

THE MOREHOUSE SCHOOL OF MEDICINE, INC.

BYLAWS OF THE FACULTY

**Approved by the Academic Policy Council,
June 26, 2003**

**Updated by the Board of Trustees
May, 2008**

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APPENDICES TO THE BYLAWS OF THE FACULTY

(Which Comprise the Regulation of The Morehouse School of Medicine)

- Appendix I The Maintenance of High Ethical Standards in the Conduct of Research
(Approved July 1, 1983)
(Updated December 12, 1989)
Name change to Research Integrity Policy for Responding to Allegations of
Scientific Misconduct
(Updated July, 2005)
- Appendix II International Program Activities
(Approved March 21, 1986)
- Appendix III Due Process Procedure to Govern Hearing for Faculty Prior to Censure or
Dismissal for Just Cause
(Approved November 20, 1986)
(Updated May 28, 1998)
- Appendix IV Institutional Policy on Faculty Sabbatical Leave
(Approved August 18, 1988)
(Updated November 20, 2003)
- Appendix V Procedure to be used when a Faculty Member has an Unresolved Grievance
(Approved July 27, 1989)
(Updated May 28, 1998)
- Appendix VI Policy Statement on Faculty-Industry Research Relations
Invention Disclosure Form
(Approved June 22, 1989)
- Appendix VII Patent Policy
(Approved June 22, 1989)
(Updated September 2004)
Related forms:
Confidentiality form
Invention Disclosure form
- Appendix VIII Intellectual Property: Copyright and Royalties
(Approved June 22, 1989)
(Updated December 1, 2003)
Related forms: Materials Transfer Agreement
- Appendix IX Involvement of Faculty in New Policies
(Approved November 21, 1991)
- Appendix X Policy for Integrity and the Responsible Conduct of Scholarship and Research:
Guidelines to Encourage Responsible Research Practices
(Approved May 27, 1993)
(Updated July 2005)

Appendix XI	Faculty Appointment and Promotion Process and Policies as Approved by the Board of Trustees <i>(Approved April 4, 1997)</i> <i>(Updated October 28, 1999)</i> <i>(Updated April 9, 2003)</i> <i>(Updated April, 2007)</i>
Appendix XII	Policy for the Transfer of Grants/Equipment <i>(Approved December 18, 1997)</i>
Appendix XIII	Relocation Expenses <i>(Approved October 22, 1998)</i>
Appendix XIV	Teacher/Learner Relationship <i>(Approved May 25, 2000)</i>
Appendix XV	Blood Borne Pathogens <i>(Approved March 22, 2001)</i>
Appendix XVI	Impaired Faculty <i>(Approved April 26, 2001)</i> <i>(Updated January 07, 2005)</i>
Appendix XVII	Educational Use of Copyrighted Works
Appendix XVIII	Licensure Policy <i>(Approved January, 2007)</i>

ARTICLE I

PURPOSE

Purpose

The purpose of these Bylaws is to establish the organizational basis for the governance of the faculty of The Morehouse School of Medicine, Inc (MSM).

ARTICLE II

MISSION AND GOALS OF THE MOREHOUSE SCHOOL OF MEDICINE, INC.

Mission

Morehouse School of Medicine is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

The Mission stated above is accomplished through the current Strategic Plan.

ARTICLE III

POLICY

Preamble

A uniform mechanism for the development and implementation of academic policy is hereby established.

Section 1--Definition of Policy

Policy shall mean a definite course or method of action that serves to guide and determine faculty governance.

Section 2--Development of and Change in Policy

Policy recommendations may arise from several sources. These include the various departments in the basic and clinical sciences, the faculty assembly, the committees of the academic policy council, the academic policy council (APC), the dean, and the president.

Section 3--Establishment of Policy

All academic policy recommendations, whether they come from committees or from the administration, shall be reviewed and acted upon by the APC. If necessary, policy actions of the APC shall be referred by the president to the Board of Trustees for review and decision.

Section 4--Implementation of Policy

Once established, academic policy shall be implemented through the office of the dean. It shall be the responsibility of all departments, offices, committees, and members of the faculty to carry out and enforce said policy.

Section 5--Involvement of Faculty in New Policies

When a new policy that is within the jurisdiction of the APC is to be presented for adoption, it shall be delivered to all members and staff of the APC in the form of a proposal at least 20 days in advance of the APC meeting when it is to be discussed.

Each chairperson shall hold a departmental meeting to discuss the proposed policy and shall integrate the findings of such meeting into the discussion held by the APC.

ARTICLE IV

FACULTY ASSEMBLY

Section 1--Purpose

- A. To establish a forum to promote communication within the faculty.
- B. To enable faculty members to participate in the development and evaluation of academic policies and make recommendations to the dean or APC.
- C. To respond to such matters as may be referred by the dean or APC.
- D. To initiate discussion concerning any matter pertaining to the academic life of MSM.
- E. To help create, maintain and protect an academic environment conducive to growth of scholarship, teaching, and service, and respect for human rights and dignity.

Section 2--Membership

All individuals holding a faculty rank as shown below shall be members of the faculty assembly with vote:

- A. Series I Faculty
FULL-TIME

Professor
Associate Professor
Assistant Professor
Instructor
- B. Series II Faculty
FULL-TIME OR SALARIED FOR 50% TIME OR MORE

Professor of Clinical
Associate Professor of Clinical
Assistant Professor of Clinical
Instructor of Clinical

Research Professor
Research Associate Professor
Research Assistant Professor
Research Instructor

C. Series III Faculty
VOLUNTARY OR SALARIED FOR LESS THAN 50% TIME

Adjunct Clinical Professor
Adjunct Clinical Associate Professor
Adjunct Clinical Assistant Professor
Adjunct Clinical Instructor

Adjunct Professor
Adjunct Associate Professor
Adjunct Assistant Professor
Adjunct Instructor

D. Emeritus

Section 3--Organization

- A. The chairperson shall preside at meetings of the faculty assembly. In the absence of the chairperson, the chairperson-elect shall preside. The chairperson-elect will assume the office of the chairperson for the following year. At the first election, there will be an election for chairperson and chairperson-elect; thereafter, the assembly shall elect chairperson-elect only for one-year term. The dean cannot be elected as the chairperson of the faculty assembly.
- B. A secretary, who shall be elected by the faculty assembly, shall serve for a term of two years and may be re-elected for only one additional consecutive term. The secretary shall prepare the minutes of each meeting of the faculty assembly. The office of the dean shall support the activities of the secretary as requested, shall circulate the minutes, and shall send out notices of meetings and agenda items in a timely fashion.
- C. The faculty assembly shall elect two of its members who are not chairpersons but hold appointment in a basic medical science department and two of its members who are not chairpersons but hold appointment in a clinical science department to serve on the APC. The term of office shall be for two years and individuals may be elected for only one additional consecutive two-year term. At the first election, one member of the basic medical sciences faculty and one member of the clinical sciences faculty shall serve for one year only; thereafter, the assembly shall elect one member of the basic medical sciences faculty and one member of the clinical sciences faculty each year for a two-year term.
- D. From among members of the faculty who shall have served on the APC for at least one year, the faculty assembly shall elect one whose name shall be submitted to the Board of Trustees for election by the Board to its membership for a three-year term. The faculty member so elected has the full rights and privileges of a member of the Board so long as

that individual remains a member of the faculty. However, the agenda placed before the Board concerning faculty policy matters shall be only those recommended by the APC and transmitted by its chairperson to the president.

- E. The faculty assembly shall elect members to serve on each of the following Board of Trustee Committees for a two year term:
 - 1. The committee on Academic Policy, Faculty and Student Affairs (2 members: 1 basic science and 1 clinical science);
 - 2. The committee on Development and External Affairs (2 members: 1 basic science and 1 clinical science); and
 - 3. The committee on Health Services (1 clinical science member).
- F. The faculty assembly shall elect members who are full members of the graduate faculty, but who are not chairpersons, directors of research institutes, or directors of training programs, to serve for a term of two years on the Graduate Education in Biomedical Sciences Committee.
- G. The faculty assembly shall be run by the executive council comprising the chairperson, chairperson-elect, secretary, 2 basic science department representatives, 2 clinical science department representatives, the graduate education in biomedical sciences committee representative and the representative to the board of trustees.
- H. A nominating committee comprised of three members of the basic medical sciences faculty and three members of the clinical sciences faculty, none of whom currently holds an elected office of the faculty assembly, shall be elected at the first meeting of each academic year from among candidates who have been nominated from the floor. This committee shall prepare a slate of nominees, comprised of at least two nominees for each position available, to be submitted to the faculty assembly at the last meeting of the following academic year when elections are held. Additional nominations may be made from the floor for all elective positions.
- I. The executive council may appoint committee(s) to address issues affecting faculty. Each committee shall present its findings to the faculty assembly.
- J. A faculty newsletter may be established to communicate issues and ideas among the faculty members. Similarly, a faculty club may be established that meets on a regular basis such as monthly meetings for exchange of ideas.

Section 4--Elections

- A. All elections shall take place at the last regular meeting of the faculty assembly in each academic year.
- B. The membership of the faculty assembly shall be advised by written notice of the date

and place of the election one month prior to the scheduled meeting and advised be of the elective positions to be filled.

- C. Elections shall be conducted according to Robert's Rules of order. Following the report of the nominating committee, additional nominations may be made. The election shall be carried out by written ballot.

Section 5--Meetings

- A. The faculty assembly shall be convened at least three times each academic year preferably October, January, and April. One month prior to the first meeting of the academic year, the faculty shall be informed by written notice of the dates of all regular meetings to be held that academic year.
- B. The executive council shall be responsible for setting up the agenda for each faculty assembly. An agenda shall be sent to the members of the faculty assembly at least two weeks in advance of each meeting.
- C. Members of the faculty assembly may place items on the agenda by submitting them in writing to the secretary one week prior to the distribution of the agenda. Items which were not included on the written agenda may be considered under "new business" at regular meetings only. In order for an item to be considered at a special meeting, it must be included on the distributed agenda.
- D. A quorum of the faculty assembly shall be determined by the faculty assembly at the first meeting of each academic year. It shall consist of not less than 25 members.
- E. A special meeting of the faculty assembly may be called at the request of the president, or the dean, or on written request of 15 members of the faculty. The request shall be presented to the chairperson together with a statement of the reasons for the meeting. Such a special meeting, which shall consider only the matter for which the meeting was called, shall be convened within two weeks after presentation of the request. The membership of the faculty assembly shall be apprised by written notice of special meetings at least one week in advance of the meeting which notice shall include an agenda listing the items to be considered.

Section 6--Meeting Agenda

- A. All meetings shall be conducted according to the latest edition of Robert's Rules of Order.
- B. The agenda for regular meetings shall include:
 - 1. Call to order
 - 2. Approval of minutes of the last regular and special meetings
 - 3. Reports and communications
 - 4. Reports and business

5. New business
 6. Adjournment
- C. The agenda for a special meeting shall include:
1. Call to order
 2. Reading of the notice for the meeting
 3. Transaction of business for which the meeting was called
 4. Adjournment
- D. The president and/or the dean shall provide faculty with an executive summary a week before the faculty assembly and have an opportunity to answer questions related to the submitted report.
- E. The faculty assembly may consider and discuss any matter relating to MSM. All recommendations adopted by vote of the faculty assembly shall be forwarded to the APC for its consideration.
- F. Faculty representatives to the APC shall present and speak to the issues referred to the APC by vote of the faculty assembly. At each regular meeting of the faculty assembly one or more faculty representatives shall report on all pertinent actions of the APC, particularly as they relate to issues referred to that body by the faculty assembly.

ARTICLE V

ACADEMIC POLICY COUNCIL

Section 1--Authority

The Academic Policy Council shall be the body of the faculty that develops and oversees the academic policies of MSM.

Section 2--Organization

A. Presiding Officer

The dean, or a designee, shall preside at all meetings of the APC.

B. Secretary

The dean's office shall appoint a recording secretary for the preparation of the minutes of the meetings.

C. Membership

The membership of the APC shall include:

1. Dean
2. President
3. Associate Dean for Student Affairs
4. Director, Library
5. Chairpersons of basic and clinical sciences departments and the department of medical education
6. Two elected representatives of the faculty assembly, who are not department chairpersons, but are members of a basic medical sciences department.
7. Two elected representatives of the faculty assembly, who are not department chairpersons, but are members of a clinical sciences department.
8. Student Government Association (SGA) President

D. Additional Membership

Additional members may be designated only after approval by the APC.

E. Voting Rights

All members of the APC shall be voting members except as explicitly stated herein. A substitute attending for a voting member may not vote. No person may have more than one vote.

Section 3--Responsibilities

The APC shall receive, review, and take action on all matters appropriately referred to it by the dean, committee chairpersons, members of the APC, or by the faculty assembly, especially as these matters concern academic policy in the following areas:

- Admission of students
- Evaluation and promotion of students
- Faculty appointments and promotions
- Curriculum development and evaluation
- Library
- Research
- Laboratory animal care
- Hospital relationships
- Continuing Medical Education

Section 4--Committees of the Academic Policy Council

- A. To facilitate its work, the APC shall elect the individuals who shall serve on its standing committees.

In those circumstances where the relevant work of a standing committee of the APC can be performed more expeditiously by an inter-institutional committee, the APC shall elect the representative(s) to such committee(s) and shall require that an annual report be submitted as for inter-institutional committees.

- B. Committee Chairperson

Wherever feasible the chairperson of a standing committee shall be a member of the APC. However, individuals who are especially qualified but are not members of the APC may also serve as chairpersons. Under such circumstances, a member of the APC shall be appointed to serve on that particular committee.

The chairperson of each committee shall be responsible to the chairperson of the APC.

C. Committee Membership

Committees shall include members of the faculty not serving on the APC. Ex-officio members who are charged with carrying out the actions of a committee shall not be voting members of that committee. Ex-officio members who are not charged with carrying out the actions of that committee shall have voting privileges. An ex-officio non-voting member of a committee may not serve as chairperson of that committee.

D. Appointment of the Chairperson and Committee Members

All appointments shall be made by the APC upon recommendation of the Committee on Committees of which the dean shall be a member.

E. Length of Appointment

Committee appointments shall be made for a three year term. The chairperson shall be designated annually. Except where explicitly stated herein, a member may be reappointed for only one additional consecutive three-year term. Committee appointments shall be staggered to insure continuity. Terms shall commence at the beginning of the academic year which shall coincide with the fiscal year of MSM.

F. Committee Reports

All committees shall make their reports and recommendations to the APC. The chairperson of each committee shall prepare an annual report concerning the committee's activities.

G. Committee Composition

Unless otherwise stipulated in the Bylaws, the size and composition of each committee shall be determined by the chairperson of the APC according to the tasks to be accomplished.

