectively, "University housing"), requiring the use of an Emotional Support Animal.

DEFINITIONS:

1. "Service Animal" is a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability (this will include a physical, sensory, psychiatric, intellectual, or other mental disability). In some cases, a miniature horse may be permitted as a Service Animal; however, other species of animals, whether wild or domestic, trained or untrained, are not Service Animals. The work or tasks performed by a Service Animal must be directly related to the Owner's disability.
2. "Emotional Support Animal" is an animal that can be kept lawfully and is required by a student with a disability as a reasonable accommodation to afford them an equal opportunity to use and enjoy University housing. Such a requirement must be documented by an appropriate healthcare or mental health professional and approved by Academic Success Center & Disability Services. Unlike a Service Animal, an Emotional Support Animal does not assist a person with a disability with activities of daily living, nor does it accompany a person with a disability at all times.
3. "Owner" is an individual with a disability who owns a Service Animal or an Emotional Support Animal.
4. "Residential Owner" is an individual student who owns a Service Animal or Emotional Support Animal and lives in University housing.
5. "Non-residential Owner" is an individual who owns a Service Animal and does not live in University housing.
6. "Trainee" is a Service Animal in training, including puppies in training once they are old enough to

remain under the control of the Trainer. The Service Animal in training (Trainee) must be accompanied by a person who is training the animal (Trainer) and the animal must wear a leash, harness, or cape that identifies the animal as a Service Animal in training. Trainees are not permitted to reside in University housing. See the Responsibilities/Requirements sections of this policy.

7. “RLUH” is the Department of Residential Learning and University Housing.

REFERENCES

1. Americans with Disabilities Act (<https://www.ada.gov/>)
2. Fair Housing Act (<https://www.nj.gov/dca/home/fairhousing/act.shtml>;
<https://www.hud.gov/fairhousing>;
https://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals)
3. Glassboro Animal Control Ordinance (<https://ecode360.com/8192744>)
4. J.A.C. 7:25-4.1, et seq. (<https://dep.nj.gov/wp-content/uploads/njfw/njac-7-25-subchapter-4.pdf>)

PROCEDURE:

1. Employees

Employee requests for disability accommodations, including requests to have a Service Animal at work, are handled through the appropriate disability accommodation policy and procedures.

Employees can view these policies at <https://sites.rowan.edu/equity/> and may contact the Office of Employee Equity and Labor Relations at (856) 256-5494 for information and assistance.

2. Service Animals

A Service Animal is permitted to accompany its Owner at all times and in all places on campus except where animals are specifically prohibited because of health and safety restrictions (see Exclusions below).

Residential Owners are required to register their Service Animal with the Office of Accessibility Services. Non-residential Owners are not required to register their Service Animal; however, it is highly recommended that Non-residential Owners, who are also students, register with the Office of Accessibility Services.

Links to the registration and verification forms can be found below, under Registration Process.

3. Emotional Support Animals

Determining whether an Emotional Support Animal is permitted in University housing is made on an individual basis, through an interactive process between the student requesting the accommodation and relevant campus personnel. The student’s needs will be balanced with the impact of an animal on other campus residents.

In order for an Emotional Support Animal to be considered a reasonable accommodation in University housing, the individual must register with the Office of Accessibility Services by providing current verification of their need for an Emotional Support Animal from a physician, psychiatrist, licensed clinical social worker, or licensed psychologist which:

- a. verifies that the student has a disability;
- b. describes the need for the Emotional Support Animal to enable the student an equal opportunity to use and enjoy University housing; and
- c. identifies the relationship between the disability and the assistance the Emotional Support Animal provides.

Links to the registration and medical verification forms can be found below, under Registration Process. To facilitate the interactive process, and better enable the University to meet the needs of its students, absent extenuating circumstances, requests for an Emotional Support Animal should be made as follows:

- By June 15th for new residential students entering Rowan University in the Fall semester
- By December 1st for new residential students entering Rowan University in the Spring semester
- By March 1st for continuing residential students
- In-semester requests should be made by September 30th during the Fall semester and January 30th for the Spring semester

All requests for Emotional Support Animals in University housing are subject to annual review.

5. Registration Process

- a. Service Animal – Non-Residential Owners: The following tasks comprise the recommended process for a Non-residential Owner to register a Service Animal under this policy:

_____ *Register*. The Non-residential Owner should register with the Office of Accessibility Services and provide their current verification using the [Service and Emotional Support Animals Registration and Emergency Contact Form](#).

_____ *Review and sign* the [Service and Emotional Support Animal Policy Acknowledgement Form](#). The Non-residential Owner must sign the form acknowledging receipt of the policy and indicating understanding and compliance with this policy.

- b. Service Animal – Residential Owners: The following tasks comprise the mandatory process for a Residential Owner to register a Service Animal under this policy:

_____ *Register*. The Residential Owner must register with the Office of Accessibility Services and provide their current verification using the [Service and Emotional Support Animals Registration and Emergency Contact Form](#).

_____ *Provide information about the animal*. The Residential Owner must fill out the [Information About the Service or Emotional Support Animal Form](#), to provide evidence that the animal is: in good health; over six months old; if required, licensed with the Borough of Glassboro or the municipality/county in New Jersey where the student maintains permanent residency; and has been vaccinated against diseases common to that breed of animal, as required by the Borough of Glassboro or the New Jersey municipality/county where the student maintains permanent residency, and as recommended by the American Veterinary Medical Association. Veterinary records must also be provided attesting that the animal is not dangerous or aggressive.

_____ *Review and sign* the [Service and Emotional Support Animal Policy Acknowledgement Form](#). The Residential Owner must sign the form acknowledging receipt of the policy and indicating understanding and compliance with this policy.

_____ *Notification to RLUH Staff*. Once approved, the Office of Accessibility Services will notify appropriate RLUH staff.

- c. Emotional Support Animals: The following tasks comprise the mandatory process for approval of an Emotional Support Animal under this policy:

_____ *Register*. The Residential Owner must register with the Office of Accessibility Services and provide their verification, including medical verification, using (1) the [Service and Emotional Support Animals Registration and Emergency Contact Form](#); and (2) the [Medical Verification Form](#).

_____ *Meet with the Office of Accessibility Services*. Upon submission of the registration documentation, if the Residential Owner meets all criteria to establish the need for the Emotional Support Animal, as set forth above, a meeting will be arranged with the Office of Accessibility

Services to discuss how to best accommodate the Residential Owner and the campus community.

_____ *Provide information about the animal.* The Residential Owner must fill out the [Information About the Service or Emotional Support Animal Form](#), to provide evidence that the animal is: in good health; over six months old (if a cat or dog); if required, licensed with the Borough of Glassboro or the municipality/county in New Jersey where the student maintains permanent residency; and has been vaccinated against diseases common to that breed of animal, as required by the Borough of Glassboro or the New Jersey municipality/county where the student maintains permanent residency, and as recommended by the American Veterinary Medical Association. Veterinary records must also be provided attesting that the animal is not dangerous or aggressive.

_____ *Review and sign the [Service and Emotional Support Animal Policy Acknowledgement Form](#)*

_____ *Notification to RLUH Staff.* Once approved, the Office of Accessibility Services will notify appropriate RLUH staff.

d. Responsibilities/Requirements

i. Service Animals

1. Owner

- a. Is responsible to attend to and be in full control of the Service Animal at all times. A Service Animal shall have a harness, leash, or other tether unless

(1) the owner is unable to use a harness, leash or tether, or (2) using a harness, leash, or tether will interfere with the animal's ability to safely and effectively perform its duties.

- b. Is responsible for the costs of care necessary for the Service Animal's well-being. The arrangements and responsibilities with the care of a Service Animal is the sole responsibility of the Owner at all times, including regular bathing and grooming, as needed.
- c. Is responsible for independently removing or arranging for the removal of the Service Animal's waste. Waste must be disposed in a sealed bag in appropriate trash areas.
- d. Is responsible for complying with local and state licensing laws for animal rights and Owner responsibilities. Service Animals should be current with immunizations and wear a rabies vaccination tag.
- e. Is responsible for paying for any damage to University property caused by the Service Animal.
- f. Service Animals must leave campus with the Owner anytime the Owner leaves overnight and/or during University breaks.
- g. The Owner is strongly encouraged to maintain liability insurance coverage for the Service Animal, in order to protect the Owner and family from risk of significant legal and financial liability. The Owner will in all cases be held financially responsible for the actions of the Service Animal, including any incident where the Service Animal causes bodily injury to another person, regardless of whether the Owner has obtained insurance coverage. A Residential Owner's responsibility further includes (without limitation) replacement of furniture, carpet, window, wall covering, etc. A Residential

Owner is expected to cover these costs at the time of repair and/or move- out. The Owner shall have no claim against the University for any financial obligations resulting from the actions of the Service Animal.

2. University Community:
 - a. Must allow Service Animals to accompany their Owners at all times and everywhere on campus where the general public (if accompanying a visitor) or other students (if accompanying a student) are allowed, except for places where there is a health, environmental, or safety hazard (see Exclusions below).
 - b. Contact the Office of Accessibility Services if any questions or concerns arise relating to a Service Animal, or if you have any additional questions regarding visitors to campus who have Service Animals.
 - c. Only two questions can be asked about Service Animals:
 - i. Is the Service Animal required because of a disability?
 - ii. What work or task is the Service Animal trained to perform?
 - d. Do not ask questions about the Owner's disability.
 - e. Do not pet or feed a Service Animal.
 - f. Do not attempt to separate a Service Animal from the Owner.
 - g. Do not startle or tease a Service Animal.
 - h. Report any Service Animals who misbehave or any Owners (or other individuals) who mistreat their Service Animals to the Academic Success Center & Disability Resources.

3. The Office of Accessibility Services:
 - a. Is responsible for developing the necessary procedures for the University and facilitating the use of Service Animals by students on campus.
 - b. Assists Owners and the University community when questions or concerns arise relating to Service Animals on campus and seeks legal advice when necessary.

4. Trainers/Trainees:
 - a. Service Animals in training and their trainers are expected to adhere to the responsibilities and requirements of trained Service Animals and their Owners (please see above).
 - b. If the Trainer is a student, they must register the animal with the Office of Accessibility Services, showing documentation of licensing and vaccination and providing information about the overseeing training agency, if not pre-approved.
 - c. Trainees (Service Animals in training) are not permitted to reside in University housing.
 - d. There is no comprehensive list of approved Service Animal training agencies. Therefore, the Office of Accessibility Services will determine on a case-by-case basis whether a specific program provides the proper training, supervision and oversight of Trainees and their Trainers.

ii. Emotional Support Animals in University Housing

1. Residential Owner:
 - a. Is responsible to attend to and be in full control of the Emotional Support Animal at all times. The Emotional Support Animal shall have a harness, leash, tether or be transported in an appropriate enclosure whenever it is outside of the University housing building where it will be housed.

- b. In shared living spaces, the Emotional Support Animal should be crated or in an appropriate container if the Residential Owner is not in the room with the animal.
- c. Is responsible for following all rules related to the restrictions of animals from buildings on the campus other than their assigned University housing.
- d. Is responsible for the costs of care necessary for the Emotional Support Animal's well-being. The arrangements and responsibilities for the care of an Emotional Support Animal are the sole responsibility of the Residential Owner at all times, including regular bathing and grooming, as needed.
- e. Is responsible for not leaving the Emotional Support Animal unattended for an unreasonable length of time.
- f. Is responsible for independently removing or arranging for the removal of the Emotional Support Animal's waste. Waste must be disposed in a sealed bag in appropriate trash areas.
- g. If the Emotional Support Animal voids on the floor or carpet anywhere inside University housing, the student is responsible to clean up promptly to the best of their own ability, as well as submit a work order request

with Rowan Facilities, Holly Point Commons or Nexus Properties, as applicable, for the area to be properly disinfected. The student must pay all costs associated with such clean up. Dogs must be housebroken and accidents should be infrequent.

- h. Is responsible for complying with local and state licensing laws for animal rights and Owner responsibilities. Emotional Support Animals should be current with immunizations and wear a rabies vaccination tag if appropriate.
- i. Is responsible for paying for any damage to University property or pest treatment caused by the Emotional Support Animal.
- j. Emotional Support Animals must leave campus with the student anytime the student leaves overnight and/or during University breaks.
- k. Must abide by all applicable residential policies, including room inspections.
- l. Is responsible for notifying the Office of Accessibility Services and Residential Life if the Emotional Support Animal is no longer needed.
- m. Is responsible for renewing Emotional Support Animal requests every academic year.
- n. The Residential Owner is strongly encouraged to maintain liability insurance coverage for the Emotional Support Animal, in order to protect the Residential Owner and family from risk of significant legal and financial liability. The Residential Owner will in all cases be held financially responsible for the actions of the Emotional Support Animal, including any incident where the Emotional Support Animal causes bodily injury to another person, regardless of whether the Residential Owner has obtained insurance coverage. The Residential Owner's responsibility further includes (without limitation) replacement of furniture, carpet, window, wall covering, etc. The Residential Owner is expected to cover these costs at the time of repair and/or move-out. The Residential Owner shall have no claim against the University for any financial obligations

resulting from the actions of the Emotional Support Animal.

2. University Community:
 - a. Must allow Emotional Support Animals to reside with their Residential Owners in their University housing once they are approved as a disability- related accommodation.
 - b. Contact the Office of Accessibility Services if any questions or concerns arise relating to Emotional Support Animals.
 - c. Report any Emotional Support Animals who misbehave or any Residential Owners (or other individuals) who mistreat their Emotional Support Animals to the Office of Accessibility Services.
3. The Academic Success Center & Disability Resources:
 - a. Is responsible for developing the necessary procedures for the University and facilitating the use of Emotional Support Animals by students on campus.
 - b. Will contact potential roommates and suitemates to determine if the other residents have any allergies or health-related concerns about potentially living with an animal.
 - c. Assists Residential Owners and the University community when questions or concerns arise relating to Emotional Support Animals on campus and seeks legal advice when necessary.
 - d. If other residents raise legitimate concerns about an Emotional Support Animal and attempts at mediation are unsuccessful, the Residential Owner of the Emotional Support Animal will be provided with an alternate living space on campus and expected to move within a reasonable period of time.

6. Exclusions

- i. Service Animals: A Service Animal is permitted to accompany its Owner at all times and in all places on campus except where animals are specifically prohibited because of health and safety restrictions. For example, restricted areas may include, but are not limited to, food preparation areas, research laboratories, boiler rooms, classrooms with research/demonstration animals, areas where protective clothing is necessary, rooms with heavy machinery, and other areas required by state or local law.
- ii. Emotional Support Animals: Emotional Support Animals are only allowed within the Residential Owner's dwelling in University housing and in public campus areas where domesticated animals are permitted. All University buildings, other than the Residential Owner's assigned University housing, are off limits to Emotional Support Animals. When transported outside the Residential Owner's University housing, the Emotional Support Animal must be in an animal carrier or controlled by a leash/harness in public or common areas.

7. Removal of Animals

The University may exclude/remove a Service Animal or Emotional Support Animal when any of the following occur:

- i. The animal poses an unreasonable threat to the health or safety of others, including aggressive behavior. This behavior includes but is not limited to excessive noise, running around unrestrained, making unwanted contact with others, or growling, biting or threatening others. For example, an Emotional Support Animal that makes excessive noise in a dwelling can be very disruptive to other residents. The Owner may be prohibited from bringing the animal on campus until the Owner takes

- significant and effective remedial steps to correct the animal's behavior problems and presents such evidence to the Office of Accessibility Services.
- ii. The animal's presence results in a fundamental alteration of the University's program or activity.
- iii. The animal causes substantial physical damage to the property of others.
- iv. The animal is disruptive.
 - v. The animal substantially interferes with the reasonable enjoyment of the area by others.
 - vi. The Residential Owner does not comply with the Owner's Responsibilities in University Housing (see above).
 - vii. If the Residential Owner fails to clean the cage, box or any enclosed dwelling of a small animal such that the cleanliness of the room is not maintained.

8. Permits and Legal Restrictions

Owners must meet the requirements of Glassboro's Animal Control Ordinance, as set forth in Part II, Chapter 156 of the municipality's local laws, or the similar requirements of the New Jersey municipality or county where the student maintains permanent residency.

All potential Emotional Support Animals must meet New Jersey state regulations regarding the Possession of Nongame and Exotic Wildlife, as set forth at N.J.A.C. 7:25-4.1, et seq. These requirements include obtaining appropriate state, municipal, or Federal permits and/or licenses for certain Nongame or exotic species of any mammal, bird, reptile, or amphibian (see N.J.A.C. 7:25-4.2). Additionally, no Emotional Support Animal may be any "potentially dangerous species" as defined by N.J.A.C. 7:25-4.8.

9. Visitors

A visitor's Service Animal is permitted to accompany its Owner at all times and in all places on campus except where animals are specifically prohibited because of health and safety restrictions (see Exclusions above). A visitor's Emotional Support Animal is only permitted in outdoor public areas on campus where domesticated animals are allowed.

10. Appeals and Grievances

Any student Owner dissatisfied with a decision concerning a Service Animal or an Emotional Support Animal may file an appeal with the Vice President for Student Life and Dean of Students, by sending an email to deanofstudents@rowan.edu with either "Service Animal Appeal" or "Emotional Support Animal Appeal," whichever is applicable, in the subject line. The Vice President for Student Life and Dean of Students' decision shall be a final determination.

11. Complaints and Concerns

- i. Complaints or concerns about a Service Animal or Emotional Support Animal may be reported to the following:
 - 1. Director for Office of Accessibility Services (856) 256-4234
 - 2. Assistant Dean of Residential Learning and University Housing (856) 256-4266 (for those that reside in University housing)
 - 3. Rowan University Department of Public Safety (856) 256-4922 or for emergencies (856) 256-4911
 - 4. Gloucester County Animal Control Division (856) 881-2828
- ii. Any animal neglect or abuse will be referred to appropriate law enforcement and animal welfare authorities.

12. Emergencies

In cases of immediate danger, which may occur when a Service Animal or Emotional Support Animal is out of control or poses a threat of serious injury, observers should contact Rowan University Department of Public Safety (856) 256-4922, or for emergencies (856) 256-4911.

In the event of emergency situations, the University will contact the Owner. If the Owner cannot be reached, the University will contact the person listed as the Emergency Contact. If the Owner and the Emergency Contact are unreachable, the University reserves the right to remove (or have emergency personnel remove) the animal from the Owner's University housing, to an appropriate location (i.e., shelter), at the Owner's expense. Similarly, in the event that the Residential Owner is the subject of an emergency situation, and the Emergency Contact for the animal is unreachable, the University reserves the right to remove (or have emergency personnel remove) the animal from the Owner's University housing, to an appropriate location (i.e., shelter), at the Owner's expense.

13. Violations

Should the conditions of this policy not be met, the Service Animal or Emotional Support Animal's Owner will receive written notice from the Office of Accessibility Services and/or Residential Learning & University Housing requiring the Owner to immediately comply. In the event the Owner fails to comply with the written notice, the University reserves the right to remove (or have emergency personnel remove) the animal from the Owner's University housing, to an appropriate location (i.e., shelter), at the Owner's expense.

Violations of this policy will be addressed through the appropriate disciplinary processes.

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.

Student Health Provider Policy

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, nor will they 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 the Hearing Body for Student Rights, 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 provide care for students in the Student Health Center 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, 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.

Student Healthcare Services Policy

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.

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 CCA is led by a board-certified Family Practice physician. The SHC/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 SHC/CCA promotes 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/CCA focuses on preventative care and treatment of both acute and chronic illnesses and injuries. Students have access to laboratory and radiology services and a variety of specialists in the same building. Students with more serious disorders requiring hospitalization and those who require immediate medical attention outside the hours of the SHC/CCA are directed to the CUHC Emergency Department, located at One Cooper Plaza in Camden, NJ, for evaluation.

The SHC physician director is 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 and 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 Assistant 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 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 Senior 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, email at DCinesi@concentra.com 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.

Student Lactation Policy

POLICY: Student Lactation Policy

PURPOSE:

The purpose of this policy and procedure is to outline the rights, supports, and accommodations of students who wish to breastfeed their children. CMSRU recognizes the need to support our students by providing a positive environment for lactation. This policy provides instructions for students, faculty, and staff with regards to students being able to express and store breast milk during courses, clerkships, electives, and didactic experiences without causing major disruptions to their education and patient care.

SCOPE: This policy applies to all candidates for the Doctor of Medicine Degree (M.D.)

DEFINITIONS:

Student: Any CMSRU medical student or visiting student.

Clerkship Director/supervising faculty member: This is a reference to any direct supervisor of the lactating individual (e.g. clinical attending, program director, clerkship director, Phase Assistant Dean/Director, Section Chair, manager, supervisor, etc.).

Lactation: The secretion of milk by the mammary glands, such as in breastfeeding and breast-pumping.

Milk expression: The process of establishing and maintaining breast milk production, either manually or with an electric pump.

Lactation break: A break provided for the purposes of lactation. Although not a hard-and-fast rule, typically, a 25- to 40-minute break is needed every three to four hours, including time to get to and from the lactation area.

PROCEDURE:

Lactation Areas:

- The Meditation Room, located on the 4th floor of the Medical Education Building (MEB), is available to all students who wish to express breast milk while at the MEB. The private room is equipped with a comfortable chair, locks and appropriate electrical outlets for use with personal pumps. A refrigerator within the meditation room is available for expressed breast milk storage. It is the responsibility of the student to bring their own breast pumping bottles, flanges, and parts.
- . Breast milk expression lounges are located in Dorrance Building, the Conference Center (located across from the Healing Garden, on the first floor of the Roberts Pavilion), the CCBO, Voorhees, the E&R Building, and the Sheridan Pavilion, and are available only to lactating team members who wish to express breast milk during clinical hours. The Dorrance lounges have pumping stations with the appropriate electrical outlets, hospital grade electric breast pumps and privacy curtains. Breast pumping bottles and flanges are the responsibility of the student and obtained from the hospital's Lactation Consultant(s). Other lounges have electrical outlets for use with personal pumps and sink facilities.
- The Dorrance lounges are locked for privacy and are only accessible by a key code. Other lounges have locks and "in use" indicators. You will be provided with information to contact the Lactation Consultant (#856-342-3283), who will provide you with information on how to access the lounges.
- Appropriate facilities are provided for cleaning breast-pumping equipment after use. Sinks with running water will be provided if available.

- When using the lactation space, the student should clean up after each session and report any issues with the facilities to the appropriate person.

Storage of Breast Milk:

- Storage of expressed breast milk is the responsibility of the student while at clinical sites. One option includes using a small cooler with ice packs that can be stored with other personal items in the clinical site of the clerkship.
- Breastmilk may be stored in the student lounge common refrigerators and should be in closed, labeled containers. Labeling includes student's initials, date of milk expression, (e.g. CMSRU M3 Student, JS, 4.18.21).
- If a student does not have a container to keep their breast milk supplies cold, the student should discuss potential options to fund the purchase of such container with the Assistant Director of Financial Aid.
- CMSRU and CUHC are not responsible for ensuring the safekeeping of expressed milk stored in any refrigerator or container on its premises.

Break Times:

- Students should work with their Clerkship Director and supervising faculty member on a break time plan to minimize loss of education and patient care experiences, and when possible use their usual break or meal times.
- Students are strongly encouraged to reach out to their Clerkship Director and supervising faculty member stating their needs before the course/clerkship begins.
- Students may need to break for milk expression as often as every three to four hours, depending on personal situation. Although not a hard-and-fast rule, typically a 25- to 40-minute break is needed including time to get to and from the lactation room, clean pump parts, and store milk. CMSRU understands that the frequency and duration of breaks vary from student to student depending on their physical needs, start time for the rotation, and at-home feeding schedule.
- Students will be granted lactation breaks and not be asked to forego normal meal breaks or work additional time to make up for lactation breaks. If a core educational experience was missed, the student will discuss with the Academic Leader/Supervisor how this education can be made up via alternative methods including, but not limited to, online educational modules, journal articles, or web conferences.

Special considerations:

- Inpatient Rounds
 - Important education occurs during inpatient clinical rounds. If possible, students should try to break for lactation before or after rounds. If that is not possible and students must break during rounds, students are encouraged to be present for as much time as possible during rounds.
 - Faculty will support all students who need to break for milk expression. Students who take lactation breaks should not receive negative assessments related to such breaks.
- Operating Room
 - Student/trainees may either scrub out in order to directly express breast milk or may remain in the operating/procedure room and utilize a wearable breast pump as the human breast milk is not recognized as a bodily fluid requiring universal precautions. The decision to scrub out versus utilize a wearable breast pump is at the discretion of the student/trainee, in

accordance with CUHC policy. There is no CMSRU mandate to use such a device. This is a personal decision that depends on multiple factors such as individual maternal lactation physiology, affordability of a wearable pump, and the logistics of the specific procedure. The lactating student should inform their team of their specific needs for lactation accommodations ahead of time and be permitted to step out of the Operating Room (OR) to pump as needed. If the student finds difficulty or resistance in reaching a reasonable schedule for pumping while in the OR, they should notify the respective Clerkship Director or supervising faculty member immediately.

- Examinations / OSCEs / Labs
 - In the instance that a student requires a lactation break during a proctored examination, OSCE, or lab, the student is entitled to a lactation break. This must be arranged/discussed before the exam with the proctor and/or exam coordinator.
- Additional considerations:
 - Lactating students may reach out to colleagues or other students to serve in their absence during patient care activities

Preparing to Return to Medical School Activities:

- Students should discuss their lactation needs with the Office of Student Affairs staff before returning to medical school and clinical activities. After a discussion with the Office of Student Affairs, students should work with their Academic Leaders/Supervisors on an appropriate schedule. Any changes in the schedule will need to be discussed with the Academic Leaders/Supervisors.

Who to report to if there are any issues?

- If a student encounters any issues, they should first reach out to the course and clerkship director. If the issue cannot be resolved at that level, then the student should reach out to the Office of Medical Education or the Office of Student Affairs for assistance. In addition, Title IX prohibits an institution from discriminating on the basis of sex, including pregnancy and related conditions (i.e. breastfeeding and pumping). Thus, if issues arise or students feel their rights are being violated, students may contact the AVP and Title IX Coordinator in the Office of Student Equity & Compliance or the CMSRU ombudsman.

CMSRU 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
- 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 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 from the Assistant or 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.

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" and "Weapons Prohibition" policy on the campus.

ACCOUNTABILITY:

Under the direction of the President, the Assistant Vice President for Public Safety, the CMSRU Chief Security Officer Department of Public Safety and the Office of Emergency Management, this policy shall be implemented and ensured 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" and "Weapons Prohibition" policy.

Policies Related to Tuition:

Emergency Loan Policy

POLICY:

Emergency Loan Policy

PURPOSE:

To establish a fund for students in need.

SCOPE:

This policy affects all students of CMSRU and commits CMSRU to providing support through the Office of the Dean.

PROCEDURE:

Total Planned tuition and fees, the undergraduate debt, and the daily costs of living are a challenge for all medical students in the nation. There are circumstances that arise outside of the budget created by the student and the Office of Student Affairs (OSA). The Emergency Loan Policy, formerly known as the Dean's Fund Policy, will provide money for unexpected emergencies and unexpected events for our students. This policy provides a guideline for how these funds can be accessed and when they are to be repaid.