H. Ad Hoc or Advisory Committees

When indicated, an ad hoc committee may be appointed to serve a special need of the APC. The dean shall recommend the individuals to serve on the ad hoc committee, but the APC shall approve the appointments.

I. Adding to or Discontinuing Committees of the Academic Policy Council

1. If a new standing committee is to be established, it shall be accomplished by amending the Bylaws. Prior to any such action the APC shall refer the matter to the Committee on Committees for study and recommendation.

2. If a standing committee is to be discontinued, it shall be accomplished by amending the Bylaws. Prior to any such action, the APC shall refer the matter to the Committee on Committees for study and recommendation.

J. Operation of Committees

Committees of the APC perform administrative tasks in addition to recommending changes in policy. All such committees, in the performance of their tasks, shall function within the policies established by the APC. If matters arise where a clear policy has not been established, or if a committee wishes to recommend that an established policy be changed, the committee shall formulate a recommended policy statement which the committee chairperson shall present through the chairperson of the APC to the APC. The committee shall subsequently function in accordance with such policy decisions as the APC may adopt.

K. Committee Support

The office of the dean shall provide administrative support to the APC and its committees. A staff person (non-faculty) may be appointed as an ex-officio member of a committee if he or she has explicit knowledge of facts that are necessary for the deliberation of the committee. Such an individual may maintain the minutes, assist the chairperson and prepare the agenda.

L. Standing Committees

Admissions Committee

This committee shall review and recommend admission of medical students to MSM. This committee shall be exempt from the rule limiting committee membership to two consecutive three-year terms.

Bylaws Committee

All matters relating to modification of the Bylaws of the Faculty shall be referred by the APC to this committee which, in turn, shall draft a recommended statement for consideration by the APC.

Committee on Committees

The committee shall be comprised of the chairperson of the APC and four members of the APC elected by the APC, one of whom shall be elected chairperson of this committee. One of the members shall be a second year representative of the faculty assembly who serves on the APC. The committee shall review the composition of all committees of the APC and shall recommend the persons to be appointed to those committees. It shall also recommend annually the person who shall chair each committee.

Continuing Medical Education Committee

This committee shall review all aspects of MSM's participation in directly sponsored and jointly sponsored continuing medical education activities.

Curriculum and Evaluation Committee

The Curriculum Committee has the integrated institutional responsibility for the overall design, management, implementation, and evaluation of a coherent and coordinated curriculum leading to the MD degree. It is charged:

- To develop a curriculum which will lead to the fulfillment of the objectives and mission of the Morehouse School of Medicine
- To examine and evaluate the objectives, content, and pedagogy of each segment of the curriculum, as well as the curriculum as a whole, through continuing review of curriculum design, organization, and teaching.
- To evaluate the effectiveness of the educational program by documenting the extent to which its objectives have been met using an appropriate variety of outcome measures including student evaluations of their courses and teachers
- To develop and recommend to the Academic Policy council policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships
- To approve required and elective courses and clerkships including those continuing and those proposed
- To evaluate the resources needed and available for the implementation of the curriculum, set priorities, and make recommendations for the allocation of those resources.

Faculty Appointment and Promotion Committee (FAPC)

This committee shall be comprised of seven full professors and the dean (ex-officio non-voting). Three members shall be appointed from the basic medical sciences departments, and three shall be appointed from the clinical sciences departments. The seventh member may be from either a basic science or a clinical science department. This committee shall review recommendations for appointment, reappointment, and promotion of members of the faculty as required by these Bylaws.

This committee, together with the dean and the president, shall also conduct an annual review of the number of series I and series II full-time professorships, associate professorships, assistant professorships and instructorships within the total faculty and the distribution of these ranks within each department. The number of such senior faculty (associate professors and professors) should not exceed 60% to 65% of the total.

This committee shall make its report to the APC together with its estimate of the number of new series I and series II full-time associate professors and/or professors it believes should be made available in the next academic year. When this report has been approved

by the APC, the dean and the president, it shall be used by the FAPC and the APC to guide its recommendations with respect to appointments and/or promotions.

Graduate Education in Biomedical Sciences Committee

This committee shall oversee the program of study leading to the Doctor of Philosophy degree in Biomedical Sciences as well as the Masters of Science in Clinical Research. It is the responsibility of the GEBSC to make policy recommendations concerning admissions, curriculum, graduation, the assignment of research advisors and the possible waiver of course work towards awarding of the Ph.D. and Masters in Clinical Research (MSCR) degrees. It shall also recommend individuals to the APC to be awarded these degrees.

Graduate Medical Education Committee

The Graduate Medical Education Committee shall provide governance of graduate medical education programs on behalf of the institution. This committee will be assigned the tasks of institutional policy development, program review and the investigation of administrative and academic functioning of residency programs and support of the residency /GME programs in adherence to ACGME requirements and accreditation policies.

Library Committee

This committee, of which the director of the library shall be member a (ex-officio non-voting), shall develop and recommend policies for the provision of effective library services for students and faculty. It shall serve, also, as an advisory committee to the director of the library with respect to procedures, selection of monographs and periodicals, and such other matters as the director may bring to its attention.

MPH Admissions Committee

The Committee on MPH Admissions is responsible for the acceptance of all students entering the MPH program at MSM. Members are selected for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually. One student representative, elected by the MPH Student Government, serves for a one year term.

MSM encourages applications from and gives full consideration to all applicants for admissions and financial aid without regard to sex, race, handicap, color, creed, or nationality, or ethnic origin. The Committee selects students who are most likely, in its opinion, to become the best students and public health professionals. Selection of students by the MPH Admissions Committee is made after considering many factors including academic readiness, motivation, aptitude, and public health experience and exposure. Other criteria for admission are established by MPH Advisory Committee Program, Faculty, and implemented by the Committee.

MPH Curriculum and Evaluation Committee

The charge to the Curriculum Committee is to develop a curriculum that will lead to the fulfillment of the objectives of the MPH program. The Committee is responsible for planning the academic calendar, class schedules, and the determination of core, integrated, and elective course offerings. The Committee also evaluates all segments of the curriculum, including student evaluations, to identify potentially ineffective sequences, unnecessary repetitions, and subject areas that may require more emphasis. The Committee is charged with conducting a continuing review of curriculum design, course organization, and teaching performance to formulate specific recommendations for modifying courses in the interest of improving the curriculum. In addition, the Committee is expected to review the descriptive outline of each course prior to incorporation in the curriculum. Each course is reviewed every two years. Annual report is made by the Program Director to the APC.

The Committee membership and Chairperson are selected by the APC following the recommendation of the Committee on Committees. Members serve for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually. One student representative, elected by the MPH Student Government, serves for a one year term.

MPH Students Academic Progress and Promotion Committee (SAPC)

The MPH SAPC is a standing committee of the APC. Its membership and Chairperson are selected by the APC following the recommendation of the Committee on Committees. The MPH Director submits recommendations of committee members to the Committee on Committees. Members are assigned for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually.

The Committee is charged with monitoring the academic performance of each MPH student. The Committee evaluates and makes recommendations for each student in accordance with the guidelines established and approved by the faculty. It evaluates unusual problems that students may encounter and assures that guidelines are applied in a fair and equitable manner. It determines satisfactory academic progress, probation, or dismissal for academic reasons.

The SAPC convenes at periodic intervals to monitor the personal and professional development of all MPH students and to make appropriate decisions and recommendations. The committee considers interim and final grades, qualitative evaluations, practical experiences, as well as additional evidence submitted by the student or others that might have a bearing on the student's progress.

The Committee also reviews and approves recommendations for remediation submitted by the Track Coordinators. Student's progress in the curriculum is tracked by the SAPC to determine students eligible to enter degree candidacy. Students who have met all the

requirements are recommended by the Vice President of Student Affairs to the APC (chaired by the Dean) as candidates for receipt of the MPH degree.

All committee decisions regarding student promotion, graduation and dismissal are communicated to the Vice President for Student Affairs, who in turn presents it to the APC for review and approval. The Associate Dean for Student Affairs communicates Committee decisions regarding graduation and dismissal to the student. All decisions are also communicated in writing to the MPH Program Director, the Track Coordinator, and others deemed appropriate by the Dean.

Research Development Committee

It shall be the responsibility of this committee to facilitate the development and maintenance of an institutional biomedical research capability of high quality.

Students Academic Progress and Promotion (SAPP) Committee

This committee shall be composed of faculty from basic and clinical sciences departments. It shall make decisions regarding student promotion, retention and dismissal. It shall also recommend individuals to APC to be awarded the degree of Doctor of Medicine.

Student Fiscal Affairs Committee

This committee shall recommend to the APC the institutional policies, guidelines, and operating procedures covering all aspects of student fiscal affairs.

M. Other Committees

Institutional Review Board

This committee shall be comprised of members of the faculty and such other persons as may be required by federal, state or local regulations. It shall review all research protocols that propose any participation by human subjects in research activities. It shall require investigators to comply with all applicable federal, state or local requirements in any and all research activities in which human subjects are involved. Due to its regulatory activities, this committee shall be exempt from the rule limiting committee membership to two consecutive three-year terms.

IRB will be independent of the APC in its decision making, but will make an annual report to the APC. The assignment of MSM faculty members will remain the responsibility of the Committee on Committees.

Institutional Animal Care and Use Committee

This committee, of which the Director of the Center for Laboratory Animal Resources shall be a member (ex-officio non-voting), shall review and make decisions on policies and procedures that will enable MSM and other AUC institutions included in the Presidents' Agreement to meet all applicable federal, state or local requirements for the

safe and humane treatment of experimental animals. It shall review the costs for the care of animals and make recommendations regarding charges. It shall make recommendations regarding the security of animals against vandalism. Due to its regulatory activities, this committee shall be exempt from the rule limiting committee membership to two consecutive three-year terms.

Institutions receiving PHS funding are required to maintain an IACUC committee that includes a chair, veterinarian, practicing scientist(s), a non-scientist and a nonaffiliated member. Recommendations for MSM faculty members to serve on the MSM IACUC will be made by the IACUC chair for approval by the Committee on Committees.

IACUC will be independent of the APC in decision making, but will make an annual report to the APC. The assignment of MSM faculty members will remain the responsibility of the Committee on Committees.

Institutional Safety Committee

The Institutional Safety Committee will oversee all institutional environmental and health safety issues. It will oversee regulatory compliance with various agencies (EPA, OSHA, USDA, NRC, ATF, NIH, etc.). Membership will be comprised of a full time safety officer (staff), basic and clinical science researchers, clinicians, institutional administrators and community advocates. The full time staff of the Environmental and Infection Control Committee, Institutional Safety Committee and Radiation Safety Committee will serve as adhoc members.

Environmental and Infection Control Committee

This committee shall serve as a liaison between various departments, organizations and groups, both inside and outside of MSM, to provide education, information and guidelines on communicable infectious diseases that are of public health concern. The committee shall be composed of clinical and basic science faculty, other teaching and non-teaching employees, as well as student representatives from the medical, graduate and residency programs.

Institutional Biosafety Committee

This committee shall be composed of members of the faculty and such other persons as may be required by federal, state, or local regulations. It shall review all research protocols that propose the use of materials that may pose a biohazard. It shall require investigators to comply with any and all applicable federal, state or local requirements relating to procedures in which materials are used and considered to pose a biohazard.

Radiation Safety Committee

The Radiation Safety Committee (RSC) is the governing body for all aspects of radiation protection within Morehouse School of Medicine (MSM) and the Atlanta University Center (AUC), including all affiliated research, clinical, instructional and service units utilizing radiation sources in facilities owned or

controlled by MSM and the AUC. The RSC will ensure that all possession, use and disposition of radiation sources by MSM/AUC personnel complies with pertinent federal and state regulations and with the specific conditions of licenses issued to MSM/AUC, and that all associated radiation exposures are maintained As Low As Reasonably Achievable (ALARA).

Section 5. Meetings of the Academic Policy Council

- A. Meetings shall be held at monthly intervals at a regular time and place to be agreed upon. The schedule of meetings for the next year shall be adopted by the APC at the last meeting in each academic year, such schedule to be circulated with the agenda for the first meeting in the next academic year. Minutes shall be kept by the secretary that reflects the deliberations and actions of the APC at each of its meetings.
- B. An agenda specifying the items for consideration, including supporting documents, shall be prepared by the chairperson and distributed, together with minutes of the previous meeting, to members one week prior to the regular meeting date.
- C. The chairperson, or three members of the APC, may request a special meeting. A written statement indicating the date, time, place and the reason for the special meeting shall be distributed by the office of the dean to all members three days in advance of the special meeting.
- D. A simple majority of members of the APC shall constitute a quorum for transaction of business.
- E. The APC may, by a majority vote of those present, go into executive session for discussion of a specific matter, such executive session to be attended only by members of the APC. If a vote is taken in executive session, the text of the motion and the result of the vote shall be announced by the chairperson when the council reconvenes in open session.
- F. Proxy or Mail Balloting

Members may not vote by proxy. With the consent of the APC, a mail ballot to poll all members may be conducted to obtain their views on a specific matter but official action shall require approval of the APC at a regular or special meeting.
- G. Attendance at Meetings by Persons Other than Members
 - 1. When committee reports are to be considered the committee chairperson will present the committee report and may invite other committee members, who can supplement or clarify the report, to attend.

2. With the approval of the chairperson, other persons who may serve as a valuable resource to the APC may be invited to attend.
3. Any member of the faculty may attend regular or special sessions of the APC as an observer.

H. Conformity of APC Policies to Board of Trustees Policies

It is expected that the policies adopted by the APC, while more detailed than those of the Board of Trustees, shall not be in conflict with Board policies. The president shall be obligated to present to the Board of Trustees any matter which the APC, by vote, shall determine to be of such import that it needs review at that level. Similarly, the president shall bring to the attention of the APC any action which the president, or the Board, believes to be in conflict with established Board policy.

ARTICLE VI
ORGANIZATION

Section 1--Board of Trustees

The Articles of Incorporation establishing the MSM as an independent institution defines the authority of the Board of Trustees for the operation of MSM.

The Bylaws of the Board of Trustees provide that the Board shall elect a president who "shall be the chief executive officer of the corporation and shall have general supervision and direction of the corporation, subject to the direction of the Board of Trustees and to the policies which it may establish." The president is required to be a member of the Board of Trustees.