A student in need of short-term financial assistance will meet with the Assistant Director of Financial Aid to discuss the need. Conditions of repayment will also be explained at that time. The Assistant Director of Financial Aid will contact the Office of the Dean or designee to obtain approval of an emergency loan. If approved, an emergency loan application and loan repayment agreement must be completed by the student. A check or wire transfer will be initiated by the Rowan Foundation. The maximum amount available per student per year is \$1000.00. Funding for this opportunity is via the CMSRU Dean's Fund through the Rowan Foundation.

The fund must be repaid within twelve (12) months without interest. The circumstances under which the funding need not be repaid include student withdrawal, student dismissal or any other reason the student ceases to be a student at CMSRU, excluding graduation.

NOTE: CMSRU has made this fund available to help students in extreme need. Some circumstances where **WE WOULD EXPECT TO USE THIS FUND INCLUDE:**

- Emergency travel expenses, such as those related to a family tragedy;
- Expenses, such as a repair needed to a car, for transportation purposes; and
- Any similar expenses that are due to unforeseen circumstances

This fund is not for use in paying student fees or tuition. The Assistant Director of Financial Aid meets 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.

Refund Policy

POLICY:

Refund Policy

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, 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:

<u><i>Withdrawal during</i></u>	<u><i>Refund</i></u>
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**.

New Jersey Residency Policy and Eligibility for In-State Tuition

I. POLICY:

New Jersey Residency Policy and Eligibility for In-State Tuition

II. PURPOSE:

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.

III. SCOPE:

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. PROCEDURE:

A. Eligibility for In-State Tuition

1. U.S. Citizens

Domicile Generally

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.

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.

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.

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.

Residence established solely for the purpose of attending a particular educational institution does not constitute domicile for tuition purposes.

Domicile of Dependent Students

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.

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

Residency for in-state tuition purposes 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. Alien nationals who are in the United States and hold permanent resident status, or special refugee visas (being processed for permanent residency) 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. However, any other foreign national will be classified as a non-resident for assessment of tuition unless he/she has the right to remain permanently in the United States and can demonstrate by affirmative proof that he/she has a domicile in New Jersey.

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

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.

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

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.

A mere change of address is not sufficient to evidence change in that student's fixed, permanent home.

1. Procedure

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.

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.

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.

2. Required Documentation

The following documentation must be submitted by students in support of a Request for Reconsideration:

1. A notarized affidavit signed by the student making the request, declaring domicile in New Jersey, and including the following details:
 - "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]."
 - 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 domicile.
 - The affidavit must state the student's current New Jersey address.
 - If the New Jersey tax returns do not clearly show dependent status of the student, it must be included in the notarized statement.
2. New Jersey state income tax return.
 - 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 Reconsideration.
 - 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.

3. 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
4. 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.
5. 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.
6. 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.

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.

3. Determination

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.

Rowan will keep with the student's records copies of the evidence it used in determining domicile.

4. Appeal

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:

- Dean of Students for undergraduate student appeals
- Dean of CMSRU for medical students at CMSRU
- Dean of Rowan-Virtua SOM for medical students at Rowan-Virtua SOM
- Senior Associate Dean for Research & Graduate School of Biomedical Sciences for GSBS Graduate Students

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.

D. Penalties

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.

I. ATTACHMENTS

Residency Analysis Form

Tuition and Fees Policy

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.

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.

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.

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.

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**.

Policies Related to Matriculation

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 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 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 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.

Criminal Background Policy

POLICY:

Criminal background checks will be conducted on all students conditionally accepted for admission to Cooper Medical School of Rowan University.

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 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.

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, Cooper Medical School of Rowan University (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 currently 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 possession 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 record without prior written consent 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 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 (FERPA) of 1974 and all subsequent amendments providing students with the right to inspect and review their education record. CMSRU will respond to student requests to review records within five (5)

days of the day that CMSRU receives the request and will provide guidelines for the correction of records, rather than the forty-five (45) day statement within the FERPA Act of 1974.

STUDENT RIGHTS AND PROCEDURES:

- A. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 and its subsequent amendments, current and former CMSRU students have the right to review and inspect their education records within forty-five (45) days of the date that CMSRU receives the request for access. CMSRU will respond to requests within five (5) business days of the date that CMSRU receives the request for education records review.
- 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, 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 she or 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 forty-five (45) days from the receipt of the request. CMSRU will provide a response to a request for educational records review within five (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 the respective student making the request. Review of records may take place only under the supervision of the CMSRU registrar and/or a CMSRU school official with a legitimate educational interest.
 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. 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 record 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, the attorney general of the United States, or 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; and
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. Said list 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 sixty (60) days after receiving a student's written request for such a hearing. The hearing shall be before a University official, designated by the senior 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 twenty-one (21) days of said 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.
3. 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@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 determining the release of such information in these situations include the following:

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; and
4. Ability of the parties to whom the information is to be given to deal with the emergency.

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 of the following conditions are met:
 - All the probationary conditions are satisfactorily met;
 - The student is removed from probation; and
 - The student is approved to graduate by the ASC and the executive council of chairs

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 the 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 required to return their Cooper University Health Care and CMSRU ID 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 theegis of Rowan University, CMSRU abides by the Rowan University standard graduation dates, which include:

- May 30th
- August 30th
- December 30th

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 dies 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 died.

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 with 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.

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 attended 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 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 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.

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, inclusivity and tolerance, 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. The office of diversity and community affairs assists in student recruitment.
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 and diversity 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 in-person interview at CMSRU in Camden, New Jersey (note: in view of the on-going pandemic, 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 offices 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) priority waitlist, 3) regular waitlist, or 4) ejection. 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 “priority or regular 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). As indicated, applicants with priority waitlist status are considered first among those candidates eligible for 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 both the priority and regular waitlists 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 diverse student body that will add value to our school and contribute to the education of all students. Groups that are the current focus include those specified in the CMSRU diversity statement and policy.

Policies Related to Communications; and Information Technology and Resources

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. 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.

vii. Video Conferencing

1. 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.

viii. 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 (CMSRU). Sanctions shall be applied consistently to all violators regardless of job titles or level in the organization.

2. University (CMSRU) 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 (CMSRU). Also, all costs will be borne by the Department. The Department Chair or VP will determine how these funds will be assigned; and
 - 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](#)

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.

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 and 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 their 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.

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.

SCOPE:

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. Attachment 1, Data Classification Matrix
2. Attachment 2, Rowan University Data and Records
3. Attachment 3, Data Governance Committee
4. Attachment 4, Data Stewards
5. Attachment 5, Data Custodians

Attachment 1, Data Classification Matrix

All University Data requires classification with respect to the sensitivity of the data. It is also important to track who is the Steward and the Custodian of the data.

Note that this table is an example and currently defines only a portion of the University Data. A data classification must always take into account the most sensitive data in the collection. Since the data is currently described in such broad groupings, the risk classification is usually the least common denominator of all data elements within a given Area. As the components of each sub area are further detailed, the classification of the data will be adjusted to reflect the appropriate sensitivity of the data subset.

Example Data Classification Matrix			
Area	Classification	Steward	Custodian
Donations	Highly Sensitive	University Foundation	IRT
Clinical	Highly Sensitive	Rowan/SOM	IRT
Student	Sensitive	Registrar	IRT
Employee	Sensitive	HR	IRT
Financial	Sensitive	Finance	IRT
Curriculum	Public	Academic Affairs	IRT

Attachment 2, Rowan University Data and Records

Data and records stored on University systems may include data from one or more the following areas within Rowan University:

1. **Alumni Affairs and Development Data**—supports all aspects of alumni and development data. This includes personal data, demographic data, income and giving data.
2. **Clinical or Medical Data**—supports the management of personal medical information within the University. This data includes patient medical records, benefits and other related clinical information. Note that HIPAA applies to all personal medical data and patient records of students, faculty, employees or patients regardless of where it is collected or stored. This includes the University's student wellness center(s), health clinics or related research activities.
3. **Facilities Data**—supports the facilities and services resource of the University including space planning data, construction, maintenance and operational data, reservations, energy consumption data and physical descriptive data.
4. **Financial Data**—supports the management of fiscal resources of the University and includes accounting, accounts payable, accounts receivable, budgeting, capital assets, investments, inventory, loans, payroll information purchasing, risk management and treasury.
5. **Human Resources Data**—supports the management of employee resources of the University. This data includes employee demographics, benefits, retirement and EEO data, vitas, employee evaluations, promotion and disciplinary data. Note that FERPA applies to the HR records of students whose enrollment is a contingency of their employment (TA's, work study awards, etc.). While student data is always student data; Human Resources Data can be both part of the student record and the Human Resources record.
6. **Information Technology Data**—supports the provisioning and management of the technology infrastructure provided by Information Technology Services.
7. **Library and Information Resource Data**—supports the management activities and information resource collection activities of the University libraries, including databases of purchased and locally produced information and digitized files of University archives and other special collections.
8. **Personal Registry Data**—supports the management of identity and authentication for individuals associated with the University, including the creation of unique data elements (such as Banner ID and Student Cards) that provide unambiguous identification and resolution for merging of identity records. Personal registry data can be used to provision other applications that are managing privileges to authorized individuals or groups.
9. **Student Data**—supports all phases of a student's relationship with the University from application through alumni status except as noted elsewhere. This includes, but is not restricted to, demographic data, academic records, disciplinary and medical records, course information, admissions data, housing, and financial aid, as well as employment with the University, which is dependent on student status. Storage, retrieval, destruction, back-up and data access, among others, to student records are an important part of this policy.

Attachment 3, Data Governance Committee

The Data Governance Committee (DGC) is an official University committee that reports to the President of the University and is chair by the University CIO. The DGC will advise the President on the development and enforcement of the University's Data Governance Policy. While the DGC will operate in an advisory role, only the CIO retains the authority to approve and enforce data governance policies, procedures and standards.

The CIO appoints Committee members. The Committee may include representatives from University Counsel, University Relations, Health Sciences, Strategic Enrollment, Facilities, Provost Office, Labor Relations, Government Relations, Student Life, University Advancement and Foundation, Finance, Information Resources and Technology, the Director of Information Security and other relevant Senior University Management.

The DGC members or CIO may create subcommittees and task forces as needed to carry out its responsibilities.

Other Committee responsibilities include:

1. **Access** – Defining a single set of procedures for requesting permission to access data elements in University databases, and, in cooperation with Data Stewards, documenting these common data access request procedures.
2. **Conflict Resolution** – Resolving conflicts in the definition of centrally-used administrative data attributes, data policy, and levels of access.
3. **Data Governance** – Establishing policies that manage University Data as a University resource and communicating the policy to the University community.
 - Overseeing the administration and management of all University Data.
 - Resolving issues regarding standard definitions for data elements that cross stewardship boundaries.
 - Establishing specific goals, objectives, and action plans to implement the policy and monitor progress in its implementation.
 - Identifying data entities and data sources that comprise University Data. As this is an on-going process, the committee will add data entities and sources to the scope of University Data, as circumstances require.
 - Prioritizing the management of University Data. This includes identifying which data is most critical and assigning management priorities to all data entities and sources.
 - Consideration of delivery modes for transmitting University data.

The DGC, in consultation with University Counsel and the Information Security Office, will also advise on policies related to contracts with vendors whose products or services may process, store or exchange data with University systems, including third party contracts for secondary systems that share data housed in the University's primary systems such as Banner.

4. **University Data Model** – Overseeing the establishment and maintenance of the University Data Model and Data Architecture, which includes defining the standards for documentation of data elements.

5. **Shared Data Management** – Defining attributes and assigning maintenance responsibilities for data accuracy, retention, disposition and preservation. Note that oversight of University data, which is a public record, should be managed according to the Public Records Law and the approved records retention and disposition schedules that are created in University Archives and Records Management Services.

Attachment 4, Data Stewards

University staffs designated as “Data Stewards” have the primary administrative and management responsibilities for University Data within their functional area. Data Stewards have that role by virtue of their positions. For example, the Sr. Vice President for Human Resources has stewardship responsibility for HR data.

Data Stewards interpret policy, define procedures pertaining to the use and release of the data for which they are responsible and ensure the feasibility of acting on those procedures. Data Stewards are responsible for defining procedures and policy interpretations for their business; any such business-unit specific items must, at minimum, meet University policy standards. They are responsible for coordinating their work with other University offices associated with management and security of data, such as University Counsel, the Director of Information Security and the Division of Information Resources and Technology (IRT). Specific responsibilities include:

1. **Access** – Approving requests for access to data, specifying the appropriate access procedure, ensuring appropriate access rights and permissions according to classification of data.
2. **Communication** – Ensuring that consumers of the data for which the Data Stewards are responsible are aware of information handling procedures.
3. **Compliance** – The Data Steward is ultimately responsible for compliance with applicable University policies, legal and regulatory requirements. Stewards must be knowledgeable about applicable laws and regulations to the extent necessary to carry out the stewardship role. Furthermore, Stewards must take appropriate action if incidents violating any of the above policies or requirements occur.
4. **Consultation** – Providing consulting services as needed to assist data users in the interpretation and use of data elements for which they are responsible, including the Data Custodian.
5. **Coordination** – Ensuring that, where required, Information Security Liaisons are designated for their respective business unit; specifying data management and protections requirements to Data Custodians.
6. **Data Classification** – Classifying each data element according to University definition: Highly Sensitive (high risk), Sensitive (medium risk) and Public (low risk).
7. **Documentation** – Ensuring that documentation exists for each data element to include, at a minimum, the following: data source, data provenance, data element business name and data element definition.
8. **Data manipulation, extracting, and reporting** – Ensuring proper use of Data and recommending appropriate policies regarding the manipulation or reporting of University Data elements and implementing business unit procedures to carry out these policies.
9. **Data quality, integrity, and correction** – Ensuring the accuracy and quality of data (access and logging controls, backup, etc.) and implementing programs for data quality improvement.

- Developing procedures for standardizing code values and coordinating maintenance of look-up tables used for University Data.
 - Determining update precedence when multiple sources for data exist.
 - Determining the most reliable source for data.
10. **Data lifecycle and retention** – Ensuring appropriate generation, use, retention and disposal, etc. of data and information consistent with University Policies, among them Information Security Policy and standards for disposal.
 11. **Data stewardship** – Other responsibilities as necessary, including exercise of due care in the selection of Data Custodians to ensure these responsibilities are adequately and consistently executed.
 12. **Data storage** – Documenting official storage locations and determining archiving and retention requirements for data elements.
 13. **Education** – Ensuring that education to employees responsible for managing the data is provided in data retention, data handling and data security.
 14. **Policy implementation** – Establishing specific goals, objectives and procedures to implement the policy and monitor progress toward implementation

Attachment 5, Data Custodians

Data Stewards may appoint Data Custodians who will assist Stewards with data administration activities. The Data Custodian is given specified responsibilities and receives guidance for appropriate and secure data handling from the Data Stewards. A Data Custodian has the responsibility for the day-to-day maintenance and protection of data.

Specific responsibilities also include:

1. **Access** – Implementing procedures as defined by the DGC and Data Stewards to grant access for Consumers.
2. **Coordination** – With guidance from the respective Data Stewards and in collaboration with technical support staff, Data Custodians recommend appropriate IT procedures that satisfy specified information security requirements, including legal and compliance obligations as well as applicable University policies.
3. **Data collection and maintenance** – Collecting and maintaining complete, accurate, valid and timely data for which they are responsible.
4. **Data security** – Administering and monitoring access and, in collaboration with technical support staff, defining mitigation and recovery procedures; reporting any breaches of University information in a timely manner according to procedures defined in the Incident Management policy; coordinating data protection with the Information Security Office as necessary
5. **Documentation** – Writing the documentation for each data element base upon stewardship requirements, policy and best practices. This documentation will include, at a minimum, the following: data source, data provenance, data element business name and data element definition.

6. **Education** – At the direction of the Data Steward, providing education in data retention, data handling and data security to employees responsible for managing the data.

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 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's (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 is 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 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/User's access to Sensitive Information, including:

- i. Reviewing and approving all requests for access authorizations and ensuring it accurately reflects 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.

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.

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.

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 (CMRU) 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
 - b. Instagram
 - c. Twitter
 - 2. CMSRU:
 - a. Facebook

- b. Instagram
 - c. Twitter
 - 3. RowanSOM:
 - a. Facebook
 - b. Instagram
 - c. Twitter
 - 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. Attachment 1 - Definitions
2. Attachment 2 - References

Attachment 1 - Definitions

1. *Accessibility* refers to hardware and software technologies that help visually or physically impaired people to use the computer.
2. *CMSRU* means Cooper Medical School of Rowan University (CMSRU).
3. *Confidentiality* is the expectation that only authorized individuals, processes and systems will have access to the University's (CMSRU's) information.
4. *Confidential Information* refers to the most sensitive information, which requires the strongest safeguards to reduce the risk of unauthorized access or loss. Unauthorized disclosure or access may: 1) subject University (CMSRU) to the risk of liability (for example, for violation of HIPAA and FERPA laws); 2) adversely affect its reputation; and 3) jeopardize its mission. See the Information Classification policy for additional information.
5. *Crisis* refers broadly to any real or perceived emergency, imminent threat or timely warning which: 1) can negatively impact or seriously endanger members of the University (CMSRU) community; 2) requires immediate attention to minimize impact; 3) has significant impact on the operation or reputation of the University (CMSRU); and 4) results in extensive news coverage and public scrutiny. Examples include but are not limited to serious threats to life/property, hostage situations, weather, disease or health threat, natural disaster, assault and civil unrest.
6. *HIPAA* refers to the Health Insurance Portability and Accountability Act, the federal law passed by Congress in 1996 that requires the protection and confidential handling of Protected Health Information ("PHI").
7. *Faculty Member* means any person hired by the University (CMSRU) to conduct classroom or teaching activities or who is otherwise considered by the University (CMSRU) to be a full- or part-time or adjunct member of its faculty.
8. *FERPA* refers to the Family Education Rights and Privacy Act, a federal law that protects students' privacy by prohibiting disclosure of students' personally identifiable information ("PII") within their education records, without the student's consent.
9. *Integrity* is the expectation that the University's (CMSRU's) information will be protected from improper, unauthorized, destructive or accidental changes.
10. *Medical Schools* means CMSRU and RowanSOM
11. *Medical Student* includes all persons pursuing medical studies at CMSRU or RowanSOM. Medical students who are not officially enrolled for a particular term but who have a continuing relationship with CMSRU or RowanSOM, such as medical students who were previously enrolled, withdraw/take a leave of absence, medical students participating in CMSRU or RowanSOM sponsored academic programs and medical students who are serving a period of suspension, are considered "medical students."
12. *Member of the University (CMSRU) Community* includes any person who is a student, faculty member, organization, alumni, volunteer, trustee, University (CMSRU) official or any other person employed by the University (CMSRU).

13. *Organization* means any number of persons who have complied with the formal requirements for University (CMSRU) recognition. This term also applies to persons involved in petitioning for recognition. (Greek Letter Organizations are also subject to the disciplinary procedures outlined in the Greek Handbook).
14. *Personally Identifiable Information (“PII”)* means data or information which includes, but is not limited to: 1) the name of the medical student, the medical student’s parent or other family members; 2) the address of the medical student or the medical student’s family; 3) a personal identifier such as a social security number or student number; or 4) a list of personal characteristics or other information which would make the medical student’s identity easily traceable.
15. *Private Information* refers to sensitive information that is restricted to authorized personnel and requires safeguards, but which does not require the same level of safeguards as confidential information protected from disclosure under federal and state laws such as FERPA and HIPAA. Unauthorized disclosure or access may present legal and reputational risks to the University (CMSRU). See the University's Information Classification policy for additional clarification.
16. *Professionalism* is a formal requirement for the education and training of both undergraduate and graduate medical students. CMSRU and RowanSOM expect individuals within the CMSRU and RowanSOM communities to strive to uphold the highest standards and personal behaviors, consistent with a respect for the medical profession, commencing with the first day of medical school. The Accreditation Council for Graduate Medical Education (“ACGME”) defines and outlines professionalism as one of the six ACGME Core Competencies as follows: commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. “Professionalism is the enactment of the values and ideals of individuals who are called, as physicians, to serve individuals and populations whose care is entrusted to them, prioritizing the interests of those they service above their own.” *AAMC Professionalism Task Force*.
17. *Protected Health Information (“PHI”)* means information that: 1) is created or received by a health care provider; 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; 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. This guideline applies even if the patient’s information has been de-identified, so that the only person who may be able to identify the individual is the patient himself/herself.
18. RowanSOM means Rowan University School of Osteopathic Medicine.
19. *Social Media* refers to any online tools and services that allow Internet users to create and publish content, or any facility for web- and mobile-based publication and commentary, including but not limited to blogs, wikis, RSS feeds, content-sharing services, interactive geo-location platforms and networking sites including but not limited to Facebook, Twitter, YouTube, Instagram, LinkedIn, Snapchat, Pinterest, Google+, Periscope, Flickr and Wordpress..
20. *Social Media Contact* refers to any member of the University (CMSRU) community whose responsibilities include managing and/or maintaining a social media presence on behalf of the University (CMSRU) and/or who uses social media to engage in University (CMSRU)-affiliated communications.
21. *Social Media Officials* refer to people at the University (CMSRU) who delegate responsibilities to Social Media Contacts.

22. *Student* includes all persons enrolled in courses at Rowan University (CMSRU), both full-time and part-time, pursuing undergraduate or graduate studies and/or those who live in campus living units. Persons who are not officially enrolled for a particular term but who have a continuing relationship with the University (CMSRU), such as students who were previously enrolled, withdraw/take a leave of absence, persons participating in University (CMSRU) sponsored academic programs and students who are serving a period of suspension, are considered "students."
23. *University* means Rowan University and its Medical Schools.
24. *University-affiliated Social Media* refers to any social media presence intended to represent Rowan University (CMSRU) in any official or unofficial capacity.
25. *University Official* includes any person employed by Rowan University (CMSRU) to perform assigned administrative or professional responsibilities.

Attachment 2 - References

1. Department of Public Safety
 - [Free Speech](#)
 - [General Safety and Security](#)
2. [Graphic Standards](#)
3. Human Resources
 - [Statement of Principles](#)
 - [Workplace Violence Policy](#)
4. Information Resources & Technology
 - [Acceptable Use](#)
 - [Data Governance](#)
 - [General User Password](#)
 - [Information Classification](#)
 - [Information Security](#)
 - [Transmission Sensitive Information](#)
 - [University Mass Notification Systems](#)
5. Medical Schools
 - [Cooper Medical School of Rowan University \(CMSRU\)](#)
 - [Rowan University \(SOM\) School of Osteopathic Medicine](#)
 - The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Privacy and Security Rules, 45 CFR Part 160, 45 CFR Part 162 and 45 CFR Part 164.

- The Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. 1232g, 34 CFR Part 99
 - AMA Policy: Professionalism in the Use of Social Media
 - AMA Guidelines for Physicians in Social Media
 - Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice: Adopted as policy by the House of Delegates of the Federation of State Medical Boards
6. [Office of Emergency Management](#)
- [Emergency Preparedness](#)
7. Social Media Sites
- *Facebook* – an online social utility that connects people and organizations with friends and others who work, study, live and engage around them.
 - *Flickr* – a photo sharing website on which users can view, upload and share photos.
 - *Google+* – integrated social platform that merges with other Google services including YouTube, Gmail and Google Search.
 - *Instagram* – a photo- and video-sharing network owned by Facebook that allows users to upload photos taken with a mobile device, apply special filters and share with their friends.
 - *LinkedIn* – a business-oriented online social utility that allows users to strengthen and extend their existing network of trusted professional contacts.
 - *Periscope* – a streaming service that lets users broadcast and explore the world through live video.
 - *Pinterest* – a website that allows users to “pin,” or bookmark, content they find interesting from around the web to categorized “boards” on their profiles.
 - *Snapchat* – a mobile app that allows users to capture videos and pictures and send messages that self-destruct.
 - *Twitter* – a real-time, micro-blogging and social utility service that allows users to send and read messages known as “tweets,” which are text-based posts containing no more than 140 characters.
 - *Wordpress* – an online, open source content management system, blogging platform, and website creation tool.
 - *YouTube* – a video-sharing website that makes it easy to search for and watch online videos.
8. Social Media Terms
- [Facebook](#)
 - [Flickr](#)
 - [Google+](#)
 - [Instagram](#)
 - [LinkedIn](#)
 - [Periscope](#)
 - [Pinterest](#)
 - [Snapchat](#)

- [Twitter](#)
 - [Wordpress](#)
 - [YouTube](#)
9. [Student Life/Student Affairs](#)
- [Student Code of Conduct](#)
10. [Web Content Accessibility Guidelines](#)

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.

SCOPE:

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.

REFERENCES

1. HIPAA <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>

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.

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 set forth the circumstances under which administrative officials at Rowan University may use Rowan Mass Notification System to send SMS text messages, voice over phone, and email notifications.

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 Mass Notification System 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. [Rowan Emergency Preparedness Information](#)

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, the Rowan Mass Notification System is utilized by the Department of Public Safety (DPS), Office of Emergency Management and University Relations for use in emergent situations, and/or time-sensitive communications.
2. Subscriptions
 - a. Rowan Mass Notification System is a subscription service 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 (CMSRU'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 Mass Notification System 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.

Policies Related to Diversity, Equity, and Inclusion

Anti-Discrimination Policy

CMSRU Adheres to the [Rowan University Policy for Anti-Discrimination](#)

I. Purpose

Rowan University (CMSRU) is committed to providing every Rowan University (CMSRU) employee, prospective Rowan (CMSRU) 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.

II. 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.

III. Applicability

As a New Jersey state institution, Rowan University 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 employees, prospective employees and students bringing forth complaints against university employees for alleged discrimination.

As a recipient of Federal financial assistance, Rowan University 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 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/employee complaints of sexual harassment/sexual assault (as defined by Title IX) against students and University employees raise Title IX concerns and, therefore, are governed by the University's [Title IX Sexual Harassment/Sexual Assault Policy](#). Complaints alleging sexual misconduct that falls outside of Title IX's definitional and jurisdictional requirements, may be governed by the University's [Student Sexual Misconduct and Harassment Policy](#) or [Student Code of Conduct](#) when made against a student; or this Policy Prohibiting Discrimination in the Workplace and Educational Environment or [Disruptive Behavior and Workplace Violence Policy](#) when made against a University Employee.

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. (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 reserves the right to investigate any matter in which discrimination based on a protected class is asserted.

IV. 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* (when not covered by the Title IX Sexual Harassment/Sexual Assault Policy) means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example:
 - b. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
 - c. Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; or
 - d. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or educational experience, or creating an intimidating, hostile or offensive working environment.
1. *Sexual Misconduct* means the forms of sexual misconduct set forth in the [Student Sexual Misconduct and Harassment policy](#). All of the definitions set forth in that policy apply to such complaints. Prohibited conduct includes Sexual Assault (Rape, Fondling, Incest, Statutory Rape), Sexual Exploitation, Dating Violence, Domestic Violence, Stalking, and Sexual/Gender-Based Harassment.
2. *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.
3. *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.