Section 2--The President

- A. The Board of Trustees shall elect a chief executive officer of the corporation to hold office at the discretion of the Board.
- B. The president shall be the executive head of MSM in all its departments and is responsible for the development, organization and general supervision of all its interests; the president may act with freedom within the lines of general policy approved by the Board. The president shall lead in fostering and promoting education, research and public service.
- C. The president shall be an ex-officio member of any committee or council of the faculty that may be established. The president shall have the authority, as delegated by the Board of Trustees, to act on all appointments to the faculty, administration and staff. The president shall keep the Board informed of such actions. The president shall be the official medium of communication between the faculty, staff and students to the Board and its committees.
- D. The president shall have authority in all matters of student discipline in accordance with the rules and regulations of the faculty and the Board. The president shall draft the annual budget and advise the Board in all matters of expenditure. The president shall preside at commencements and upon all other public academic occasions. The president shall appoint such other administrative officers as are necessary to carry out effectively the operation of MSM and may delegate to them certain functions with the authority necessary for their proper discharge, but the final authority and responsibility for the administration of MSM shall rest with the president as delegated by the Board.

Section 3--The Dean

- A. The dean shall serve as the chief academic official of MSM. The dean shall be appointed by the Board of Trustees on recommendation of the president and of a search committee comprised of members of the faculty, the administration and the student body. The faculty members of the search committee shall be appointed by the APC on recommendation of the Committee on Committees.
- B. The dean shall report to the president and be responsible to the president for the development and implementation of all programs of education, medical service and research.
- C. The dean shall serve as chairperson of the APC.
- D. The dean, and the office of the dean, shall facilitate the work of the APC and of its committees and shall administer those policies adopted by the APC.
- E. The office of the dean shall be organized in such a manner as will provide assistance to the work of the faculty and the students. The organization shall include but not be limited to:

- An Office of Student Affairs
- The Library

The dean may appoint such assistant or associate deans as may be deemed necessary and may delegate to them certain functions together with the authority necessary for the proper discharge of their duties.

- F. The dean shall draft, with the assistance of department chairpersons, an annual budget for support of the academic programs of MSM and shall submit this proposal to the president.
- G. The dean shall prepare an annual report reflecting the accomplishments, needs, and proposed development of the academic programs of MSM.
- H. The dean shall consult from time to time with advisory committees of the basic and clinical sciences departments regarding matters that relate to the implementation of academic policies:
 - 1. The Basic Medical Sciences Advisory Committee shall be comprised of the dean as chairperson and the following persons:
 - a. Basic sciences departmental chairpersons
 - b. Associate or assistant deans
 - c. Directors of other offices as requested by the dean

2. The Clinical Sciences Advisory Committee shall be comprised of the dean as chairperson and the following persons:
 - a. Clinical departmental chairpersons
 - b. Associate or assistant deans
 - c. Directors of other offices as requested by the dean
3. Although many of the persons serving on the advisory committees to the dean will be members, also, of the APC, the advisory committees shall have no authority to establish academic policies for MSM.

Section 4--Academic Departments

- A. The academic departments in the basic sciences established by these Bylaws shall include:
 - Anatomy and Neurobiology
 - Microbiology, Biochemistry and Immunology
 - Pharmacology and Toxicology
 - Physiology
- B. The academic departments in the clinical sciences established by these Bylaws shall include:
 - Community Health and Preventive Medicine
 - Family Medicine
 - Medicine
 - Obstetrics and Gynecology
 - Pathology
 - Pediatrics
 - Psychiatry and Behavioral Sciences
 - Surgery
- C. Department of Medical Education

Section 5--Department Chairpersons

- A. The chairperson of a department is an administrative officer responsible for developing, within a defined area of scientific knowledge, instructional programs for medical and graduate students and research programs appropriate to the respective department. The department chairperson shall coordinate the teaching and research activities of faculty members in the department and shall assist in their academic development. The chairperson annually shall prepare a written evaluation of each salaried member of the department and shall share such evaluation with the faculty member. These evaluations

shall follow a format to be developed and/or approved by the APC. The annual evaluations shall be given substantial consideration by the chairperson in making recommendations of members of the department for promotion and for continued appointment.

In addition to sharing the evaluation report with the faculty member, the departmental chairperson shall provide guidance to members of his department at such times and under such circumstances as will be helpful in the promotion of their academic development.

- B. Department chairpersons shall be selected on recommendation of an ad hoc search committee of the faculty appointed by the dean. The search committee shall make a recommendation to the dean with respect to the title, department chairperson; it shall recommend academic rank for the nominee to the APC through the Faculty Appointment and Promotion Committee.
- C. A department chairperson shall:
 - 1. Report to the dean
 - 2. Serve as a member the APC and participate in the work of the APC and of its committees.
 - 3. Prepare for the dean a draft of a budget to support the activities of the departmental program.
 - 4. Prepare an annual report describing the activities of the program, and the needs and plans for further development.
 - 5. Be reviewed after having served for a period of five years, and after each subsequent five-year period, by an ad hoc committee appointed by the dean. The committee shall report its findings to the dean and shall make a recommendation regarding continued appointment.
 - 6. A chairperson may use one of the following titles as desired and appropriate:
 - a. Chairman
 - b. Chairwoman
 - c. Chair
 - d. Chairperson

Section 6--Center for Laboratory Animal Resources

- A. A laboratory for the care of animals used in teaching and research shall be maintained according to all applicable federal, state and local regulations.
- B. A director of the laboratory shall be recommended for appointment by the dean in consultation with the Institutional Animal Care and Use Committee. The director, who shall report to the dean, shall supervise the laboratory and shall provide expert assistance to the faculty for the utilization of the laboratory in an optimal fashion.

Section 7--Administrative Appointment and Responsibility

The Board of Trustees shall hold the president, as chief executive officer, responsible for the proper functioning of MSM and shall delegate full authority to accomplish this objective within the policies that the Trustees shall from time to time adopt.

The president may delegate certain authority to other administrative officers and shall hold them responsible for the proper functioning of their department, office, or other administrative unit. The administrative officers serve at the pleasure of the president, and administrative appointments may be terminated at any time. Such terminations shall not affect any academic appointment that the administrative officer may hold concurrently.

ARTICLE VII

THE PROFESSORATE

This article summarizes governance issues related to faculty appointment, reappointment and promotion. The complete process and policies related to these issues are contained in the *Academic Appointment and Promotion Process and Policies* document as approved by the Board of Trustees. These procedures shall be incorporated in the regulations of MSM as an appendix to the Bylaws.

Section 1--Faculty

The faculty shall consist of all persons holding the rank of professor, associate professor, assistant professor, or instructor within MSM, as well as those with the title of Emeritus. Appointment to these ranks shall be given only to individuals who meet the qualifications stipulated herein and in the *Academic Appointment and Promotion Process and Policies* document.

Section 2--Series

A. Series I

Faculty in series I are expected to make significant contributions in all three areas of academic endeavor (teaching, scholarly activity, and service). Distinction and outstanding performance in one area plus competence as defined in the criteria for evaluation in the other two areas are essential. The area of academic endeavor in which the candidate excels or has achieved a national reputation should be specified for series I associate professors and professors.

Academic titles in series I are not qualified by a modifier and are limited to full-time faculty. Those faculty at the rank of instructor or assistant professor are subject to a non-renewal policy, which limits the number of years a faculty member may aggregate in these ranks. Reappointment beyond these limits must be accompanied by a recommendation for promotion; otherwise the faculty member shall be subject to termination.

An appointment at the rank of instructor, only, may be recommended by a chairperson to the dean, without review by the FAPC. Promotion in series I should not be considered an automatic result of length of service to MSM.

B. Series II

Series II appointment allows for the appointment and retention of those faculty members who, because of their special capabilities and responsibilities, may not participate in all three areas of academic endeavor, but meet the requirements in at least two areas.

Faculty in series II are not necessarily expected to make contributions in all three areas of academic endeavor (teaching, scholarly activity, and service), but must contribute significantly in at least two areas. Academic titles in series II are qualified by a modifier and awarded to faculty who are salaried for 50% time or more. Series II faculty are entitled to full faculty benefits and privileges. Promotion in this series must not be considered an automatic result of length of service to MSM.

An appointment at the rank of instructor, only, may be recommended by a chairperson to the dean without review by the FAPC.

C. Series III

Series III appointments are reserved for individuals who contribute in one or more areas of academic endeavor (teaching, scholarly activity, and service). Academic titles in series III are qualified by a modifier and are awarded to faculty who are voluntary or salaried for less than 50% time. Promotion in this series must not be considered an automatic result of length of service to MSM.

The rank of instructor and assistant professor, only, may be recommended by a chairperson to the dean without review by the FAPC.

Section 3--Primary, Secondary, and Dual Appointment

1. Primary Academic Appointment

A primary academic appointment designates the department receiving the major portion of the faculty member's academic services. All faculty members have a primary appointment in one of the academic departments.

2. Secondary Academic Appointment

A secondary academic appointment designates another department receiving regular academic services from the faculty member. An individual is limited to two (2) secondary faculty appointments in addition to their primary appointment. Secondary appointments are contingent upon the continuation of a primary appointment. Should an individual resign or be removed from a primary appointment, then such resignation shall constitute concurrent resignation from all secondary faculty appointments.

3. Transfer of Appointment

The primary appointment in a given academic department may be transferred to a department in which the faculty member holds a secondary appointment. The former secondary department will then become the new primary department.

Section 4--Requirements for Appointment and Promotion

A. Teaching, Scholarly Activity, Service

1. Teaching

MSM explicitly recognizes the importance of quality instruction and student development as fundamental to the professorial role. All faculty are expected to contribute to the development of our instructional programs. Both quality and quantity of instruction are important; however, quality of instruction is the major criteria. Indicators of the quality of instruction represent important, but not exclusive, entities in promotion decisions.

2. Scholarly Activity

Scholarship is defined as the development and dissemination of knowledge or changes in pre-existing information or mastery of one or more of several academic components. The attainment of such information is not confined to a specific setting, but may include classical “bench” research, as well as creative activity in the clinical and Sabbatical fields. Regardless of form, the candidate must demonstrate promise of continued productivity.

3. Service

Service to MSM, community, and profession is an important factor to consider for appointment and promotion. Excellence in clinical service is exemplified by the application of relevant knowledge, clinical skills, and interpersonal attributes to the prevention, diagnosis, investigation, and management of clinical problems. All faculty members are expected to contribute in the area of service. Excellence in service alone is not a sufficient basis in and of itself for attainment of promotion.

B. General Requirements

As a general rule, qualifications for faculty appointment or promotion relative to the education, training, achievement, and general level of preparation and effectiveness are the same regardless of series. If the highest degree earned is less than a doctoral, then the candidate’s credentials must be considered exceptional. In exceptional cases, outstanding professional experience and demonstrated contributions to the teaching discipline may be presented in lieu of formal academic preparation. Consideration by the FAPC of those individuals not meeting the minimum eligibility requirements will be given only upon the recommendation of the department chair. The dean must endorse the proposal as a legitimate exception.

C. Specific Requirements

Each department shall have a written statement of the specific criteria and procedures for appointment and promotion for each rank that shall be consistent with the general institutional statement of criteria and procedures for appointment and promotion. These guidelines should include a process for providing peer review of credentials and must be developed and approved by the departmental faculty. A minimum of three departmental faculty members at or above the rank sought should participate in the peer review of the credentials. In cases where there are insufficient departmental faculty at the appropriate rank, additional reviewers at the appropriate rank may be recruited from another department. All departmental procedures must be presented to the Faculty Appointment and Promotion Committee and, thereafter, approved by the APC prior to adoption.

D. Procedures

All recommendations for faculty appointment and promotion shall originate through an established department or the office of the dean, and shall be based on individual achievements of teaching, scholarship, and service. Both the rank and the academic field shall be designated. In cases where the academic field of the individual differs from an established department, the specific academic field may also be shown (e.g., Professor of Psychology in Psychiatry).

For promotion consideration at the rank of Associate Professor and Professor in all series, the matter shall be laid on the table until the next APC meeting and action taken only after a second hearing. If, at the second APC meeting, the promotion as approved, the dean shall forward the promotion to the president.

On recommendation of the appropriate chairperson, a faculty member who has rendered outstanding service to MSM may be appointed to Emeritus status in the same rank and category held at the time such recommendation is made. To be Emeritus eligible, the faculty member shall be fully retired from Morehouse School of Medicine, or be unable to render further service by reason of permanent disability.

E. Term

1. Series I

The individual to be appointed to a series I position shall be offered an initial appointment for a term as shown below:

Professor	3 to 5 years
Associate Professor	2 to 3 years
Assistant Professor	2 years
Instructor	1 year

Faculty members shall be eligible for reappointment for a term which falls within the range for their rank as shown above for initial appointment.

Professors and associate professors shall not be limited with respect to the number of terms to which they may be appointed.

Assistant professors may be reappointed for terms which do not aggregate more than six years of service at MSM. If during this period the faculty member is not promoted, he or she will be offered a terminal appointment for one additional year.

Instructors may be reappointed for terms which do not aggregate more than three years of service at MSM. If during this period the faculty member is not promoted, he or she will be offered a terminal appointment for an additional six months.

2. Series II

The individual to be appointed to a series II position shall be offered an appointment for a term as shown below:

Professor	1 to 3 years
Associate Professor	1 to 3 years
Assistant Professor	1 to 2 years
Instructor	1 year

Faculty members shall be eligible for reappointment for a term which falls within the range for their rank as shown above for initial appointment. Appointment to series II are for a specified period of time, are subject to annual reviews, and can be, but are not automatically, renewed an indefinite number of times within the guidelines of MSM.

3. Series III

Appointments to series III are for a period of two years or less.

A recommendation for renewal of appointment is required every two years; otherwise the appointment automatically lapses. Appointment renewals shall be at the discretion of the department chairperson and the dean.

F. Expectation of Continued Appointment

The academic functions performed by MSM are facilitated by a policy which defines for the faculty what they may reasonably expect regarding continued appointment. Although an academic tenure policy has not been established by the Board of Trustees, it is the Board's desire that the faculty be encouraged to expect continued appointment under the terms set forth in this section.

Faculty members appointed initially to higher academic ranks have had greater experience and have demonstrated greater academic accomplishments than those just entering the field. MSM can rely on the past performance of these more experienced academicians and is willing, therefore, to offer a longer term of initial appointment.

Policies relating to continued appointment apply to the academic appointment only. If the individual faculty member holds a concomitant administrative appointment the policy set forth in “Article VI, Section 7--Administrative Appointment and Responsibility” applies.

Section 5--Evaluation

A. Faculty Evaluation

The chairperson annually shall prepare a written evaluation of each salaried member of the department and shall share such evaluation with the faculty member. These evaluations shall follow a format to be developed and/or approved by the APC.

The annual evaluations shall be given substantial consideration by the chairperson in making recommendations of members of the department for promotion and for continued appointment.

In addition to sharing the evaluation report with the faculty member, the departmental chairperson shall provide guidance to members of his department at such times and under such circumstances as will be helpful in the promotion of their academic development.

B. Chair Evaluation

A department chair shall be reviewed after having served for a period of five years, and after each subsequent five-year period, by an ad hoc committee appointed by the dean. The committee shall report its findings to the dean and shall make a recommendation regarding continued appointment.

ARTICLE VIII

ACADEMIC FREEDOM, FACULTY GRIEVANCE, JUST CAUSE AND DUE PROCESS

Section 1--Academic Freedom

1. Every member of the faculty shall be entitled to exercise academic freedom.
2. Definition:
 - a. Faculty are entitled to freedom in the conduct of research and in the publication of results, subject to the adequate performance of other academic obligations.
 - b. Full time faculty who is salaried by MSM shall obtain approval from the dean before engaging in teaching, research or consultation for monetary return paid by individuals or organizations other than MSM. Full time clinical faculty members, who are licensed to practice medicine in Georgia, shall become members of Morehouse Medical Associates, Inc., and shall abide by the provisions of the Bylaws of that organization with respect to all medical practice activities.
 - c. A faculty member is entitled to present and discuss with students in the classroom any matter relating to their own field of academic competence. One should avoid introducing into his or her teachings those matters which have little or no direct relation to one's own field.
 - d. Any limitations on academic freedom specifically related to the objectives of MSM shall be stated clearly in writing to the faculty member at the time of initial appointment.
 - e. The faculty member, as citizen, is also a member of a learned profession and a member of a Sabbatical institution. When one speaks or writes as a citizen, he or she shall be free from institutional censorship or discipline, but one's institutional affiliation imposes special obligations. As a learned individual and an educator, one should at all times be accurate, exercise appropriate restraint and show respect for the opinions of others. In order that the public not judge one's profession or one's institution by his or her statements, one should make clear that he or she is speaking for themselves alone. When one makes such statements in writing, he or she may not use the letterhead of MSM.

3. Failure of a faculty member to discharge properly the responsibilities cited in the academic freedom statement, as outlined above, may lead to censure or, in grave cases, to dismissal as provided in the section of Just Cause.

Section 2--Faculty Grievance

A faculty member, who may have a significant unresolved grievance, may take the matter to the dean after he has presented the issue in writing to the appropriate department chairperson and has had a personal discussion with that administrative officer.

If the grievance involves a serious personal difference between a faculty member and a department chairperson, the faculty member may take that issue directly to the dean.

The dean shall first attempt to resolve the matter with the parties, but failing to do so, the dean shall appoint, at the request of the faculty member, or at the dean's discretion, an impartial ad hoc committee to hear the grievance. Such committee shall be appointed within two weeks and shall proceed promptly to make inquiry for the purpose of determining the facts on which the grievance is based. It shall report its findings to the faculty member, the department chairperson, and the dean.

A specific set of procedures regarding the faculty grievance process shall be incorporated into the regulations of MSM as an appendix to these Bylaws.

Section 3--Just Cause

A faculty member may be censured or dismissed for just cause defined as follows:

1. Professional incompetence;
2. Neglect of duty;
3. Misconduct in teaching or in the conduct of research;
4. Conduct which significantly impairs his or her ability or that of others to carry out academic or administrative responsibilities to MSM;
5. Dishonesty, criminal conduct, or engaging in slanderous or libelous activity;
6. Violation of discrimination, sexual harassment or drug free workplace policies or other policies of MSM; and,
7. Breach of confidentiality as required by law or established school policy.

A specific set of procedures regarding just cause and dismissal shall be incorporated into the regulations of MSM as an Appendix to the Bylaws.

Section 4--Due Process

1. No member of the faculty may be censured or dismissed for just cause without due process. Due process means that an individual may not be censured officially nor dismissed from his faculty position for just cause until a specifically defined set of procedures has been followed. Such a set of procedures shall be developed and incorporated in the regulations of MSM as an appendix to these Bylaws.
2. The basic principles of a fair and objective hearing shall be incorporated into the due process procedures.
3. The faculty member shall continue to hold faculty appointment and shall receive his salary and other benefits during the period of institutional review. The decision as to whether he shall continue to teach or to use institutional facilities shall be made by the president.

ARTICLE IX

ACADEMIC TITLES WITHOUT FACULTY STATUS

Non-faculty academic titles are available to recognize individuals who provide assistance to the faculty by their contributions to teaching, research or clinical programs of MSM. They are assigned the titles of research associate, clinical associate, teaching associate, research scholar, senior scientist, lecturer, or visiting scholar. These titles are not faculty titles and, consequently, these appointments do not convey membership in the faculty assembly.

Unless specifically stated otherwise, the terms and conditions of employment for these non-faculty academic positions are described in the *Non-Faculty Academic Personnel Handbook* and are the same as other staff positions as detailed in the *Administrative Handbook*.

ARTICLE X

AMENDMENTS TO THE BYLAWS

Section 1--Procedure

- A. These Bylaws may be amended by introducing at a regular meeting of the APC a motion setting forth the changes desired.
- B. If approved by a simple majority of the APC members, the matter shall be referred to the committee on Bylaws.
- C. The Bylaws committee shall draft a statement reflecting the desired change and present the statement to a regular meeting of the APC.
- D. After discussion, the matter shall be laid on the table and brought up at the next meeting of the APC.
- E. A two-thirds majority of those present shall be required in order to adopt the amendment.

Section 2--Approval by Board of Trustees

- A. The recommended amendment to the Bylaws shall be presented by the president to the Board of Trustees.
- B. When approved by the Board, it shall become a part of the established Bylaws of the Faculty of MSM.

Section 3--Appendices to the Bylaws

Procedures to define or clarify policies herein may be developed and incorporated in the regulations of MSM as an appendix to these Bylaws. An appendix that clarifies the Bylaws or that sets out procedures or guidelines may be approved at the level of the APC.

ARTICLE XI

ADOPTION OF BYLAWS

- A. The committee on Bylaws shall prepare the Bylaws, and the Bylaws committee shall present them to the APC. After discussion the APC may, by a majority affirmative vote of those present, recommend that they be adopted.

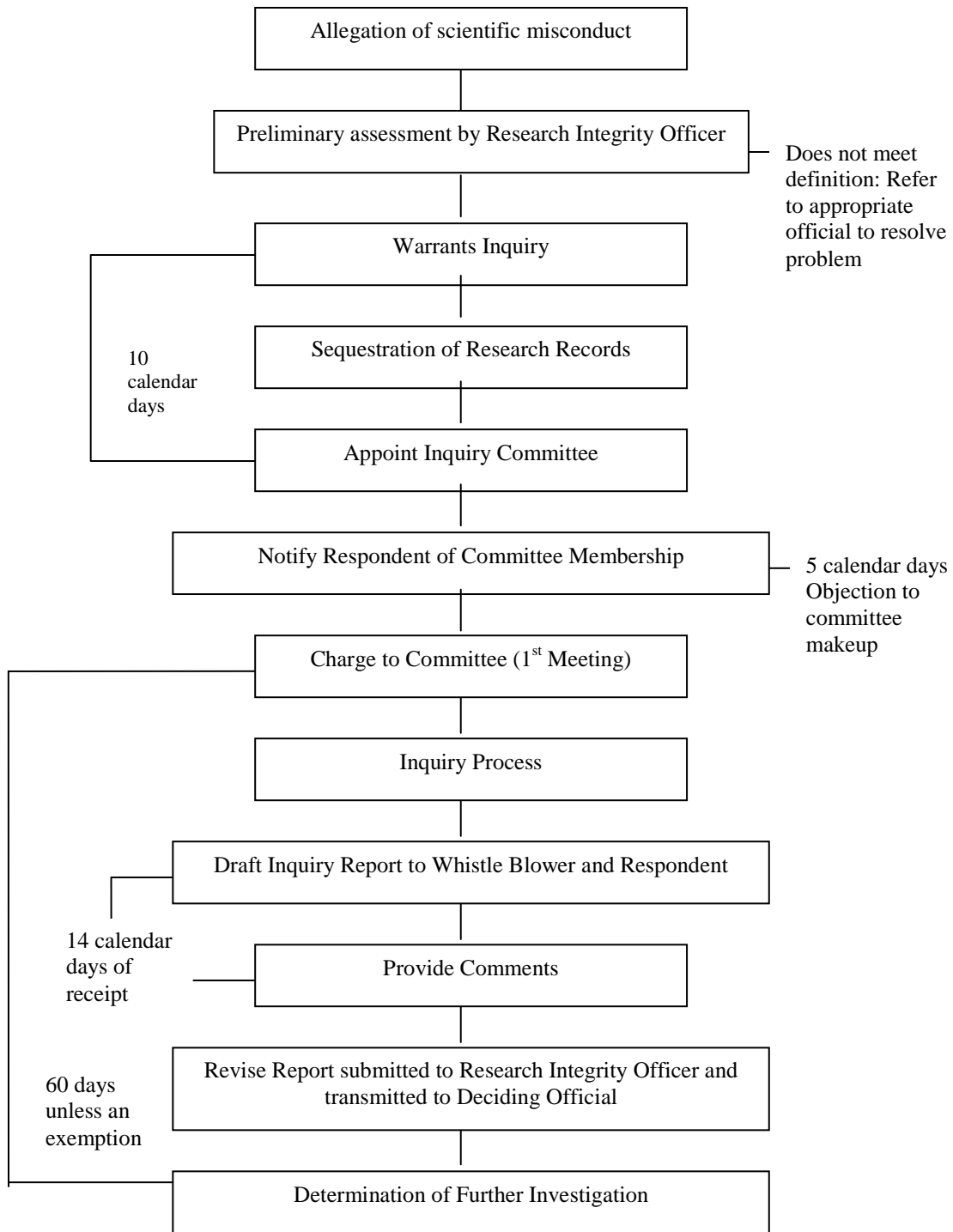
After having made such a recommendation, the matter shall automatically be laid on the table until the next meeting of the APC. During the interval before the next meeting, any member may submit written suggestions for change.

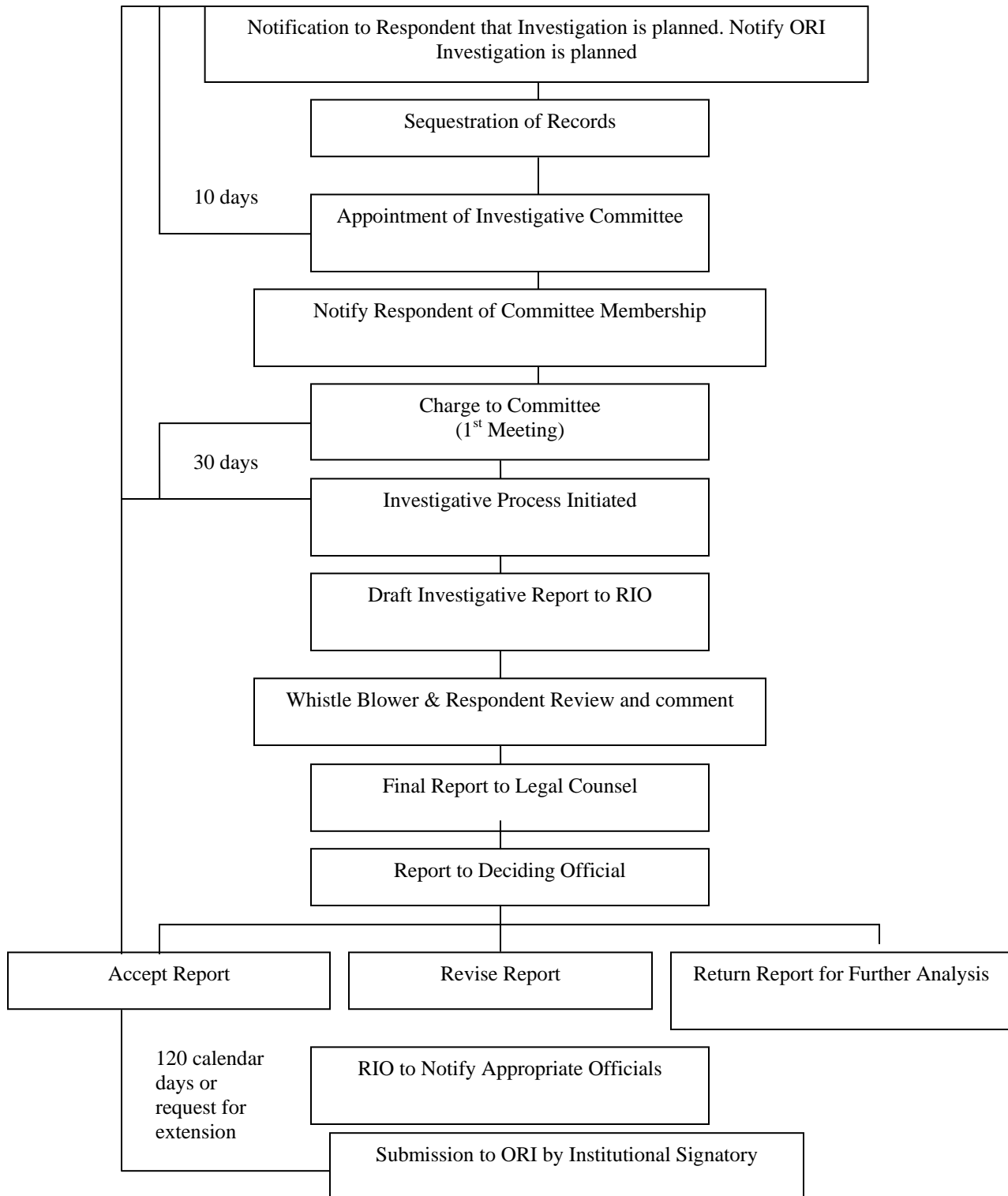
When the matter is taken up at the next meeting the written suggestions shall be considered and acted upon. The APC may then take final action to recommend the Bylaws to the Board of Trustees.

- B. These Bylaws shall become effective and be in force when approved by the Board of Trustees of MSM.

**Research Integrity Policy for Responding to Allegations of Scientific
Misconduct**

Procedures for Responding to Allegation of Scientific Misconduct





I. Introduction

A. General Policy

Morehouse School of Medicine (MSM) is committed to excellence in the discovery and dissemination of knowledge. This requires that faculty and staff adhere to the highest standards of integrity with regards to research. This is important to ensure that the discovery and dissemination of knowledge is done with the highest standards of ethics possible. It is important that we realize that such activities require responsibilities of researchers with regards to work of colleagues, including junior faculty, research associates, staff and students.

Further, Morehouse School of Medicine recognizes that federal regulations include policies and procedures which the institution must follow for dealing with possible misconduct in science. All persons involved in research should recognize the value to the institution of calling its attention to possible research misconduct and the possible lack of integrity involving scholarly endeavors.

If the conduct of research or the reporting of research information is challenged on the grounds of misconduct, by any member of the institution's community or outside the institution, there is a framework for resolution of such grievances that must involve the Dean and Senior Vice President for Academic Affairs and the Vice President and Associate Dean for Sponsored Research Administration. These persons are responsible for working within a process of peer and administrative review. Throughout the process, the protection of individuals (whistle blower and respondent) against unnecessary public disclosure of unproven allegations is paramount.