V. 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.

VI. 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/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).

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) education program. Thus, this policy also applies to student complaints alleging discrimination against University (CMSRU) employees, including allegations of sexual misconduct that fall outside the definitional and jurisdictional requirements of Title IX. However, allegations of sexual harassment/sexual assault covered by Title IX will be addressed in accordance with the Title IX Sexual Harassment/Sexual Assault Policy.

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 further applies to posts on any social media site and/or electronic device, personal or business, which adversely affects the work or educational environments. At the University's discretion, this policy may also apply to conduct that occurs outside the workplace or educational environment, but has a direct impact on an individual's workplace or educational environment.

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 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

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.

- a. 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 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 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 (CMRU) 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

- 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 or educational 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. Sexual physical contact or sexual misconduct (as defined in the Student Sexual Misconduct and Harassment Policy) that involves any form of coercion, force, or lack of consent, such as sexual assault, which falls outside of Title IX's definitional and jurisdictional requirements and, therefore, would not otherwise be governed by the University's (CMSRU) Title IX Sexual Harassment/Sexual Assault Policy.
 - iv. 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;
 - v. 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;
 - vi. 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;
 - vii. 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
 - viii. 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>). A person who wishes to take action about prohibited sexual physical contact can file a criminal complaint with law enforcement of the municipality where the incident occurred. That person can also make a criminal report and a report to his/her or their supervisor or the Office of Employee Equity - the individual does not have to choose one or the other.

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, should 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. 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).

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 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 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 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 shall maintain a written record of the discrimination/harassment complaints received. Written records, consisting of the investigative report and any attachments, including witness statements, shall be maintained as confidential records to the extent practicable and appropriate, and will maintain so indefinitely.

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:

The burden is on the complainant to articulate a sufficient nexus between the alleged conduct to a protected category pursuant to this policy. 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.

2. 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. In order to protect the integrity of the investigation, minimize the risk of retaliation against the individuals participating in the investigative process, and protect the important privacy interests of all concerned, all persons interviewed, including witnesses, shall be directed not to discuss any aspect of the investigation with others, unless there is a legitimate business reason to disclose such information. 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.

13. 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.

14. **Training:**

Rowan University 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 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. University (CMSRU) employees responsible for managing and investigating complaints of harassment or discrimination, shall receive additional training related to response to and prevention of sexual violence. Each such employee shall complete a refresher training course every three years.

VII. **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>. <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 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, including the basis for the complaint and whether or not an investigation will be initiated. When a complaint on its face is insufficient to determine the nature and scope of the allegations, the Assistant Vice President of Employee Equity & Labor Relations (or designee) shall interview the person submitting the complaint for additional information to determine whether the allegations implicate this policy, If after conducting the interview of a complainant, the Assistant Vice President of Employee Equity & Labor Relations (or designee) determines that an investigation is not warranted, a letter shall be sent to the complainant explaining the basis for the decision not to investigate. 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. Interim corrective actions include, but are not limited to:
 - i. Separation of parties;
 - ii. Removal of parties from the workplace or educational environment; and

- iii. Involvement of law enforcement, when appropriate, for instances involving bodily harm or serious bodily harm.
- i. At the discretion of the Assistant Vice President of Employee Equity & Labor Relations or Associate Vice President of Diversity, Equity and Inclusion (or designees), whichever is applicable, a prompt, thorough, and impartial investigation into the alleged harassment or discrimination will take place. The complainant shall have the burden to articulate a sufficient nexus between the alleged conduct to a protected category pursuant to this policy.

In determining whether or not a thorough investigation is warranted, the Assistant Vice President of Employee Equity & Labor Relations (or designee) when reviewing complaints shall consider, but is not limited to considering, the following factors: the facts presented, whether the complainant articulated sufficient nexus between the alleged conduct to a protected category referred to above, the time the incident(s) occurred, the time the incident was reported, and whether the complainant and/or respondent is a current University (CMSRU) employee (regardless of when the incident occurred).

- 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 Vice President of Human Resources (or his/her authorized designee), who will issue a final letter of determination to the parties.
- k. The Vice President of Human Resources (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 Policy Prohibiting Discrimination in the Workplace and Educational Environment has been substantiated. If a violation has occurred, and the respondent is a management employee, the Vice President of Human Resources (or his/her authorized designee) will determine appropriate corrective measures necessary to immediately remedy the violation. If a violation has occurred, and the respondent is a union and/or non-management employee, the Vice President of Human Resources (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 Vice President of Human Resources (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 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 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 Vice President of Human Resources (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 Vice President of Human Resources (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 Vice President of Human Resources (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 Vice President of Human Resources (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 Vice President of Human Resources (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) will forward the appeal to an Appeals Panel, consisting of representatives of senior leadership, to review the appeal. The Appeals Panel 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 Appeals Panel 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 Director of 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 Director of Division of EEO/AA.

VIII. 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 Vice President of Human Resources (or his/her authorized designee).

Division on Civil Rights

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

The DCR may be contacted at:

www.njCivilRights.gov or

1-833-NJDCR4U (833-653-2748)

The Regional Offices are located:

Northern Regional Office

31 Clinton Street, 3rd Floor

Newark, NJ 07102

973-648-2700

Central Regional Office

140 East Front Street: 6th Floor

PO Box 090

Trenton, NJ 08625

609-292-4605

Southern Regional Office

5 Executive Campus, Suite 107

Cherry Hill, NJ 08034

856-486-4080

South Shore Regional Office

1325 Boardwalk, 1st Floor

Tennessee Ave & Boardwalk

Atlantic City, NJ 08401
609-441-3100

**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 / 973-645-4684

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 1000
Philadelphia, PA 19107-3126
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.

IX. 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](#)
7. [Student Sexual Misconduct and Harassment Policy](#)
8. [Title IX Sexual Harassment/Sexual Assault Policy](#)

Student Mistreatment Policy

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
 - Alisa Modena, MD; Director of Student Affairs, modena@rowan.edu
- Office of Diversity and Community Affairs
 - Guy Hewlett, MD; Associate Dean for Diversity and Community Affairs, hewlett@rowan.edu
 - Kristyn Kent Wuillermine, Asst. Director of Community Affairs, kentk@rowan.edu
 - Taruna Chugeria, MEd, Director – Pathway Programs and Diversity Initiatives, chugeria@rowan.edu
- CMSRU Ombuds Office
 - Debrah Meislich, MD; Ombudsperson, meislich-debrah@cooperhealth.edu
- Title IX Coordinator
 - Marion Lombardi, EdD; Asst. Dean for Student Affairs, lombardim@rowan.edu
- Disabilities/Accommodations
 - Marion Lombardi, EdD; Asst. 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. The Standard Operating Procedures for the Office of Student Affairs and Office of Medical Education are listed as appendices.

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, Division of Diversity, Equity and Inclusion, 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?pageId=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 in the Division of Diversity, Equity and Inclusion to be reviewed in accordance with:
 - (i) 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); or
 - (ii) Procedure for Resolving Student v. Student Discrimination Complaints
<https://sites.rowan.edu/diversity-equity-inclusion/docs/procedure-for-t6.pdf>

Appendices

STANDARD OPERATING PROCEDURES

MISTREATMENT INVESTIGATION PROCESS FOR OFFICE OF STUDENT AFFAIRS

SOP name/title: Mistreatment Review Process for Office of Student Affairs		
SOP originator: Assistant Dean for Student Affairs	SOP Approval: Assistant Dean for Student Affairs, CMSRU	Effective Date: August 8, 2020
Signature:	Signature:	Last Edited Date: July 25, 2023

1. Reports of student mistreatment can initiate from a variety of reporting options including the anonymous mistreatment system provided via the Office of Student Affairs (OSA), the direct reporting of the incident to any member of the leadership team at CMSRU or a course/clerkship director, and via the course evaluation system established by the Office of Medical Education (OME). **The OSA addresses mistreatment events outside of activities pertaining to the curriculum and other allegations of mistreatment deemed appropriate to investigate.** When student mistreatment is reported, the following steps are taken to ensure proper review and resolution:
 - Allegations of student mistreatment occurring outside of the educational program are communicated to the Assoc. Dean for Student Affairs (ASDA), Asst. Dean for Student Affairs and/or the Director of Student Affairs for review and investigation. If the allegation of student mistreatment is a Title IX issue, the issue is directed to the Rowan University Office of Student Equity and Compliance. If an allegation of student mistreatment is a Title IX issue and involves a Cooper University Health Care (CUHC) employee, the issue is co-investigated by the Rowan University Office of Student Equity and Compliance and the Cooper University Health Care Office of Human Resources.
 - Findings of the student mistreatment investigation are reported to the Senior Associate Dean for Student Affairs.
 - The ADSA reports all incidents of mistreatment to the CMSRU Dean. If an allegation of mistreatment involves a CUHC employee or occurs at CUHC or a CUHC ambulatory site, the Dean notifies CUHC leadership personnel.
 - After discussion with the Dean and after presentation and discussion at the executive cabinet, a plan is developed concerning the actions that need to be taken relative to the mistreatment incident. This plan is formulated as soon as possible and within ten (10) days of completion of the investigational report. Immediate action is taken if there is a threat to student safety or well-being.
 - The student (if they supplied their name and were not anonymous) can participate in the investigatory process and is made aware of the findings of the investigation and actions taken. If the student disagrees with the final determination of the investigatory findings, the issue is directed to, and investigated by, the Rowan University Office of Student Equity and Compliance. No further investigation is undertaken once the Rowan University Office of Student Equity and Compliance

finalizes its investigation and conclusions unless new information is brought forward. The OSA carries out any required actions/recommendations.

- The Executive Cabinet of Deans reviews the mistreatment event and the investigational report, including actions leading to resolution or appeal.
2. Information regarding the case (de-identified) is provided to the Committee for a Positive Learning Environment in the standing Mistreatment Report that they receive on an ongoing basis.
 3. All mistreatment information is kept confidential and maintained in a locked, fire-safe cabinet in the Office of Student Affairs.

**STANDARD OPERATING PROCEDURES
MISTREATMENT INVESTIGATION PROCESS FOR OFFICE OF MEDICAL EDUCATION**

SOP name/title: Mistreatment Review Process for Courses and Clerkships			
SOP originator: Sundip Patel MD Asst Dean for Curriculum, Phase II	SOP originator:	SOP Approval: Senior Assoc Dean for Medical Education Dean, CMSRU	Effective Date: October 7, 2020
Signature:	Signature:	Signature:	Last Edited Date: July 25, 2023; updated June 4, 2024

When a student files a Mistreatment Report concerning activities pertaining to a Phase I or Phase II course or clerkship or describes a mistreatment event in a course or clerkship evaluation form, the following process is followed to review the incident, investigate it, and determine proper resolution.

1. The appropriate Assistant Dean of Phase I or Phase 2 courses or clerkships receives reports of student mistreatment and conducts the review and investigation, supported by the Senior Associate Dean for Medical Education (SADME). Reports of mistreatment can initiate from a variety of reporting options including the anonymous mistreatment system provided by the Office of Student Affairs (OSA), the direct reporting of the incident to any member of the leadership team at CMSRU, or to a course/clerkship director, and via the course evaluation system established by the Office of Medical Education (OME). (The OSA addresses mistreatment events outside of the curriculum according to their policies.) The OME addresses all incidents of student mistreatment related to the educational program.
2. If an allegation of mistreatment involves a CUHC employee or occurs at Cooper University Hospital or a CUHC ambulatory site, the Dean notifies CUHC leadership, including the Senior Vice President of Human Resources and the Chief Physician Executive. If a faculty member is involved, the Departmental Chair is notified; if a resident or fellow is involved, the Program Director and the Designated Institutional Official (DIO) are notified; and if a nurse is involved, the Chief Nursing Officer is notified.
3. If the allegation of student mistreatment is a Title IX issue, it is directed immediately to the Rowan University Office of Student Equity and Compliance. If an allegation of student mistreatment is a Title IX issue and involves a Cooper University Health Care (CUHC) employee, the issue is co-

investigated by the Rowan University Office of Student Equity and Compliance and the CUHC Office of Human Resources.

4. For incidents within the educational program, the appropriate Assistant Dean, Phase 1 or Phase 2, notifies the SADME.
5. The SADME reports all incidents of student mistreatment to the CMSRU Dean. After discussion, a preliminary investigational and action plan is developed. Immediate action is taken if there is a threat to student safety or well-being.
6. The Assistant Dean of Phase 1 or Phase 2, investigates the mistreatment event and reports their findings to the SADME and the Dean.
7. After discussion with the Dean, and after presentation and discussion at the executive cabinet, the plan may be revised concerning the actions that need to be taken relative to the mistreatment incident. This plan is formulated as soon as possible and within ten (10) days of completion of the investigational report.
8. The student (if they supplied their name and were not anonymous) can participate in the investigatory process and is made aware of the findings of the investigation and actions taken. If the student disagrees with the final determination of the investigation, the issue is directed to, and investigated by, the Rowan University Office of Student Equity and Compliance. Unless new information is brought forward, no further investigation is undertaken once the Rowan University Office of Student Equity and Compliance finalizes its investigation and conclusions. The OME carries out any required actions/recommendations.
9. Information regarding the case (de-identified) is provided to the Committee for a Positive Learning Environment in the standing Mistreatment Report that they receive on an ongoing basis.
10. The mistreatment event and actions taken are recorded in the appropriate dashboard.

TIPS FOR CREATING A POSITIVE LEARNING AND WORKING ENVIRONMENT FOR ALL FACULTY, RESIDENTS, AND FELLOWS

Before each rotation or course, please review the following guidelines:

Set the stage: how medical educators (attending physicians, residents, fellows, etc.) can form a cohesive team:

- 5-minute orientation to goals, objectives, expectations and the mechanics of the rotation or course.
- Ask learners what they most want to learn.
- Embrace the learners as part of the patient care team.
- Affirm your shared commitment to the primacy of patient care and a positive learning environment.
- Emphasize the ethos of psychological safety.
- Frame the work of the team (crucial work, fraught with uncertainty).
- Admit that we all make mistakes and may need each other's help.

Provide students with authentic roles: medical educators should encourage their learners to take an active role in patient care.

- Students learn best by doing, not by shadowing or taking a back seat.
- Encourage students to know their patients and advocate for their care.
- Students should be helpful by tracking down outside test results and by performing other important supportive activities.
- Provide adequate space and time to debrief after emergencies and high-intensity moments, so students can learn from them and not feel neglected.

Challenge learners: medical educators should promote an environment of intellectual curiosity while inspiring learners to apply critical thinking skills to complex patient problems:


- Encourage all team members to ask thought-provoking questions, of anyone, at any time.
- Let learners know you will ask thought-provoking questions to encourage learning.
- Embrace the messengers: thank those who ask useful questions or bring useful information.

The CMSRU End Mistreatment Task Force determined and compiled a list of mistreatment never behaviors. The following behaviors represent the 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.

POLICY AND PROCEDURES FOR REPORTING MISTREATMENT Cooper Medical School of Rowan University		
<p style="text-align: center;">Cooper Medical School of Rowan University will establish and sustain an atmosphere that promotes:</p> <ul style="list-style-type: none"> • Integrity • Trust • Fairness • Collegiality • Mutual Respect • Accountability • Positive Learning Environment <div style="text-align: center;">  <p>Click QR Code to Access Mistreatment Reporting Form</p> </div>	<p style="text-align: center;">Mistreatment "Never Behaviors" deemed unacceptable include:</p> <ul style="list-style-type: none"> • 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. 	<p style="text-align: center;">Avenues to Report Mistreatment:</p> <p style="text-align: center;">Online/Anonymous Student Mistreatment Reporting Form</p> <p style="text-align: center;"> Office of Student Affairs Douglas Reifler, MD E: reifler@rowan.edu Marion Lombardi, EdD E: lombardim@rowan.edu Alisa Modena, MD E: modena@rowan.edu </p> <p style="text-align: center;"> Asso. Dean for Diversity and Community Affairs Guy Hewlett, MD E: hewlett@rowan.edu </p> <p style="text-align: center;"> Asst. Director of Community Affairs Kristyn Kent Wullermin E: kentk@rowan.edu </p> <p style="text-align: center;"> Director for Pathway Programs and Diversity Initiatives Taruna Chugeria, MEd E: chugeria@rowan.edu </p> <p style="text-align: center;"> Ombudsperson Debrah Meislich, MD E: meislich-debrah@cooperhealth.edu </p> <p style="text-align: center;"> Disabilities/Accommodations and Title IX Marion Lombardi, EdD E: lombardim@rowan.edu </p> <p style="text-align: center;"> Course and Clerkship Evaluations Issues of mistreatment can be voiced through course and clerkship evaluations at the end of the course </p> <p style="text-align: center;"> Deans and Directors To provide easier access for reporting, students may choose to report incidents to any dean or director who will then disseminate the complaint to the assistant dean for student affairs or designee </p>

Policy Prohibiting Discrimination in the Workplace and Educational Environment

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;
 - 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 it 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.
- iv. 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;
- v. 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;
- vi. 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;
- vii. 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
- viii. 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>. <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 facts
The 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 ("NJCS"), 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/parties 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](#)

Preferred Name Policy

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 Associate Dean of Student Affairs, the Assistant Dean for Student Affairs/Title IX Coordinator and the 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 Associate Dean of Student Affairs or designee);
 - ii. Office of Social Justice, Inclusion and Conflict Resolution; and
 - iii. Office of Equity and Diversity.
- 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 Equity and Diversity;
 - ii. Office of Human Resources; and
 - iii. Vice President 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.

ATTACHMENT

Attachment A - Procedures for Requesting a Preferred Name

Attachment A - Procedures for Requesting a Preferred Name

Requesting a Preferred Name:

Individuals who wish to use a preferred name may enter that name through the personal information section in Banner Self Service.

Approval and Prohibited Use:

When an individual enters a preferred name, the individual's records will be updated to display the preferred name in a timely manner, typically within five (5) business days, except in in the following circumstances:

1. The name is intended to misrepresent the person's identity and/or misappropriate the identity of another person or organization;
2. The use of the name is an attempt to avoid a legal obligation;
3. The appearance of the requested name on the University (CMSRU) ID or other records would be harmful to the reputation or interests of the University (CMSRU); and/or
4. The name is derogatory, obscene, conveys an offensive message or otherwise inappropriate.

If the preferred name could be prohibited for one of these four reasons, the appropriate Responsible Official will be contacted. If the Responsible Official decides that the preferred name is prohibited, the requesting individual shall be so notified, given the reason(s) for the denial, and offered the opportunity to appeal. An appeal must be in writing (including email), be addressed to the Responsible Official and address any specific concerns related to the reason(s) for the denial. A committee comprising representatives from Human Resources, Academic Affairs and Student Life will review the appeal, consult with the Chief Equity Compliance Officer and provide a final determination within ten (10) business days of the date the appeal was received by the Responsible Official. The Committee will conduct a *de novo* review of the request. Decisions by the Committee will be final and not subject to further appeal.

In cases where misuse of a preferred name results in disciplinary or employment actions, the normal policies and procedures as well as related appeal processes will apply.

Appearance of the Preferred Name:

The approved preferred name will appear and be used in the following University (CMSRU) documents, systems and processes:

1. Rowan/CMSRU Card (ID)

2. Campus Directory
3. Email search/auto fill functions
4. Class Lists and Grade Reports
5. Advising Lists
6. Blackboard
7. Canvas
8. Rowan Success Network
9. ProfLink
10. Housing Rosters

Rowan/CMSRU ID:

Once approved, individuals may obtain a RowanCard with the preferred name imprinted on the card in place of the legal name. The first card issued with a preferred name imprinted will be provided at no charge. When subsequent replacement cards are requested, the individual will be charged the normal fee for issuance of a replacement card.

Procedure for Resolving Student v. Student Discrimination Complaints

CMSRU Adheres to Rowan University Procedure on Student v. Student Discrimination Complaints

POLICY:

Procedure for Resolving Student v. Student Discrimination Complaints

PURPOSE:

Rowan University (CMSRU) is committed to creating and maintaining an educational and living environment free from discrimination. If a student feels they have been the victim of discrimination caused by a faculty or staff member, please refer to the [Rowan University Policy Prohibiting Discrimination in the Workplace and Educational Environment](#).

SCOPE:

This policy applies to all CMSRU medical students.

DEFINITIONS:

Title VI of the Civil Rights Act of 1964 provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” As an institution receiving Federal Funding, in accordance with Title VI, Rowan University (CMSRU) prohibits discrimination, whether verbal, written, physical or psychological, based not only on a person or group’s actual or perceived race, color, or national origin, but also based on their religion, sex, age, sexual orientation, gender identity or expression, ancestry, disability, marital status, civil union status, domestic partnership status, atypical heredity or cellular blood trait, military service or veteran status or any other characteristic protected under the New Jersey Law Against Discrimination, N.J.S.A. § 10:5-12.

PROCEDURE:

Reporting:

If a student believes they are a victim of discrimination caused by another student, the individual is strongly encouraged to promptly file a complaint by contacting one of the following resources:

- Marion Lombardi, EdD; Assistant Dean for Student Affairs lombardim@rowan.edu
- The Office of Student Equity and Compliance and/or by filling out the Student Complaint Form for Discrimination/Harassment/Retaliation Complaints ([Report here](#))
- Individuals may also file complaints directly with the Office for Civil Rights, United States Department of Education:

New Jersey, New York, Puerto Rico, Virgin Islands Office for Civil Rights
New York Office U.S. Department of Education
32 Old Slip, 26th Floor
New York, NY 10005-2500
Telephone: 646-428-3800 Fax: 646-428-3843 E-mail: OCR.NewYork@ed.gov

Post Reporting:

Once a complaint of alleged discrimination by another student is received, the following resolution procedures will be initiated:

- When a complaint is filed, action will be taken to review the matter within seven (7) business days to determine if there is sufficient information to initiate formal resolution measures. The Associate Vice President/Title IX Coordinator will determine the most appropriate avenue of response, including but not limited to, coordination with other University resources such as the Vice President of Student Life/Dean of Students (CMSRU Associate Dean of Student Affairs or designee). Where appropriate, the use of voluntary and informal resolution measures, such as mediation, may be used. Voluntary and informal resolution measures will never be applied in cases where the alleged discrimination involves violence.

Note: If a report is deemed to be a potential violation of the Student Sexual Misconduct and Harassment Policy, the matter will be referred to the Title IX Coordinator in the Office of Student Equity and Compliance.

- At the Associate Vice President's discretion, where deemed necessary, a formal resolution procedure will be initiated. The AVP will conduct a comprehensive, impartial investigation. The investigation may include interviewing the parties involved, including witnesses, review of written statements, and the gathering of other relevant information. Investigations will adhere to the following tenets:
 - **CONFIDENTIALITY:** The University (CMSRU) will endeavor to maintain the confidentiality of reported matters and of individuals involved, except to the extent necessary to carry out the purposes of this policy, including conducting investigations, and where required by law.
 - **NOTICE:** Once a formal resolution procedure has been started, the Complainant(s) and Respondent(s) will be notified in writing.
 - **ADVISORS:** The Complainant(s) and Respondent(s) have the right to an advisor of their choice during this investigation process. An advisor may be a family member, attorney or other third party. Advisors may be present to support the parties; however, advisors are not permitted to speak on behalf of any party during this process.
 - **LENGTH OF INVESTIGATION:** While the length of the process may vary based on the facts, circumstances, and witness availability in each case, every effort will be made to conclude the investigation within sixty (60) days provided doing so does not compromise the University's (CMSRU's) ability to conduct a fair, impartial and thorough investigation and adjudicative 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 this policy occurred.
- Upon completion of an investigation, the investigator will prepare a written investigation report. This report will include a comprehensive description of the evidence gathered during the

investigation, the investigator's findings of fact, credibility determinations and whether a policy violation has occurred.

- The Associate Vice President, or designee, will issue a determination letter to the Complainant(s) and Respondent(s) stating whether the allegations of discrimination are substantiated or not substantiated.
 - If the allegations are substantiated (i.e., upheld or proven to be factual), the matter will be sent to the Division of Student Life for the imposition of sanctions (Attachment 7), disciplinary action, and/or educational interventions in accordance with the Student Code of Conduct.
 - If a party wishes to appeal the determination, they may request an appeal under the following circumstances:
 - A procedural or substantive error occurred in the process that significantly impacted the outcome of the hearing (e.g. material deviation from university (CMSRU) policy; substantial bias; the findings and decision are contrary to the great weight of the evidence);
 - New and significant information has become available which could not have been discovered by a properly diligent person before or during the hearing; or
 - The sanction/disciplinary action imposed is inappropriate in light of the violation.
 - Appeal requests should be made to the Vice President of Student Life/Dean of Students, or designee, in writing, within five (5) business days of receiving the decision letter. All appeal requests will be reviewed within fifteen (15) business days, and the decision of the Vice President of Student Life/Dean of Students will be final.

Adjudication of Complaints

Once the Associate Vice President refers a matter to the Division of Student Life, the following protocol will be implemented:

1. The Assistant Dean of Student Life or designee will review the complaint and determine whether it should be adjudicated by the student discipline system, and, if so, the appropriate adjudicator will be determined. Matters not referred to the disciplinary system may be adjudicated through educational interventions implemented by the Vice President of Student Life or designee. The review of the complaint may not require meeting with all parties; The Assistant Dean of Student Life or designee will determine what meetings are necessary. For any disciplinary action for which sanctions may be imposed, the Respondent(s) will have his/her/their case heard before one of the following adjudicators:
 - a. Administrative Hearing Officer - If the alleged violation is one for which the student/organization could not be suspended or expelled from the University, the complaint will be heard by an Administrative Hearing Officer.
 - b. Campus Hearing Board - If the alleged violation is one for which the student/organization could likely be suspended or expelled from the University, the complaint will be heard by the Campus Hearing Board. (Refer to Attachment 5 for additional information concerning the Campus Hearing Board) A hold and a transcript notation indicating "Pending Discipline" will also be placed on the Respondent's transcript.

- c. Special Interim Hearing Board - If the Campus Hearing Board cannot meet, a Special Interim Hearing Board will be appointed at the discretion of the Office of Community Standards to expedite adjudication of student disciplinary cases under the following conditions:
 - i. i. An interim suspension has been issued (see Attachment 10), or
 - ii. The case will be adjudicated when the Campus Hearing Board cannot convene (for example, final exam week, vacation periods, or summer school, etc.)
- 2. The University will determine if the disciplinary hearing takes place in-person or virtually.
- 3. Notification and Communication
 - a. When it is determined that a complaint will be adjudicated by the student disciplinary system, the Respondent(s) will be notified of the alleged violation in writing (the "Hearing Notice") via a tracked letter sent to the student's Rowan email address. This is the official method of notification and students are responsible for checking their University email address daily. The Hearing notice will state what portion of the Code was allegedly violated. The student will be notified of the hearing date in the Hearing Notice. The student will receive notice of a hearing at least three (3) business days prior to an Administrative Hearing and five (5) business days prior to a hearing before the Campus Hearing Board or Special Interim Hearing Board.
 - b. If the Respondent(s) or Complainant, if applicable, fails to attend the hearing, except when there is a justifiable reason (serious illness or hospitalization, death of member of immediate family, serious physical emergency, arrest or incarceration, or unavoidable transportation delay), the hearing will proceed, and a finding will be reached in absentia based upon the available information. No negative inference will be made from a failure of the Respondent(s) or Complainant to appear, participate or speak during a hearing.
 - c. All participants have the right to select an Advisor of their choosing, including an attorney. Advisors are expected to communicate privately with the student in a non-disruptive manner. Advisors may have no other role in the hearing/case and are not permitted to speak on behalf of the student, ask questions, or appear in lieu of the student/organization. Advisor availability will not be sufficient grounds for postponing a hearing. A hearing will not be cancelled or postponed in the event an Advisor does not attend. If the Advisor is not able to attend, the Respondent(s) or Complainant should arrange for a substitute.
 - d. A student who wishes to have an attorney as an Advisor must inform the Office of Community Standards in writing, or electronic mail at least one (1) business day prior to a hearing. If a Complainant, Respondent(s) or other participant informs the University that an attorney will be present at the hearing, the University will decide if legal counsel for the University should also be present.
 - e. Both the Respondent(s) and the Complainant have the right to request witnesses to provide information at the hearing. Witnesses must have personal knowledge of the incident at issue and may serve no other role at the hearing/case. Witnesses may be present at the hearing only at the time they are called to participate. A hearing will not be cancelled or postponed if a scheduled witness does not attend.