The Institution can suffer great harm in cases where research misconduct occurs. Therefore, it is important that institutional members exercise active leadership in roles of supervision, mentoring, and collaboration.

The policy found here shall be followed in responding to all allegations of research misconduct. The procedures described are steps involving academic peer review and fact finding and are not intended or designed to represent rules of law. It is of further importance that we safeguard, where possible, against retaliation to the respondent or whistle blower and to ensure that a fair and objective process is observed in examining and resolving allegations.

B. Scope

This policy and the associated procedures apply to all individuals at Morehouse School of Medicine engaged in research supported by or for which support is requested from the U.S. Public Health Service (PHS). The PHS regulation at 42 C.F.R. part 50, Subpart A applies to any research, research-training or research-related grant or cooperative agreement with PHS. This policy applies to any person paid by, under the control of, or affiliated with MSM, such as scientists,

trainees, technicians and other staff members, students, fellows, guest researchers, or collaborators at MSM.

The policy and associated procedures will normally be followed when an allegation of possible misconduct in science is received by an institutional official. Particular circumstances in an individual case may dictate variation from the normal procedure deemed in the best interest of MSM and PHS. Any change from normal procedures also must ensure fair treatment to the subject of the inquiry or investigation. Any significant variation should be reviewed in advance by the Vice President and Associate Dean for Sponsored Research Administration of MSM and approved by the dean.

II. Definitions

- A. *Allegations* means any written or oral statement or other indication of possible scientific misconduct made to an institutional official.
- B. *Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.
- C. *Deciding Official (Dean and Senior Vice President for Academic Affairs)* means the institution official who makes final determinations on allegations of scientific misconduct and any responsive institutional actions.
- D. *Good faith allegation* means an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if it is made with reckless disregard for or willful ignorance of facts that would disprove the allegation.
- E. *Inquiry* means gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation.¹
- F. *Institutional Signatory (Vice President of Operations and Planning)* means the institutional official who shall notify the Office for Research Integrity of all research integrity-related investigations.
- G. *Investigation* means the formal examination and evaluation of all relevant facts to determine if misconduct has occurred, and, if so, to determine the responsible person and the seriousness of the misconduct.²
- H. *ORI* means the Office of Research Integrity, the office within the U.S. Department of Health and Human Services (DHHS) that is responsible for the scientific misconduct and research integrity activities of the U.S. Public Health Service.

- I. *PHS* means the U.S. Public Health Service, an operating component of the DHHS.
- J. *PHS regulations* mean the Public Health Service regulations establishing standards for institutional inquiries and investigations into allegation of scientific misconduct, which is set forth at 42 C.F.R. part 50, Subpart A, entitled “Responsibility of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science.”
- K. *PHS support* means PHS grants, contracts, cooperative agreements or applications thereof.
- L. *Research Integrity Officer (Vice President and Associate Dean for Sponsored Research Administration)* means the institutional official responsible for assessing allegations of scientific misconduct and determining when such allegations warrant inquiries and for overseeing inquiries and investigations.
- M. *Research record* means any data, document, computer file, computer diskette, or any other written or non-written account or object that reasonably may be expected to provide evidence or information regarding the proposed, conducted, or reported research that constitutes the subject of an allegation of scientific misconduct. A research record includes, but is not limited to, grant or contract applications, whether funded or unfunded; grant or contract progress and other reports; laboratory notebooks; notes; correspondence; videos; photographs; X-ray film; slides; biological materials; computer files and printouts; manuscripts and publications; equipment use logs; laboratory procurement records; animal facility records; human and animal subject protocols; consent forms; medical charts, and patient research files.
- N. *Respondent* means the person against whom an allegation of scientific misconduct is directed or the person whose actions are the subject of the inquiry or investigation. There can be more than one respondent in any inquiry or investigation.
- O. *Retaliation* means any action that adversely affects the employment or other institutional status of an individual that is taken by an institution or an employee because the individual has in good faith, made an allegation of scientific misconduct or of inadequate institutional response thereto or has cooperated in good faith with an investigation of such allegation. **The institution will ensure that retaliation does not take place by having a person who takes such action to thoroughly document and prove why action is necessary and valid and is not connected to the allegation.**
- P. *Scientific misconduct or misconduct in science* means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting

research. It does not include honest error or honest differences in interpretations or judgments of data.³

Q. *Whistleblower* means a person who makes an allegation of scientific misconduct.

III. Rights and Responsibilities

A. Research Integrity Officer

The Vice President and Associate Dean for Sponsored Research Administration will serve as the Research Integrity Officer (RIO), who will have primary responsibility for implementation of the procedures set forth in this document. The Research Integrity Officer will be an institutional official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith.

The Research Integrity Officer will appoint the inquiry and investigation committees and ensure that necessary and appropriate expertise is secured to carry out a thorough and authoritative evaluation of the relevant evidence in an inquiry or investigation. The Research Integrity Officer will attempt to ensure that confidentiality is maintained.

The Research Integrity Officer will assist inquiry and investigating committees and all institutional personnel in complying with these procedures and with applicable standards imposed by government or other external funding sources. The Research Integrity Officer is also responsible for maintaining files of all documents and evidence and for the confidentiality and security of the files.

The RIO will inform the Institutional Signatory as appropriate, who will report to ORI as required by regulation and keep ORI apprised of any developments during the course of the inquiry or investigation that may affect current or potential DHHS funding for the individual(s) under investigation or that PHS needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest.⁴

B. Whistleblower

The whistleblower will have an opportunity to testify before the inquiry and investigation committees, to review portions of the inquiry and investigation reports pertinent to his/her testimony, to be informed of the results of the inquiry and investigation, and to be protected from retaliation. Also, if the Research Integrity Officer has determined that the whistleblower may be able to provide pertinent information on any portions of the draft report, these portions will be given to the whistleblower for comment.

The whistleblower is responsible for making allegations in good faith, maintaining confidentiality, and cooperating with an inquiry or investigation.

C. Respondent

The respondent will be informed of the allegations when an inquiry is opened and notified in writing of the final determinations and resulting actions. The respondent will also have the opportunity to be interviewed by and present evidence to the inquiry and investigation committees and to review the draft inquiry and investigation reports.

The respondent is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry or investigation. If the respondent is not found guilty of scientific misconduct, he or she has the right to receive institutional assistance in restoring his or her reputation.⁵

D. Deciding Official

The Deciding Official will receive the inquiry and/or investigation report and any written comments made by the respondent or the whistleblower on the draft report. The Deciding Official will consult with the Research Integrity Officer or other appropriate officials and will determine whether to conduct an investigation, whether misconduct occurred, whether to impose sanctions, or whether to take other appropriate administrative actions. Any variation from these procedures must be approved by the dean.

E. Institutional Signatory

The Institutional Signatory is the institutional official who shall notify the Office for Research Integrity of all research integrity-related investigations or inquiries as appropriately defined in section IX.E.

IV. General Policies and Principles

A. Responsibility to Report Misconduct

All employees or individuals associated with MSM should report observed, suspected, or apparent misconduct in science to the Research Integrity Officer. If an individual is unsure whether a suspected incident falls within the definition of scientific misconduct, he or she may call the Research Integrity Officer at 404-752-1725 to discuss the suspected misconduct informally. If the circumstances described by the individual do not meet the definition of scientific misconduct, the Research Integrity Officer will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At anytime, an employee may have confidential discussions and consultations about concerns of possible misconduct with the Research Integrity Officer and

will be counseled about appropriate procedures for reporting allegations.

B. Protecting the Whistleblower

The Research Integrity Officer will monitor the treatment of individuals who bring allegations of misconduct or of inadequate institutional response thereto, and those who cooperate in inquiries or investigations. The Research Integrity Officer will ensure that these persons will not be retaliated against in the terms and conditions of their employment or other status at the institution and will receive instances of alleged retaliation for appropriate action.

Employees should immediately report any alleged or apparent retaliation to the Research Integrity Officer.

Also the institution will protect the privacy of those who report misconduct in good faith⁶ to the maximum extent possible. For example, if the whistleblower requests anonymity, the institution will make an effort to honor the request during the allegation assessment or inquiry within applicable policies and regulations and state and local laws, if any. The whistleblower will be advised that if the matter is referred to an investigation committee and the whistleblower's testimony is required, anonymity may no longer be guaranteed. Institutions are required to undertake diligent efforts to protect the positions and reputations of those persons who, in good faith, make allegations.⁷

C. Protecting the Respondent

Inquiries and investigations will be conducted in a manner that will ensure fair treatment to the respondent(s) in the inquiry or investigation and confidentiality to the extent possible without compromising public health and safety or thoroughly carrying out the inquiry or investigation.⁸

Institutional employees accused of scientific misconduct may consult with legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the case) to seek advice, but may not bring the counsel or personal adviser to interviews or meetings on the case.

D. Cooperation with Inquiries and Investigation

Institutional employees will cooperate with the Research Integrity Officer and other institutional officials in the review of allegations and the conduct of inquiries and investigations. Employees have an obligation to provide relevant evidence to the Research Integrity Officer or other institutional officials on misconduct allegations.

E. Preliminary Assessment of Allegations

Upon receiving an allegation of scientific misconduct, the Research Integrity

Officer will immediately assess the allegation to determine whether there is sufficient evidence to warrant an inquiry, whether PHS support or PHS applications for funding are involved, and whether the allegation falls under the PHS definition of scientific misconduct.

V. Conducting the Inquiry

A. Initiation and Purpose of the Inquiry

Following the preliminary assessment, if the Research Integrity Officer determines that the allegation provides sufficient information to allow specific follow-up, involves PHS support, and falls under the PHS definition of scientific misconduct, he or she will immediately initiate the inquiry process. In initiating the inquiry, the Research Integrity Officer should identify clearly the original allegation and any related issues that should be evaluated. The purpose of the inquiry is to make a preliminary evaluation of the available evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation. The purpose of the inquiry is **not** to reach a final conclusion about whether misconduct definitely occurred or who was responsible. The findings of the inquiry must be set forth in an inquiry report.

B. Sequestration of the Research Records

After determining that an allegation falls within the definition of misconduct in science and involves PHS funding, the Research Integrity Officer must ensure that all original research records and materials relevant to the allegation are immediately secured. The Research Integrity Officer may consult with ORI for advice and assistance in this regard.

C. Appointment of the Inquiry Committee

The Research Integrity Officer, in consultation with other institutional officials (such as the Dean and Vice President of Academic Affairs, Vice President of Operations and Planning, and Department Chairs) as appropriate, will appoint an inquiry committee and committee chair within ten (10) calendar days of the initiation of the inquiry. The inquiry committee should consist of individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry. These individuals may be scientists, subject matter experts, administrators, lawyers, or other qualified persons, and they may be from inside or outside the institution.

The Research Integrity Officer will notify the respondent of the proposed committee membership within five calendar days of appointing the Inquiry Committee. If the respondent submits a written objection to any appointed

member of the inquiry committee or expert based on bias or conflict of interest within five (5) calendar days, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation as required by the PHS regulation. The purpose is not to determine whether scientific misconduct definitely occurred or who was responsible.

At the committee's first meeting, the Research Integrity Officer will review the charge with the committee, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist the committee with organizing plans for the inquiry, and answer any questions raised by the committee. The Research Integrity Officer will be present or available throughout the inquiry to advise the committee as needed.

E. Inquiry Process

The inquiry committee will normally interview the whistleblower, the respondent and key witnesses as well as examine relevant research records and materials. Then the inquiry committee will evaluate the evidence and testimony obtained during the inquiry. After consultation with the Research Integrity Officer and institutional counsel, the committee members will decide whether there is sufficient evidence of possible scientific misconduct to recommend further investigation. The scope of the inquiry does not include deciding whether misconduct occurred or conducting exhaustive interviews and analyses.

VI. The Inquiry Report

A. Elements of the Inquiry Report

A written inquiry report must be prepared that states the name and title of the committee members and experts, if any; the allegations; the PHS support; a summary of the inquiry process used; a list of the research records reviewed; summaries of any interviews; a description of the evidence in sufficient detail to demonstrate whether an investigation is warranted or not; and the committee's determination as to whether an investigation is not recommended. Institutional counsel will review the report for legal sufficiency.

B. Comments on the Draft Report by the Respondent and the Whistleblower

The Research Integrity Officer will provide the respondent with a copy of the draft inquiry report for comment and rebuttal and will provide the whistleblower, if he or she is identifiable, with portions of the draft inquiry report that address the whistleblower's role and opinions in the investigation.

1. Confidentiality

The Research Integrity Officer may establish reasonable conditions for review to protect the confidentiality of the draft report.

2. Receipt of Comments

Within fourteen (14) calendar days of their receipt of the draft report, the whistleblower and respondent will provide their comments, if any, to the inquiry committee. Any comments that the whistleblower or respondent submits on the draft report will become part of the final inquiry report and record.⁹ Based on the comments, the inquiry committee may revise the report as appropriate.

C. Inquiry Decision and Notification

1. Decisions by Deciding Official

The Research Integrity Officer will transmit the final report and any comments to the Deciding Official, who will make the determination of whether findings from the inquiry provide sufficient evidence of possible scientific misconduct to justify conducting an investigation. The inquiry is completed when the Deciding Official makes the determination, which will be made within sixty (60) calendar days of the first meeting of the inquiry committee. Any extension of the period will be based on good cause and recorded in the inquiry file.

2. Notification

The Research Integrity Officer will notify both the respondent and the whistleblower in writing of the Deciding Official's decision of whether to proceed to an investigation and will remind them of their obligation to cooperate in the event an investigation is opened. The Research Integrity Officer will also notify all appropriate institutional officials of the Deciding Official's decision.

D. Time Limit for Completing the Inquiry Report

The inquiry committee will normally complete the inquiry and submit its report in writing to the Research Integrity Officer no more than sixty (60) calendar days following its first meeting,¹⁰ unless the Research Integrity Officer approves an extension. The reason for an extension will be entered into the records of the case

and the report.¹¹ The respondent also will be notified of the extension.

VI. Conducting the Investigation

A. Purpose of the Investigation

If the initial inquiry results in the need for an investigation, the RIO will give written notification of the investigation to the Institutional Signatory. The purpose of the investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged misconduct involved clinical trials or potential harm to human subjects of the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation will be set forth in an investigation report.

B. Sequestration of the Research Records

The Research Integrity Officer will immediately sequester any additional pertinent research records that were not previously sequestered during the inquiry. This sequestration should occur before or at the time the respondent is notified that an investigation has begun. The need for additional sequestration of records may occur for any number of reasons, including the institution's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process not previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry.

C. Appointment of the Investigation Committee

The Research Integrity Officer, in consultation with other institutional officials as appropriate, will appoint an investigation committee and the committee chair within ten (10) days of the notification to the respondent that an investigation is planned or as soon thereafter as practicable. The investigation committee should consist of at least three individuals who do not have real or apparent conflicts of interest in the case, are unbiased, and have the necessary expertise to evaluate the evidence and issues related to the allegations, interview the principals and key witnesses, and conduct the investigation.¹² These individuals may be scientists, administrators, subject matter experts, lawyers, or other qualified persons, and they may be from inside or outside the institution. Individuals appointed to the investigation committee may also have served on the inquiry committee.

The Research Integrity Officer will notify the respondent of the proposed committee membership within five (5) days. If the respondent submits a written

objection to any appointed member of the investigation committee or expert, the Research Integrity Officer will determine whether to replace the challenged member or expert with a qualified substitute.

D. Charge to the Committee and the First Meeting

1. Charge to the Committee

The Research Integrity Officer will define the subject matter of the investigation in a written charge to the committee that describes the allegations and related issues identified during the inquiry, define scientific misconduct, and identifies the name of the respondent. The charge will state that the committee is to evaluate the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether, based on a preponderance of the evidence, scientific misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.

During the investigation, if additional information becomes available that substantially changes the subject matter of the investigation or would suggest additional respondents, the committee will notify the Research Integrity Officer, who will determine whether it is necessary to notify the respondent of the new subject matter or to provide notice to additional respondents.

2. The First Meeting

The Research Integrity Officer, will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of these instructions and, where PHS funding is involved, the PHS regulation.

E. Investigation Process

The investigation committee will be appointed and the process initiated within thirty (30) calendar days of the completion of the inquiry, if findings from that inquiry provide a sufficient basis for conducting an investigation.¹³ Notification of the Inquiry Committee's decision will be sent to the Respondent.

The investigation will normally involve examination of all documentation including, but not necessarily limited to, relevant research records, computer files, proposals, manuscripts, publications, correspondence, memoranda, and notes of telephone calls.¹⁴ Whenever possible, the committee should interview the whistleblower(s), the respondent(s), and other individuals who might have

information regarding aspects of the allegations.¹⁵ Interviews of the respondent should be tape recorded or transcribed. All other interviews should be transcribed, tape recorded, or summarized. Summaries or transcripts of the interviews should be prepared, provided to the interviewed party for comments or revision, and included as part of the investigatory file.¹⁶

VII. The Investigation Report

A. Elements of the Investigation Report

The final report submitted to ORI must describe the policies and procedures, under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings. The report will include the actual text or an accurate summary of the views of any individual(s) found to have engaged in misconduct as well as a description of any sanctions imposed and administrative actions taken by the institution.¹⁷

B. Comments of the Draft Report

1. Respondent

The Research Integrity Officer will provide the respondent with a copy of the draft investigation report for comment and rebuttal. The respondent will be allowed five (5) days to review and comment on the draft report. The respondent's comments will be attached to the final report. The findings of the final report should take into account the respondent's comments in addition to all the other evidence.

2. Whistleblower

The Research Integrity Officer will provide the whistleblower, if he or she is identifiable, with those portions of the draft investigation report that address the whistleblower's role and opinions in the investigation. The whistleblower will have five (5) days to review and comment on the draft report. The report should be modified, as appropriate, based on the whistleblower's comments.

3. Institutional Counsel

The draft investigation report will be transmitted to the institutional counsel for a review of its legal sufficiency. Comments should be incorporated into the report as appropriate.

4. Confidentiality

In distributing the draft report, or portions thereof, to the respondent and whistleblower, the Research Integrity Officer will inform the recipient of the confidentiality under which the draft report is made available and may establish reasonable conditions to ensure such confidentiality. For example, the Research Integrity Officer may request the recipient to sign a confidentiality statement or to come to his or her office to review the report.

C. Institutional Review and Decision

Based on a preponderance of the evidence, the Deciding Official will make the final determination whether to accept the investigation report, its findings, and the recommended institutional actions. If this determination varies from that of the investigation committee, the Deciding Official will explain in detail the basis for rendering a decision different from that of the investigation committee in the institution's letter transmitted to ORI. The Deciding Official's explanation should be consistent with the PHS definition of scientific misconduct, the institution's policies and procedures, and the evidence reviewed and analyzed by the investigation committee. The Deciding Official may also return the report to the investigation committee with a request for further fact-finding or analysis. The Deciding Official's determination, together with the investigation committee's report, constitutes the final investigation report for purposes of ORI review.

When a final decision on the case has been reached, the Research Integrity Officer will notify both the respondent and the whistleblower in writing. In addition, the Deciding Official in consultation with the Institutional Signatory and Institutional Counsel, will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborations of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The Research Integrity Officer is responsible for ensuring compliance with all notification requirements of funding or sponsoring agencies.

D. Transmittal of the Final Investigation Report to ORI

After comments are received and necessary changes made to the draft report, the investigation committee should transmit the final report with attachments, including the respondent's and whistleblower's comments, to the Deciding Official, through the Research Integrity Officer.

E. Time Line for Completing the Investigation Report

An investigation should ordinarily be completed within 120 days of the initiation, with the initiation being defined as the first meeting of the investigation committee. This includes conducting the investigation, preparing the report of findings, making the draft report available to the subject of the investigation for comment, submitting the report to the Deciding official for approval, and

submission by the Institutional Signatory of the report to the ORI.

IX. Requirements for Reporting to ORI

- A. An institution's decision to initiate an investigation must be reported in writing to the Director, ORI, on or before the date the investigation begins.²⁰ At a minimum, the notification should include the name of the person(s) against whom the allegations have been made, the general nature of the allegation as it relates to the PHS definition of scientific misconduct, and the PHS applications or grant number(s) involved.²¹ ORI must also be notified of the final outcome of the investigation and must be provided with a copy of the investigation report.²² Any significant variations from the provisions of the institutional policies and procedures should be explained in any reports submitted to ORI.
- B. If an institution plans to terminate an inquiry or investigation for any reason without completing all relevant requirements of the PHS regulation, the Research Integrity Officer will prepare a report of the planned termination, including a description of the reasons. for submission to the ORI.²³
- C. If the institution determines that it will not be able to complete the investigation in 120 days, the Research Integrity Officer will submit to the Institutional Signatory for submission to the ORI a written request for an extension that explains the delay, reports on the progress to date, estimates the date of completion of the report, and describes other necessary steps to be taken. If the request is granted, the Research Integrity Officer will file periodic progress reports via the Institutional Signatory as requested by the ORI.²⁴
- D. When PHS funding or applications for funding are involved and an admission of scientific misconduct is made, the Research Integrity Officer will contact ORI for consultation and advice. Normally, the individual making the admission will be asked to sign a statement attesting to the occurrence and extent of misconduct. When the case involves PHS funds, the institution cannot accept an admission of scientific conduct as a basis for closing a case or not undertaking an investigation without prior approval from ORI.²⁵
- E. The Institution must notify the ORI at any stage of the inquiry or investigation if:
 - 1. there is an immediate health hazard involved;²⁶
 - 2. there is an immediate need to protect the Federal funds or equipment;²⁷
 - 3. there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;²⁸
 - 4. it is probable that the alleged incident is going to be reported publicly;²⁹ or

5. the allegation involves a public health sensitive issue, e.g., a clinical trial or
6. there is reasonable indication of possible criminal violation. In this instance, the institution must inform ORI within 24 hours of obtaining that information.³⁰

X. Institutional Administrative Actions

MSM will take appropriate administrative actions against individuals when an allegation of misconduct has been substantiated.³¹

If the Deciding Official determines that the alleged misconduct is substantiated by the findings, he or she will decide on the appropriate actions to be taken, after consultation with the Research Integrity Officer. The actions may include:

- withdrawal or correction of all pending or published abstracts and papers emanating from the research where scientific misconduct was found.
- Removal of the responsible person from the particular project, letter of reprimand, special monitoring of future work, probation, suspension, salary reduction, or initiation of steps leading to possible rank reduction or termination of employment.
- Restitution of funds as appropriate.

XI. Other Considerations

- A. Termination of Institutional Employment or Resignation Prior to Completing Inquiry or Investigation

The termination of the respondent's institutional employment, by resignation or otherwise, before or after an allegation of possible scientific misconduct has been reported, will not preclude or terminate the misconduct procedures.

If the respondent, without admitting to the misconduct, elects to resign his or her position prior to the institution of an inquiry, but after an allegation has been reported, or during an inquiry or investigation, the inquiry or investigation will proceed. If the respondent refuses to participate in the process after resignation, the committee will use its best efforts to reach a conclusion concerning the allegations, noting in its report the respondent's failure to cooperate and its effect on the committee's review of all the evidence.

B. Restoration of the Respondent's Reputation

If the institution finds no misconduct and ORI concurs, after consulting with the respondent, the Research Integrity Officer will undertake reasonable efforts to restore the respondent's reputation. Depending on the particular circumstances, the Research Integrity Officer should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in forums in which the allegations of scientific misconduct was previously publicized, or expunging all reference to the scientific misconduct allegation from the respondent's personnel file. Any institutional actions to restore the respondent's reputation must first be approved by the Deciding Official.

C. Protection of the Whistleblower and Others³²

Regardless of whether the institution or ORI determines that scientific misconduct occurred, the Research Integrity Officer will undertake reasonable efforts to protect whistleblowers that made allegations of scientific misconduct in good faith and others who cooperate in good faith with inquiries and investigations of such allegations. Upon completion of an investigation, the Deciding Official will determine, after consulting with the whistleblower, what steps, if any, are needed to restore the position or reputation of the whistleblower. The Research Integrity Officer is responsible for implementing any steps the Deciding Official approves. The Research Integrity Officer will also take appropriate steps during the inquiry and investigation to prevent any retaliation against the whistleblower.

D. Allegations Not Made in Good Faith

If relevant, the Deciding Official will determine whether the whistleblower's allegations of scientific misconduct were made in good faith. If an allegation was not made in good faith, the Deciding Official will determine whether any administrative action should be taken against the whistleblower.

E. Interim Administrative Actions

Institutional officials will take interim administrative actions, as appropriate, to protect Federal funds and ensure that the purposes of the Federal financial assistance are carried out.³³

XII. Record Retention

After completion of a case and all ensuring related actions, the Research Integrity Officer will prepare a complete file, including records of any inquiry or investigation and copies of all documents and other materials furnished to the Research Integrity Officer or committees. The Research Integrity Officer will keep the file for three years after completion of the case to permit later assessment of the case. ORI or other authorized DHHS personnel will be given access to

the records upon request.³⁴

Issued January 2005

NOTES:

1. 42 C.F.R. 50.102.
2. 42 C.F.R. 50.102.
3. 42 C.F.R. 50.102.
4. 42 C.F.R. 50.103(d) (12).
5. 42 C.F.R. 50.103(d) (13).
6. 42 C.F.R. 50.103(d) (2).
7. 42 C.F.R. 50.103(d) (13).
8. 42 C.F.R. 50.103(d) (3).
9. 42 C.F.R. 50.103(d) (1).
10. 42 C.F.R. 50.103(d) (1).
11. 42 C.F.R. 50.103(d) (1).
12. 42 C.F.R. 50.103(d) (8).
13. 42 C.F.R. 50.103(d) (7).
14. 42 C.F.R. 50.103(d) (7).
15. 42 C.F.R. 50.103(d) (7).
16. 42 C.F.R. 50.103(d) (7).
17. 42 C.F.R. 50.104(a)(4); 42 C.F.R. 50.103(d)(15).
18. 42 C.F.R. 50.104(a)(2).
19. 42 C.F.R. 50.104(a)(2).
20. 42 C.F.R. 50.104(a)(1).
21. 42 C.F.R. 50.104(a)(1).
22. 42 C.F.R. 50.103 (d)(15).
23. 42 C.F.R. 50.104(a)(3).

24. 42 C.F.R. 50.104(a)(5).
25. 42 C.F.R. 50.104(a)(3).
26. 42 C.F.R. 50.104(b)(1).
27. 42 C.F.R. 50.104(b)(2).
28. 42 C.F.R. 50.104(b)(3)
29. 42 C.F.R. 50.104(b)(4).
30. 42 C.F.R. 50.104(b)(5).
31. 42 C.F.R. 50.103(d)(14).
32. 42 C.F.R. 50.103(d)(14).
33. 42 C.F.R. 50.103(d)(11).
34. 42 C.F.R. 50.103(d)(10).

INTERNATIONAL PROGRAM ACTIVITIES

APPENDIX II

APPENDIX TO FACULTY BYLAWS

International Program Activities

1. General Faculty Policy

The School of Medicine, having initiated a program of cooperation with the Agency for International Development, sets forth the following regulations to clarify the status of faculty who may request assignment to an international activity and of faculty who may be recruited for such participation.

2. Faculty Already Appointed

Members of the faculty in the unqualified series of appointments may request permission of their Department Chairman to participate in an international activity sponsored by Morehouse School of Medicine for a period up to one year, renewable for one additional year only.

If such appointment is approved, the faculty member shall be eligible for continued academic appointment, promotion and fringe benefits as though he or she were engaged in regular academic pursuits. Funds released by transferring the faculty member's salary to the budget supporting the international activity shall be made available to the Department for the purpose of employing a replacement on a temporary basis.