- f. Written statements of witnesses not in attendance due to extraordinary circumstances may be considered by the Hearing Officer or Campus Hearing Board. Character witnesses are considered irrelevant and will not be permitted to participate. A list of witnesses must be submitted to the Office of Community Standards at least one (1) business day prior to the hearing for approval and notification to other parties. The list should include each witness' name and a summary of the information s/he/they is expected to provide.

4. Administrative Agreement/Hearing Waiver

- a. The Respondent(s) and Complainant will be informed if the disciplinary complaint can be resolved by completing an Administrative Agreement/Hearing Waiver. An Administrative Agreement/Hearing Waiver would be completed only when there is acknowledgement of responsibility on the part of the Respondent(s), and agreement, by all parties including the Complainant, and/or victim that the sanction(s) imposed are reasonable and fair.
- b. Sanction(s) will reflect the severity of the current charge(s) against the student/organization, as well as any previous disciplinary sanctions. All participants will voluntarily waive their rights to have the complaint adjudicated at a disciplinary hearing and appeal. Should the Respondent(s) not accept responsibility for the charges, nor accept the proposed sanction(s), then appearance at the disciplinary hearing is required.

5. Administrative Hearing Officer Procedures

- a. A student/organization may challenge the assignment of a specific hearing officer for reasonable cause. This challenge must be presented in writing to the Office of Community Standards at least one (1) business day prior to the scheduled date of the hearing. Upon reviewing the details of the challenge, the Assistant Dean of Student Life or designee will either uphold the challenge and appoint an alternate hearing officer and arrange a new hearing or deny the challenge.
- b. Hearing officers will withdraw from adjudicating any case in which they cannot reach a fair and objective decision.
- c. The hearing officer will exercise control over the manner in which the hearing is conducted to avoid unnecessarily lengthy hearings and to prevent the harassment or intimidation of witnesses. This includes, but is not limited to, rejecting redundant or irrelevant questions and imposing reasonable limits on the number of factual witnesses that may participate. An explanation and record of any rejected question will be made. Technical legal rules of evidence, the wording of questions, hearsay and opinions will not be formally applied. Anyone who disrupts a hearing or who fails to adhere to hearing procedures may be excluded from the proceeding at the discretion of the hearing officer.
- d. The hearing officer will review all materials, hear all information pertinent to the case from the Complainant, the Respondent(s) and witnesses, consult with other hearing officers who are assigned to hearings within the same disciplinary case, clarify issues raised, render a decision based on the information presented, and take all actions and make all determinations necessary and proper for the hearing.
- e. The Respondent(s) will be presumed not responsible for the allegation. The hearing officer will determine if it was “more likely than not” that the Respondent was responsible after considering all of the credible information provided during the disciplinary hearing process. If the student is found responsible for a violation of University rules, any

submitted statement of mitigating factors, records within the student's past disciplinary file and a written victim impact statement, if appropriate, will also be used in determining an appropriate sanction(s).

- f. Following all hearings in the case, the hearing officer will provide the Respondent(s) with written notification of the decision reached and information regarding the University's appeal process.
- g. For cases involving a victim of "crimes of violence,"(covered under this Code) the hearing officer will also provide the victim with written notification of the decision reached and information regarding the University's appeal process.

Procedures for Addressing Allegations of Discrimination, Harassment, and Retaliation (Student v. Student), Attachment 11 of the Student Code of Conduct policy, Rev. 10/20/22

Protection of Minors on Campus

CMSRU Adheres to [Rowan University's Protection of Minor's 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.

DEFINITIONS:

This policy is subject to the following definitions:

1. *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.
2. *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.
3. *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.
4. *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.
5. *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.
6. *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").

7. *One-on-one Contact* – Interaction between any Authorized Adult and a Minor without at least one other Authorized Adult, parent or legal guardian present.
8. *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.
9. *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.
10. *Sponsoring Unit* – The Rowan University (CMSRU) academic, administrative or athletic unit that is offering or sponsoring a Program.

PROCEDURE:

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 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/Associate Dean for Diversity and Community Affairs or designee at 856-361-2808 within 24 hours.
- iv. Within forty-eight (48) hours of submitting report to DCP&P, documentation of the report to DCP&P 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 Department of Public Safety

and Emergency Management cannot or is not involved, the Dean of Students/Associate Dean for Diversity and Community Affairs or designee 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 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 (CMSRU)-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 Child to Participate in Rowan 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 Stephanie Cozzone at cozzone@rowan.edu or 856-256-4135. **NOTE:** Rowan 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. The cost of Criminal Background Checks is the responsibility of the Sponsoring Unit.
 - iii. If a sex offender registry check or Criminal Background Check indicates a record of sexually based offenses or crimes against Minors, that individual may not participate in the Program. If other offenses are revealed by such checks, a copy of the report shall be given to the individual and the Dean of Students. If the Dean of Students determines that the individual should still participate in the Program, then the report must be provided to the committee specified in Section IV.4. of the University's Policy on Background Checks for Candidates for Employment for its review and final decision in accordance with the terms of that policy. Human Resources personnel, in collaboration with the Dean of Students as applicable, will convey the decision to the individual.
 - 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 (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.
- 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 only in common areas 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 (CMSRU) 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.

Religious Observance Policy

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 Assistant Dean for Student Affairs 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 certain 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 or designee.

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 Associate Dean of Student Affairs. For your convenience, please follow the link to an interfaith calendar of religious holidays.

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

Student Sexual Misconduct and Harassment Policy

CMSRU Adheres to the [Rowan University Student Sexual Misconduct and Harassment Policy](#)

PURPOSE

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 in violation(s) 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 show 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

- **Actual Knowledge** – Notice of Sexual Misconduct or allegations of Sexual Misconduct made to the University’s AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance 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.
- **Complainant** - An individual who is alleged to be the victim of conduct that could constitute Sexual Misconduct, or on whose behalf the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance has filed a Formal Complaint.
- **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.
 - 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.
 - 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.
 - 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.
 - 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.
 - Use of violence, threats, coercion or intimidation invalidates any consent given.
 - A verbal “no” even if it may sound indecisive or insincere, constitutes lack of consent.
 - 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.
 - 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.
 - Past consent does not constitute consent for future sexual contact/activity.

- 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.
- 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.
- Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- **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.
- **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.
- **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.
- **Formal complaint** – A document filed and signed by a Complainant, or signed by the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, or Designee, will reach out the Complainant to discuss the Complainant’s options, including the ability to file a Formal Complaint.
- **Incapacitation** – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness and blackouts.
 - 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:
 - Did the person initiating sexual activity know that their partner was incapacitated?
 - 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.

- 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.
- 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?”
- 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.
- **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.
- **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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, in person, by mail, by electronic mail or by filling out the report form found [HERE](#).
- **Respondent** – An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Misconduct.
- **Responsible employees** – Certain employees, who under this policy, are required, after receiving information regarding Sexual Misconduct, to report it to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance. These employees include, but are not limited to, Public Safety Police and Security 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.
- **Sanctions** – See Disciplinary Sanctions.

- **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.

- **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.
- **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:
 - *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.
 - *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.
 - *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 - *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- **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:
 - 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;

- Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
- Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- **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.
- **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:

- **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

- 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 Rowan Public Safety, 856-256-4911. Rowan Public Safety can assist students in contacting and filing a report/complaint with any other agency when the incident did not occur on campus.
 - Glassboro campus – Glassboro Police Department, 1 South Main Street, Glassboro, NJ 856-881-1500; <http://www.glassboropd.org/>
 - Camden campuses – Camden County Metro Police, 800 Federal Street, Camden, NJ 856-757-7440; <http://camdencountypd.org/>
 - RowanSOM campus – Stratford Police Department, 315 Union Ave., Stratford, NJ 856-783-8616; <https://som.rowan.edu/oursom/campus/safety.html>
- LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex or Agender/Asexual) students should know that every Rowan Public Safety 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.
- 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 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.
- 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](#).
- Reports of incidents alleging to involve Sexual Misconduct or sex discrimination in a University program or activity should be made to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance in person, by mail, by electronic mail or by filling out the report found [HERE](#).
- Brandy Bennett, OSEC Director and Title IX Coordinator
Office of Student Equity and Compliance
Hawthorn Hall, Rm 312
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, should report the incident to the AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance. 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance.

Athletics / LGBTQIA+

Penny Kempf, Associate Athletic Director
Athletics Office, Esby Gym
856-256-4679, kempf@rowan.edu

Cooper Medical School of Rowan University

Dr. Marion Lombardi, Assistant Dean for Student Affairs
Room 409B, CMSRU Medical Education Building, Camden, NJ
856-361-2805, lombardim@rowan.edu

Rowan University School of Osteopathic Medicine

Dr. Paula Watkins, Director of Enrollment Services
Suite 210 Academic Center, One Medical Center Drive, 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

Graduate Medical Education

Sheila Seddon, Assistant Director
Academic Center Stratford, NJ
856-566-2742, seddonsm@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

When the University is made aware of a report or allegation of Sexual Misconduct, 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.

- **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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance. These include, but are not limited to, Public Safety Police and Security 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). 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance.

- **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.
- **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.

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). However, an Advisor may not otherwise be involved in the Grievance Process (i.e., a witness, co-Complainant or co-Respondent). 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance, 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 AVP of the Division of Diversity, Equity and Inclusion, Office of Student Equity and Compliance 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.

1. Dismissal of a Formal Complaint

- a.** 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.
- b.** 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.

- c. 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.
2. 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.
3. 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:
 - a. 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;
 - b. 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);
 - c. 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;
 - d. Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
 - e. 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
 - f. 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.
4. Formal Resolution Process
 - a. 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.
 - b. 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.
 - i. 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.
 - ii. 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.
- iii. 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.
 - iv. 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.
 - v. 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.
- c. Investigation Report – The Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and party/witness statements.
- i. 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.
 - ii. Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the evidence.
 - iii. 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.
 - iv. 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.
 - v. 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.
- d. 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.
- i. Each party may have one Advisor attend the 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.
- ii. 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.
 - iii. 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.
 - iv. 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.
 - v. 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.
 - vi. Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
 - vii. 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.
 - viii. 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.
 - ix. The Hearing Officer will ask if the Respondent has received the original notice of allegation(s) letter, and understands the nature of the charges.
 - x. 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.
 - xi. The remainder of the Hearing will customarily proceed in the following order:
 1. Opening statement from the Complainant;
 2. Opening statement from the Respondent;
 3. Questioning of Complainant;
 4. Questioning of Respondent;
 5. Questioning of witnesses – each witness will be called one at a time, questioned separately, and dismissed at the conclusion of their testimony;

- 6. Final questions of the Complainant(s)/Respondent(s) from the Hearing Officer;
 - 7. Respondent's final statement; and
 - 8. Complainant's final
 - xii. 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.
 - xiii. 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.
 - xiv. 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.
 - xv. 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.
 - xvi. Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
 - xvii. 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.
 - xviii. All Hearings will be audio and/or video. Upon request, a digital file will be made available to the parties for inspection and review.
- e. 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).
- i. 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.
 - ii. The written determination will include:
 - 1. A summary of the allegations of Sexual Misconduct;
 - 2. 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;
 - 3. Findings of fact supporting the determination;
 - 4. Conclusions regarding the application of the University's Student Sexual Misconduct and Harassment Policy to the facts;

5. 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
6. Information regarding the University's process and permissible bases for the Complainant and Respondent to appeal.
7. The University will provide the written determination to the parties simultaneously.
8. 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.

f. 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.

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.

1. 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.
2. Bases for Appeal – Review of an appeal will be limited to the following bases:
 - a. 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;
 - b. 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;
 - c. 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
 - d. The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).
3. 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.

4. 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.
5. 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.
6. 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.
7. Final Decision – An appeal may be resolved in the following manner:
 - a. A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
 - b. A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
 - c. A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
 - d. 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 harassment, 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, will be treated as a separate violation of this policy and will result in immediate action by the University to stop the retaliatory behavior, prevent further violations by the perpetrator, and remedy any adverse impact of the violation.

The University seeking appropriate 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 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.

XVIII. 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.

XIX. REFERENCES

[File a Report](#)

[Office of Student Equity and Compliance](#)

[Title IX of the Education Amendments of 1972](#)

[Title IX Sexual Harassment/Sexual Assault Policy](#)

[Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)

[Student Code of Conduct](#)

[Disruptive Behavior and Workplace Violence Policy](#)

[Good Samaritan Policy](#)

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

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, 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 and to understand the spatial relationships of structures and to 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 to function effectively under stress. They should be able to adapt to changing environments, to display flexibility and to 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 processes.

f. **Ethics and Professionalism:**

Students should maintain and display ethical and moral 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 health care 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 to create a respectful and accountable culture through our confidential and specialized disability support. Admitted students with disabilities are accommodated individually. 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 are available to students with disabilities. CMSRU provides reasonable accommodations to students on a non-discriminatory 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.