3. Faculty Recruited for International Activities

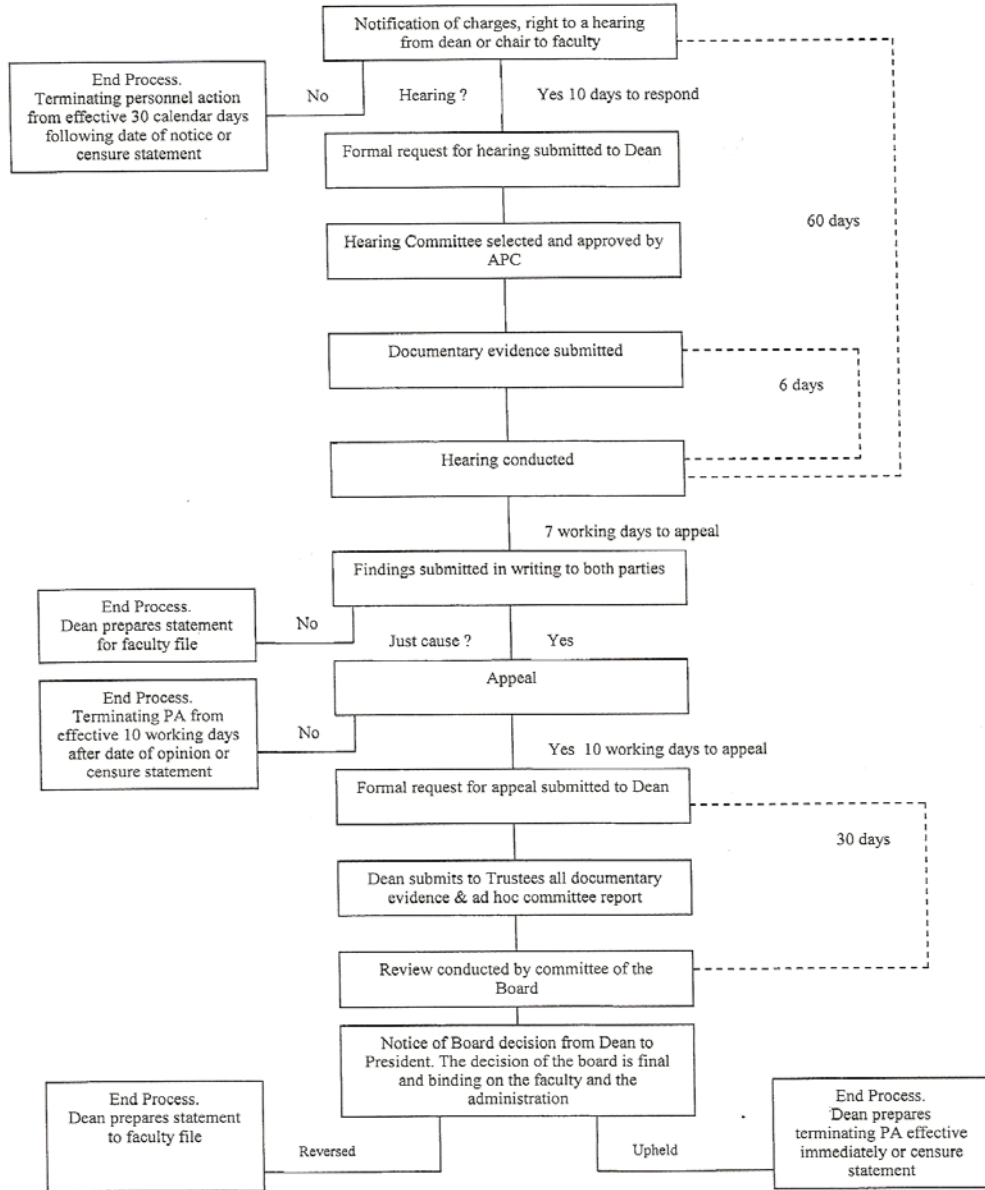
Faculty who are recruited for the purpose of participating in international activities may be appointed to the qualified series upon recommendation of the appropriate Departmental Chairperson and the Dean and upon approval by the President. All appointments in this series are for one year irrespective of location where service is rendered. The faculty members are eligible for the same fringe benefits as those in the unqualified series.

4. All faculty who request permission to participate in international activities shall make a report to the Department Chairman within three months after returning to regular academic activities. Newly recruited faculty in the qualified series shall report within a similar period but at least on an annual basis.

APPENDIX III

**DUE PROCESS PROCEDURE TO GOVERN HEARING FOR FACULTY PRIOR TO
CENSURE OR DISMISSAL FOR JUST CAUSE**

Due Process Procedures: Just Cause for Censure or Dismissal



APPENDIX TO FACULTY BYLAWS

Due Process Procedure to Govern Hearing for Faculty Prior to Censure or Dismissal for Just Cause

Introduction

The Bylaws of the faculty of the Morehouse School of Medicine (the "School of Medicine") provide for the censure or dismissal of a member of the faculty for "just cause." They further provide that no member of the faculty may be censured or dismissed for just cause without "due process" (Article VIII).

The following provisions apply to matters relating to "just cause," but do not apply to procedures regarding "intent not to reappoint" after expiration of a contract. The latter procedures are described in the Faculty Appointment and Promotion Process and policies.

Dismissal may be recommended, depending on the circumstances, by a department chairperson, dean, or the president. The faculty member shall continue to hold faculty appointment and shall receive his or her salary and other benefits throughout the period of institutional review.

If, in the judgment of the dean or president, the continued activity of a faculty member is considered undesirable, he or she may be suspended from duty pending a hearing and a final decision. The decision as to whether he or she shall continue active employment or use institutional facilities shall be made by the dean or president. Such interim suspension is without loss of salary.

The faculty member must be notified in writing of the action and may respond in writing to the person who made the recommendation. Within the School of Medicine, dismissal may be challenged by the faculty member only through these procedures.

In order to begin the dismissal process, the chairperson or dean must send or give a letter to the faculty member, with a copy to the dean, informing the faculty member of his/her intention to recommend dismissal or censure. The letter of intent must contain a reasonable statement of the problem at issue and, where applicable, efforts made to resolve the problem.

Upon receipt of such letter, the dean shall initiate the formal process. Both the Accused and the School of Medicine shall substantially comply with the process and procedures described herein.

Charges

- A. A faculty member must be notified in writing by the dean of the School of Medicine (the ADean¹) if he or she is charged with one or more of the following "just causes" for censure or dismissal:
1. Professional incompetence;
 2. Neglect of duty;

¹ If the Dean is also the Accused the President of the School of Medicine shall designate a person to carry out the responsibilities described herein which normally would be done by the Dean.

3. Misconduct in teaching or in the conduct of research; This item shall be interpreted to include, but not be limited to, the present and then current definition of charges of misconduct in research as stated by the United States Public Health Service which presently defines "misconduct" as (1) serious deviation from accepted practices such as fabrication, falsification, or plagiarism, in carrying out research or in reporting the results of research; or
(2) material failure to comply with federal requirements affecting specific aspects of the conduct of research (e.g., the protection of human subjects and the welfare of laboratory animals);
4. Conduct which significantly impairs his or her ability, or that of others to carry out academic or administrative responsibilities to the School of Medicine;
5. Dishonesty, criminal conduct, or engaging in slanderous or libelous activity.
6. Violation of discrimination, sexual harassment, or drug free workplace policies, or other policies of the School of Medicine;
7. Breach of confidentiality as required by law or established School of Medicine policy concerning faculty, staff, students, or patient records or data, research data, or School of Medicine procedures in which the participants are promised confidentiality.

B. The written notification (the "Notice") must include:

1. A reasonably specific description of the violation;
2. A description of the evidence supporting the charge;
3. The name(s) of the person or persons providing the evidence;
4. Notice that the faculty member charged (the "Accused") has the right to a hearing. The Accused may exercise such right by sending a written notice stating the desire for a formal hearing (the "Request for Hearing Notice") to the Dean, within ten (10) working days of receipt by the Accused of the Notice.
5. Notice that dismissal will be recommended to the president by the Dean (to become effective thirty (30) calendar days following the date of notice) unless the right to a hearing is exercised.

Right to Hearing

Upon receipt of a Request for Hearing Notice, the Dean, or his or her designee shall:

- A. Consult with the Accused and the Dean to set a date for the hearing. The date should provide the Accused sufficient time to prepare a defense but, unless otherwise agreed by the Dean and the Accused, shall not be later than sixty (60) calendar days from the date the Notice was sent to the Accused.
- B. Provide the Academic Policy Council with the names of ten (10) faculty members from which the Academic Policy Council shall appoint an ad hoc faculty committee (the "Ad Hoc Committee") to conduct the hearing and to render a written recommendation. The Ad Hoc Committee shall have no fewer than three or more than five faculty members. None of the faculty members shall have a collaborative working relationship with, or be from the same department as, the Accused. If a faculty member, in his or her sole discretion, determines he or she has a conflict of interest which would hamper his or her ability to be fair to the Accused or the School of Medicine, the faculty member shall not

be required to serve on the Ad Hoc Committee. The Ad Hoc Committee make-up is not subject to challenge.

- C. Provide the Accused and the Dean with the names of the members of the Ad Hoc 43-Committee.
- D. Advise the Accused of his or her right to:
 - 1. be present at the hearing;
 - 2. Present a defense;
 - 3. Be assisted in his or her defense by a member of the faculty of his or her own choosing (the "Assisting Faculty Member");
 - 4. Call witnesses;
 - 5. Rebut evidence;
 - 6. Question adverse witnesses.
- E. Further advise the Accused that the hearing will be a faculty hearing, and will not be conducted as a legal hearing. The Accused may (and perhaps should) consult with legal counsel prior to the hearing. Persons who are not specifically authorized by these procedures to attend the hearing, including without limitation legal counsel and members of the media, may not attend the hearing.

Preparation for the Hearing

- A. The Ad Hoc Committee shall elect its own chairperson;
- B. No less than five (5) days prior to the hearing, the Accused shall provide the Ad Hoc Committee and the Dean with the name of the Assisting Faculty Member, if any;
- C. No less than five (5) days prior to the hearing, the Dean shall provide the Ad Hoc Committee and the Accused, with any and all documentary evidence relating to the charges and shall identify to both groups the names of persons who the Dean shall call to testify with respect to the alleged offense;
- D. No less than five (5) days prior to the hearing, the Accused shall provide the Ad Hoc Committee and the Dean with any and all documentary evidence relating to the charges and shall identify the names of persons who the Accused shall call to testify with respect to the alleged offense;
- E. The Dean shall prepare the evidence against the Accused to be presented at the hearing;
- F. The Accused or the Assisting Faculty Member shall prepare the evidence in defense of the Accused;
- G. The Ad Hoc Committee may have an initial meeting to review the charges and documentary evidence. After this review, the Ad Hoc Committee may choose to call witnesses other than those identified by the Dean or the Accused, but shall notify both parties of persons so selected; it may also request additional documentary information of either or both parties, but shall make same available to the other party at or before the hearing. Notwithstanding anything to the contrary in these Bylaws, if the Ad Hoc

Committee receives documentary or other information from any source less than five (5) days prior to the hearing, the Ad Hoc Committee may consider the information if it determines that the information is relevant to the alleged offense. The Ad Hoc Committee shall make the information available to the Dean and the Accused at or before the hearing.

- H. Prior to the hearing neither the Accused nor the Dean shall contact any member of the Ad Hoc Committee or witnesses for the purpose of persuading the person in connection with the censure or dismissal process.

The Hearing

- A. The hearing shall be closed. To the extent required by law, the evidence received during the hearing and the deliberations of the Ad Hoc Committee shall be kept confidential; the proceedings will be electronically recorded. The Ad Hoc Committee chairperson shall maintain possession of the electronic record until all appeals authorized by these Bylaws have been completed or for sixty (60) days, whichever is longer. The chairperson shall release copies of the electronic recording only to members of the Ad Hoc Committee, the Dean or the Accused. Subsequent to the completion of the hearing, the Accused, or Dean may obtain a transcript of the hearing, but not of the deliberation of the hearing; the party requesting the transcript will be solely responsible for the expense of the transcript.
- B. Rules of evidence that would be applicable in a courtroom are not applicable to the hearing.
- C. The Dean may make an opening statement as may the Accused. The Dean shall present the charges and documentary evidence on behalf of the School of Medicine. The Dean may ask an associate dean; a department chairperson or another designee, to serve as his or her alternate. The chairperson of the Ad Hoc Committee shall set the order of the presentation of evidence and, upon notifying all parties, may exclude irrelevant or unduly repetitious evidence or argument and at all times shall have final authority to conduct the hearing. Each party shall have the right to confront and question the witnesses of the other. Witnesses other than the Accused, the Assisting Faculty Member, the Dean and/or the person recommending the faculty member for dismissal are to be present only when testifying or responding to questions.
- D. The proceedings shall take place under the direction of the chairperson of the Ad Hoc Committee; any member of the Ad Hoc Committee, with the permission of the chairperson, may question the Dean and the witnesses; the chairperson of the Ad Hoc Committee shall have sole discretion for determining all procedural issues not specifically discussed herein.
- E. The chairperson of the Ad Hoc Committee, with the consent of a majority of the Ad Hoc Committee, may, if necessary, continue the hearing an additional day in order to provide for the testimony of additional witnesses or review of additional materials; however, the entire hearing is expected to be completed within sixty (60) calendar days of the date of notification of the charges. This time may be extended at the sole discretion of a two-

thirds majority of the Ad Hoc Committee. At the conclusion of the hearing, the Accused, followed by the Dean, shall be accorded an opportunity for a summation.

F. The chairperson of the Ad Hoc Committee shall declare the hearing closed.

The Decision:

The Ad Hoc Committee shall deliberate to reach its findings. The Ad Hoc Committee shall submit its findings in writing (the "Opinion"). The Opinion shall be based solely on the hearing record. The Opinion shall include a statement that either there is, or there is not, just cause for censure or dismissal. The Opinion shall further include a statement as to whether the Accused shall be censured or dismissed. The Ad Hoc Committee shall provide copies of the Opinion to both the Dean and the Accused as soon as practicable and generally within seven (7) days of the hearing.

Administrative Action after Ad Hoc Committee Decision:

- A. If the Ad Hoc Committee finds that there is not just cause for censure or dismissal, the Dean shall prepare a statement for the faculty file of the Accused to include only the following information;
1. That a charge was brought against the Accused giving the date but not the nature of the charge;
 2. That a hearing was held before a faculty committee giving the date of the hearing;
 3. That the opinion of the faculty committee was rendered in writing and that just cause was not established to warrant censure or dismissal of the Accused.
 4. All other documents relating to the hearing and to the Opinion shall be placed in a sealed file to be opened only with the joint consent of the Dean and the Accused unless the Accused shall again be charged and again request a faculty hearing. Under such circumstances, the new Ad Hoc Committee shall have access to and may consider the full file.
- B. If the Ad Hoc Committee finds that there is just cause for censure, the Opinion shall become a permanent part of the Accused's faculty file unless the Accused exercises, and is successful with respect to, his or her right to appeal as set forth below.
- C. If the Ad Hoc Committee finds that there is just cause for dismissal, the Dean shall recommend to the president that the Accused be dismissed, the dismissal to become effective ten (10) working days after the date on which the Ad Hoc Committee provides the Opinion to the Accused, unless the Accused exercises his or her right to appeal as set forth below.

Right to Appeal

The Accused may appeal the Ad Hoc Committee's finding that there is just cause for censure or for dismissal by notifying the Dean in writing, of his or her election to appeal such finding (the "Notice of Appeal"). The Notice of Appeal must be received by the Dean within ten (10) working days of the date on which the Ad Hoc Committee provides the Opinion to the Accused. If a Notice of Appeal is received within that time, then no action will be taken until the appeal is completed. If the Accused files an appeal, the Dean shall forward a copy of the Notice of Appeal,

all documentary evidence, and the Opinion to the Board of Trustees². The Board of Trustees, or a committee thereof, shall review the decision of the Ad Hoc Committee pursuant to procedures established by the Board of Trustees. The Board of Trustees shall render its decision to the Dean, within a reasonable time and generally no later than thirty (30) days after receipt of the Notice of Appeal.

Administrative Action after Board of Trustees Decision:

- A. If the decision to censure or dismiss is reversed on appeal to the Board of Trustees, then the Dean shall prepare a statement for the faculty file of the Accused to include only the following information:
1. That a charge was brought against the Accused giving the date of the charge but not the nature of the charge;
 2. That a faculty hearing and an appeals hearing were held giving the dates of the hearings;
 3. That the decision of the Board of Trustees was rendered in writing and that just cause was not established to warrant censure or dismissal of the Accused.
 4. All other documents relating to the hearing and to the decision of the Board of Trustees shall be placed in a sealed file to be opened only with the joint consent of the Dean and the Accused unless the Accused shall again be charged and again request a faculty hearing. Under such circumstances, the new Ad Hoc Committee shall have access to and may consider the full file.
- B. If the decision is made by the Board of Trustees to uphold the Ad Hoc Committee's finding of just cause for censure, the Board of Trustees' decision and the Opinion shall become a permanent part of the Accused's faculty file.

² All references to the Board of Trustees in this appendix shall mean either the entire Board of Trustees or a committee of the Board of Trustees.

- C. If the decision is made by the Board of Trustees to uphold the Ad Hoc Committee's finding of just cause for dismissal, the Dean shall recommend to the president that the Accused be dismissed effective the date on which the Board of Trustees provides its decision of the accused, and shall forward to the president the decision of the Board of Trustees as well as the Opinion.

- D. An action to dismiss a faculty member severs that person's connection with the School of Medicine including remuneration and all rights regarding continued further employment.

APPENDIX IV

INSTITUTIONAL POLICY ON FACULTY SABBATICAL LEAVE

APPENDIX TO FACULTY BYLAWS

Institutional Policy on Faculty Sabbatical Leave

I. Purpose

The purpose of the sabbatical leave is to provide an opportunity for faculty members to engage in scholarly, creative, professional, research or other academic activities that will enhance the faculty member's academic development and further contributions to Morehouse School of Medicine (MSM).

Introduction

The sabbatical affords the faculty member an opportunity to concentrate his/her efforts on an area of professional interest in an atmosphere removed from the day-to-day issues of the home institution. The leave is usually taken at another academic institution in an environment that offers an appropriate challenge and which is supportive of the objectives of the leave. The faculty member usually returns to the home institution with a renewed sense of commitment and enthusiasm to his/her career goals and to institutional goals. Sabbatical leave is a wise investment in terms of value to the individual, the home institution, and the individual's department. Institutional benefits are realized in improved faculty morale, renewed interest in areas of scholarly inquiry, and the identification of resources to contribute to the resolution of institutional issues.

II. Eligibility

At the end of the seventh year of full-time continuous service and at intervals of seven years, a faculty member shall be eligible for consideration for a sabbatical leave from the MSM. In unusual circumstances, MSM may consider granting a sabbatical leave prior to the completion of seven years of service. Employment of individuals appointed to the full-time faculty shall count as continuous full-time service accruing towards eligibility for sabbatical leave, subject to the following:

- a. unpaid leaves of absence beyond an accumulated maximum of six (6) weeks do not count as qualifying service;
- b. Paid leaves of absence in excess of twelve (12) consecutive weeks (e.g., sick leave, long-term disability leave) do not count as qualifying service unless approved as an exception by the President at the time the leave is granted.
- c. After completing a Sabbatical Leave, a faculty member will not be eligible for another Sabbatical Leave until he/she has accrued another period of seven successive years of full-time service, including the period of the previous Sabbatical Leave.

Sabbatical Leave is for the purpose of research or formal study. Sabbatical leave may not be used to assume another full-time paid position elsewhere or used as terminal leave. Sabbatical leave will not be granted for the sole purpose of subsidizing graduate work or working on advanced degrees. Sabbatical leave may not be taken during the academic year immediately preceding retirement.

III. Proposal

The granting of sabbatical leave shall be recommended for approval to the Dean by the faculty member's chairperson based on the merits of a proposal from the faculty member. The proposal should explicitly state: 1) the nature of the leave; 2) the objectives that are to be accomplished during the leave; 3) where and with whom the study shall take place; 4) the length of the proposed leave which shall normally not exceed one year; 5) a plan for the assumption of the faculty member's duties (instructional responsibilities, supervision of dissertation students and advisees, etc.) during the leave period; 6) the specific source of funding for the leave; and 7) relevance of the proposed activity to the department and the school mission and goals as a result of the leave.

IV. Review Process

The chairperson shall present his/her recommendations for approval to the Dean with an operating and financial plan to support the leave. Granting of sabbatical leave is predicated upon the ability of the department to provide clinical, teaching, research, administrative, and other activities usually performed by the faculty member, without additional cost to the MSM. Requisite institutional funds in addition to extramural funding sources should normally originate from the departmental budget.

In the case of individuals granted a sabbatical leave and receiving salary from a grant, effort should be made to continue the grant salary during the sabbatical leave, particularly in instances where the leave is to be spent in research activities supported by the grant. If the faculty member holds an NIH grant or other federally funded grant, permission must be obtained from the appropriate funding source, or a new principal investigator must be appointed for the period. In all cases, salary to be paid by MSM during sabbatical leave is the responsibility of and is to be budgeted by the department in which the faculty member holds primary appointment. If the faculty member also holds a secondary appointment in other departments, then these department chairs should be notified of the arrangements.

V. Approval

Sabbatical leave is granted by the Dean and submitted to the President for final institutional approval. These decisions may not be appealed. In general, sabbatical leave will be granted when the school will not suffer undue academic inconvenience and when the leave does not conflict with other academic goals. Requests for sabbatical leave will be considered based on past evaluation and productivity of the faculty member, and the potential for future growth.

A faculty member whose chairperson will not support the application for a leave may appeal the decision to the Dean who, with appropriate collaboration will decide on the proposal. If the Dean approves the proposal, the identification of funds will generally rest with the individual and the department chairperson.

VI. Return to Active Service

Since the award of a sabbatical leave is an investment meant to profit the individual and the institution, faculty are committed by the acceptance of a sabbatical leave to return to active service for at least one year. Any person who does not return, or does not remain for a full year following the sabbatical leave, may be required to refund the salary received from the school during the sabbatical leave. There will be no prorating of the amount to be returned if the employee remains for any fraction less than the full year.

This expectation can be waived only for reasons of poor health, disability, or other unusual circumstances.

VII. Report of Work Accomplished

Within three months of the conclusion of the sabbatical leave, the recipient must submit a report of the work accomplished to the department chair, and a copy submitted to the Dean. The report should succinctly summarize pertinent activities during the leave and indicate how the leave has enriched the individual's professional stature as it relates to departmental and institutional goals.

**PROCEDURE TO BE USED WHEN A FACULTY MEMBER HAS AN UNRESOLVED
GRIEVANCE**

APPENDIX TO FACULTY BYLAWS

Procedure to be used when a Faculty Member has an Unresolved Grievance

Introduction

The bylaws describe the initial process to be used when a faculty member has an unresolved grievance which cannot be settled at the level of the department chairperson. In order to begin the process that eventually leads to a formal grievance hearing before a group of faculty peers, the faculty member must first file a letter of intent, with a copy to the dean, informing the chair of his or her intention to initiate the grievance process. The letter of intent must state the problem at issue, the error believed to have occurred and efforts made to resolve the conflict. To be timely, the letter of intent must be filed no later than thirty (30) calendar days from the date the action alleged to be an institutional error was communicated to the grievant. The faculty member is first to present the issue in writing to the chairperson and to have a personal discussion with him/her. If the issue remains unresolved after this stage, the faculty member may take the issue to the dean. If the grievance involves a serious personal difference with the chairperson, the faculty member may take the matter directly to the dean. A Chairperson shall initiate the process by discussing it with the dean. A chairperson who has a grievance which involves a personal difference with the dean shall take the matter to the executive vice president. In that case, the procedure to be followed is that which results from the substitution of the term "executive vice president" for "dean", "dean" for "department chairperson", and department chairperson for "faculty member" in the remainder of this Appendix IV.

The dean shall then attempt to resolve the matter informally. If the grievance is resolved to the satisfaction of the faculty member through the informal process, the faculty member shall report this fact in writing to the dean or designee, thus terminating the intent to file a formal grievance and resolving the grievance. If the informal process does not conclude in resolution, the dean shall inform the faculty that the matter is to be dealt with using more formal procedures shown in the next section.

Faculty members who hold administrative positions and thus serve in those positions at the pleasure of the board of trustees, president, or dean are specifically precluded from using the grievance process for changes in such administrative duties; however, changes in their faculty appointments are covered by this policy.

Hearing Procedure

Within one week of announcement by the dean to the faculty member that the grievance is to be handled formally, the faculty member shall present a formal written statement of the grievance to the dean which states the particular concerns and the evidence on which the concerns are based. The formal statement of grievance shall specifically state the problem at issue, the error believed to have occurred, the reasons for believing so, and the relief to which the faculty member claims to be entitled. The written statement shall contain any factual or other data the faculty member deems pertinent to his or her case. All further discussions in the grievance process will relate to

this statement. Amendments to this statement may only be made with the permission of a simple majority of the grievance hearing committee.

In preparing the statement of grievance, the faculty member may find it useful to consult such sources as the follow:

The Faculty Bylaws.
Letters of appointment.
Correspondence.

Within one week of the receipt of the written statement, the dean shall appoint an impartial ad hoc committee to hear the grievance. The ad hoc hearing committee shall hold its first meeting within two weeks of the date of its appointment and shall proceed to make inquiry for the purpose of determining the facts on which the grievance is based.

More than one meeting may be required to conduct the hearing. If so, the ad hoc hearing committee is expected to complete the hearing within thirty (30) calendar days of its first meeting. There shall be no disclosure by the hearing committee or any of its members of the evidence received during the hearing, nor of the deliberations of the hearing committee except as provided in the next section. It shall report its findings of fact to the faculty member, the department chairperson and the dean.

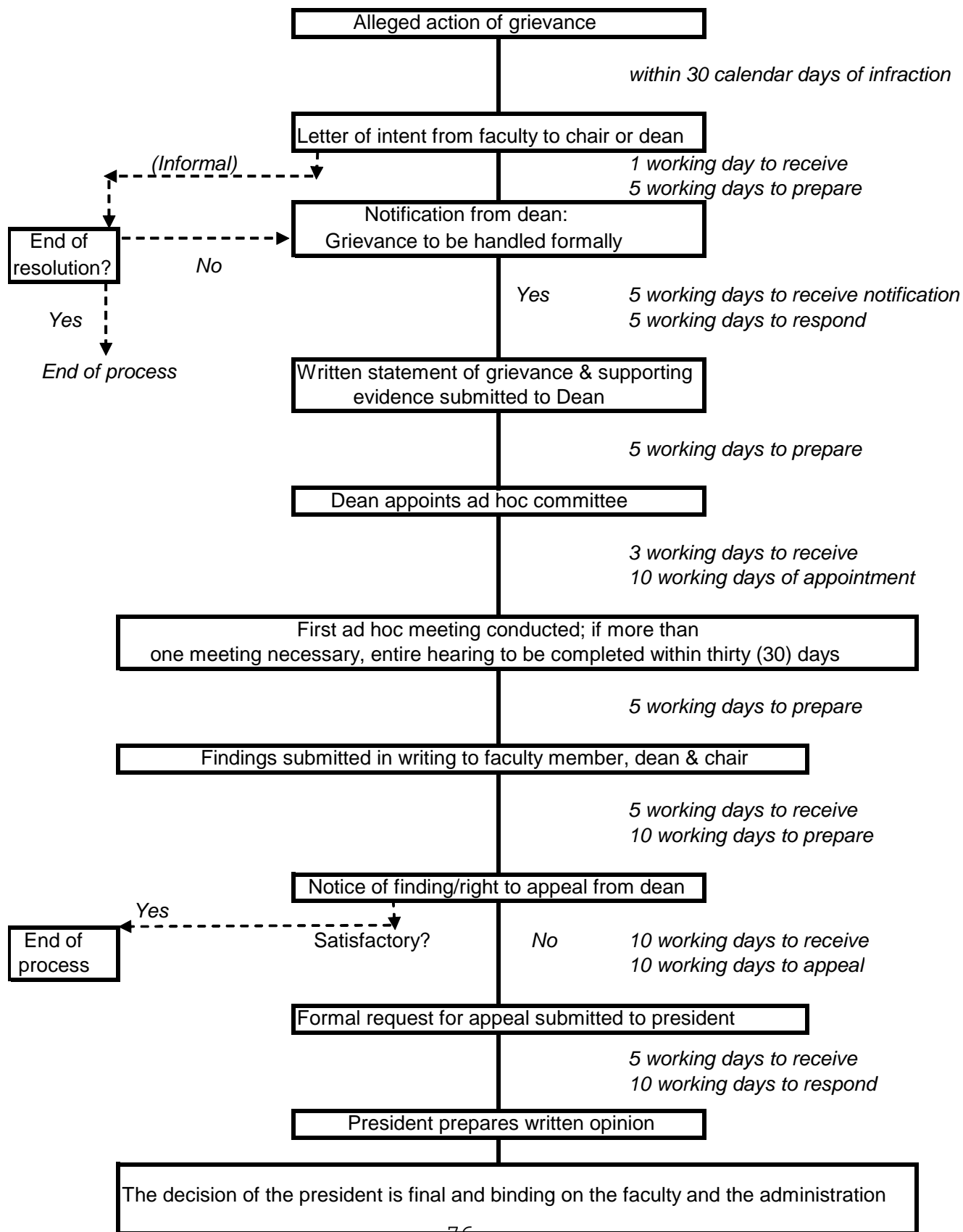
Findings, Recommendations and Decision

At the conclusion of the hearing, the ad hoc hearing committee shall deliberate privately to reach its findings. As promptly as is consistent with due deliberation, and normally within five (5) working days, the ad hoc hearing committee shall submit its findings in writing to the dean with a copy to the faculty member and the department chairperson. The findings of fact and the decision shall be based solely on evidence in the hearing record, and shall be directed to the grounds for grievance as defined in the document. The findings shall summarize the evidence.

Within two weeks of the receipt of the written report of the findings of fact by the ad hoc hearing committee, the dean shall issue a written report to the faculty member with copies to the chairperson of the department and the president.

If the faculty member regards the decision of the ad hoc hearing committee as unsatisfactory the faculty member may present a written appeal to the president with a copy to the dean. The president shall within two weeks of the receipt of the written appeal render a final written decision to the faculty member with copies to the dean and the department chairperson. The decision rendered by the president will be final and binding. The ad hoc hearing committee shall be fact finding and its findings shall be advisory only and shall not be binding on the parties or the President. However, if the president decides to reject all or part of the findings of the ad hoc committee, the president shall state in writing, as