Title IX Student Sexual Harassment /Sexual Assault Policy

CMSRU Adheres to the [Rowan University Title IX 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.

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 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); or the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) or other applicable policy (for employee Respondents).

INTRODUCTION

[Title IX of the Education Amendments of 1972](#) is a federal law that prohibits sex discrimination 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 show 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/TERMINOLOGY

- **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.
- **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.
- **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.
 - 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.
 - 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.
 - 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.
 - 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.
 - Use of violence, threats, coercion or intimidation invalidates any consent given.
 - A verbal “no” even if it may sound indecisive or insincere, constitutes lack of consent.
 - 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.

- 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.
- Past consent does not constitute consent for future sexual contact/activity.
- Persons who are unable to give valid consent under New Jersey law, (i.e. minors, individuals with mental health disabilities, etc.) are considered unable to give consent under NJ State Policy N.J.S.A.2C:4-2.
- 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.
- Persons who are incapacitated due to the use of drugs or alcohol cannot give consent.
- **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.
- **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).
- **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.
- **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.
- **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.

- **Incapacitation** – The physical and/or mental inability to make informed, rational judgements and decisions. States of incapacitation include sleep, unconsciousness and blackouts.
 - 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:
 - Did the person initiating sexual activity know that their partner was incapacitated?
 - 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.
 - 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.
 - 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?"
 - 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.
- **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.
- **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](#).

- **Respondent** – An individual who has been reported to be the perpetrator of conduct that could constitute Sexual Harassment/Sexual Assault.
- **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, Public Safety Police and Security 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.
- **Sanctions** – See Disciplinary Sanctions.
- **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 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); or the [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#), [Disruptive Behavior and Workplace Violence Policy](#) or other applicable policy (for employee Respondents).

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

- **Sexual harassment** – Conduct on the basis of sex, through any medium, that satisfies one or more of the following:
 - 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
 - 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.

- **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:
 - *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.
 - *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.
 - *Incest*: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
 - *Statutory Rape*: Sexual intercourse with a person who is under the statutory age of consent.
- **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:
 - 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;
 - Reasonable person means a reasonable person under similar circumstances and with similar identities to the Complainant;
 - Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
- **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.
- **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.

REPORTING TO LAW ENFORCEMENT

- 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 Rowan Public Safety, 856-256-4911. Rowan Public Safety can assist students/employees in contacting and filing a report/complaint with any other agency when the incident did not occur on campus.
 - Glassboro campus – Glassboro Police Department, 1 South Main Street, Glassboro, NJ 856-881-1500; <http://www.glassboropd.org/>
 - Camden campuses – Camden County Metro Police, 800 Federal Street, Camden, NJ 856-757-7440; <http://camdencountypd.org/>
 - RowanSOM campus – Stratford Police Department, 315 Union Ave., Stratford, NJ 856-783-8616; <https://som.rowan.edu/oursom/campus/safety.html>
- LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, or Agender/Asexual) students/employees should know that every Rowan Public Safety 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.
- 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 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.
- 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 communities. For more information on these services please visit [OSEC's website](#).

- 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](#).

Brandy Bennett, OSEC Director and Title IX Coordinator
Office of Student Equity and Compliance
Hawthorn Hall, Rm 312
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, should 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 Athletic Director
Athletics Office, Esby Gym
856-256-4679, kempf@rowan.edu

Cooper Medical School of Rowan University

Dr. Marion Lombardi, Assistant Dean for Student Affairs
Room 409B, CMSRU Medical Education Building, Camden, NJ
856-361-2805, lombardim@rowan.edu

Rowan University School of Osteopathic Medicine

Dr. Paula Watkins, Director of Enrollment Services
Suite 210 Academic Center, One Medical Center Drive, 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

Graduate Medical Education

Sheila Seddon, Assistant Director
Academic Center Stratford, NJ
856-566-2742, seddonsm@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 Harassment/Sexual Assault. See [Rowan University Good Samaritan Policy](#).

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.

- **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, Public Safety Police and Security 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). 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.

- **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.
- **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).
- **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.

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.

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).

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). However, an Advisor may not otherwise be involved in the Grievance Process (i.e., a witness, co-Complainant or co-Respondent). 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.

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.

Individual(s) 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 individual(s) 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.

DISMISSAL OF A FORMAL COMPLAINT

- 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 proven; (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.
- 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.

- 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.

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.

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:

- 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;
- 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);
- 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;
- Information that the parties may have an Advisor of their choice, who may be, but is not required to be, an attorney;
- 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
- 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.

FORMAL RESOLUTION PROCESS

- **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.
- **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.

- 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.
- 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.
- 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.
- 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.
- 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.
- **Investigation Report** – The Investigator or Designee will prepare an Investigation Report that fairly summarizes relevant evidence and preliminary findings of fact.
 - An initial Investigation Report, along with 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 in the report/evidence 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.
 - Each party may respond to the investigator in writing, within ten (10) calendar days of receipt of the initial report/evidence.\
 - After reviewing any timely submitted responses by the parties, within fourteen (14) calendar days, the investigator will prepare a final Investigation Report. The final Investigation Report will fairly summarize the relevant evidence and findings of fact.
 - The parties and their Advisors (if any) will be simultaneously provided with an electronic or hard copy of the final Investigation Report. A copy of the final Investigation Report will also be forwarded at the same time to the Office of Community Standards, for the scheduling of a Hearing.

- 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.
- **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.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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.
 - Both/all parties shall be permitted to be present during testimony of all witnesses and presentation of the evidence throughout the Hearing.
 - 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.
 - 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.
 - The Hearing Officer will ask if the Respondent has received the original notice of allegation(s) letter, and understands the nature of the charges.
 - 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.
 - 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.
- 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.
- 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 Chair will first determine whether the question is relevant and then explain any decision to exclude a question as not relevant.
- 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.
- 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 Chair.
- 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.
- Formal rules of evidence that are applicable to civil and criminal trials are not applicable to the Hearing.
- 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.
- 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.

- **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).
 - 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 Panel until after a determination of responsibility has been made, to assist the Hearing Panel in determining appropriate Disciplinary Sanctions.
 - The written determination will include:
 - A summary of the allegations of Sexual Harassment/Sexual Assault;
 - 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;
 - Findings of fact supporting the determination;
 - Conclusions regarding the application of the University’s Title IX Sexual Harassment/Sexual Assault Policy to the facts;
 - 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
 - Information regarding the University’s process and permissible bases for the Complainant and Respondent to appeal.
 - The University will provide the written determination to the parties simultaneously.
 - 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.

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. 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.

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.

- **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.

- **Bases for Appeal** – Review of an appeal will be limited to the following bases:
 - Procedural irregularity or substantive error that affected the outcome of the matter. Deviations from the University’s policy/procedures will not be a basis for sustaining an appeal unless significant prejudice resulted;
 - 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;
 - 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
 - The Disciplinary Sanction(s) imposed were substantially disproportionate or not appropriate in light of the violation(s).

- **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 Affairs and Dean of Students (“VP for Student Affairs”), explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, 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, DEI Investigator (or Designee), or anyone who would be involved in the determination regarding responsibility.

- **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 Affairs and Dean of Students (“VP for Student Affairs”) explaining in detail the basis of the request, and including any supporting documentation. The VP for Student Affairs, 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 Affairs, 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.

- **Notification of Appeal** – If a party files an appeal, the other party/parties 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 Affairs/Designee, no later than seven (7) calendar days after receipt of such notice.

- **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 appeal. However, any Interim Suspension, no contact directive or other appropriate Supportive/Interim Measure will remain in effect during the appeal process.

- **Final Decision** – An appeal may be resolved in the following manner:
 - A dismissal or determination regarding responsibility, including any Disciplinary Sanctions (if applicable), is affirmed;
 - A determination regarding responsibility is affirmed, but the Disciplinary Sanction(s)/Remedies is/are modified;
 - A dismissal is reversed, and the matter is returned to the Title IX Coordinator to address in accordance with the policy; or
 - 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 Panel Chair, 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 harassment, 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, will be treated as a separate violation of this policy and will result in immediate action by the University to stop the retaliatory behavior, prevent further violations by the perpetrator and remedy any adverse impact of the violation.

The University seeking appropriate 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’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, that 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.

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.

REFERENCES

- [File a Report](#)
- [File a Formal Complaint](#)
- [Office of Student Equity and Compliance](#)
- [Title IX of the Education Amendments of 1972](#)
- [Student Sexual Misconduct and Harassment Policy](#)
- [Policy Prohibiting Discrimination in the Workplace and Educational Environment](#)
- [Student Code of Conduct](#)
- [Disruptive Behavior and Workplace Violence Policy](#)
- [Good Samaritan Policy](#)

Attestation

Please click on the web link below to acknowledge that you have read, understand and agree to comply with the policies included in the CMSRU Student Handbook. I certify that I meet the CMSRU Technical Standards with or without reasonable accommodations. I pledge to abide by the CMSRU Principles of Engagement (Appendix A).

https://docs.google.com/forms/d/e/1FAIpQLSeBqSxaLbh3ELQhfCj6K53Zmm3of-QT0nrXCxGD6KNsfgitgg/viewform?usp=sf_link

Appendices

Appendix A: Principles of Engagement for Students

- We always interact with others with civility and respect
- We speak openly and without fear of retribution
- We welcome healthy disagreement and conflict which is not personal and is always in the best interest of our colleagues, our patients, the CMSRU community, and the wider community
- We foster open communication across and between all sectors of CMSRU
- We readily acknowledge errors and take appropriate action to rectify them
- We value the input of all participants in meetings and discussions
- As members of the CMSRU community, we value each other and embrace peer to peer resolution of conflict
- We assume the good intentions of all members of the CMSRU community and employ a “clear lens” in all interactions
- We work to lift each other up and reject negative comments about individuals, groups, and institutions
- We respect our faculty, staff, and administration and display professionalism in our interactions with them
- We are passionate in our pursuit of excellence
- At all times, our actions are focused on becoming competent, confident, and compassionate physicians
- We abide by the slogan: “Discuss, Debate, but don’t Debase!”

Appendix B: Professionalism Intervention Report – Academic/Non-Academic Issue

[Access the Professionalism Intervention Report – Academic/Non-Academic Issue form online.](#)



**Cooper Medical School
of Rowan University**

****PLEASE SUBMIT THIS VIA EMAIL TO:**

Amy Colcher, M.D., Director of Professionalism via email to colcher-amy@cooperhealth.edu

Professionalism Intervention Report-Academic/Non-Academic Issue

Subject: Concern about Medical Student Performance

From: Print Name: _____
CMSRU Department/Role: _____

Name of Student who warrants attention: _____

Date Incident(s) reported: _____

My concerns about professional behavior of this medical student are based on (check all that apply):
 critical incident series of "red" flags violation of CMSRU policy(s)

I have notified the student of the concerns: Yes No
Method of communication and date:

Breach of Professionalism Details:


Signature (individual filing the report)

Date

Professionalism Intervention Report

Student Name: _____

Student Response (Optional):

 _____
Student Signature

Date

FOR OFFICE USE ONLY:

Form received by Dr. Weisberg

Form sent to the Director of Professionalism

Date: _____
Date: _____

Professionalism Intervention Report

Student Name: _____

Director of Professionalism Note on Intervention:

- Successful resolution of problem
- Remediation still in process (date: _____)
- Needs more/different remediation
- Referred to the Academic Standing Committee:

Comments:



Signature of the Director of Professionalism

Date

FOR OFFICE USE ONLY:

Form sent to Dr. Weisberg as complete

Date: _____

Meeting with Student

Date: _____

Form sent to Academic Standing Committee via the
Senior Associate Dean for Medical Education

Date: _____

Academic Standing Committee Note on Intervention:

- Successful resolution of problem
- Remediation still in process (date: _____)
- Needs more/different remediation
- Placed on Probation: _____
- Removed from Probation: _____
- Recommend Dismissal: _____
- Request for Appeal-Ad Hoc Committee for Student Appeals

Comments:



Signature of the Chair, Academic Standing Committee

Date

FOR OFFICE USE ONLY:

Form received by Academic Standing Committee via the Senior Associate Dean for Medical Education

Date: _____

Form sent to Ad Hoc Committee for Student Appeals

Date: _____


Professionalism Intervention Report

Student Name: _____

Ad Hoc Committee for Student Appeals:

- Remediation Plan (see comments below)
- Successful Resolution of problem
- Recommend Dismissal: _____

Comments:


Signature of the Chair, Ad Hoc Committee for Student Appeals

Date

FOR OFFICE USE ONLY:

Form received by Ad Hoc Committee for Student Appeals

Date: _____

Form received by Senior Associate Dean for Medical Education

Date: _____

Appendix C: Medical Student Professionalism Form – Exemplary Behavior within the Medical Education Program

[Access the Medical Student Professionalism Form – Exemplary Behavior within the Medical Education Program form online.](#)



Medical Student Professionalism Form: Exemplary Behavior within the Medical Education Program

Student Name (type or print legibly)

Date this form was submitted

**PLEASE SUBMIT THIS VIA EMAIL TO CMSRU-OME@ROWAN.EDU OR DROP OFF
TO THE OFFICE OF MEDICAL EDUCATION**

Comments (the circumstance that resulted in this form being submitted):

Signature

Printed Name

Contact # (Phone/email)

THIS SECTION TO BE COMPLETED BY THE STUDENT
My comments are: (optional)

I have read this document.

Student Signature

Date

Comments:

This form is being placed in the student's file.

This form has been forwarded to:

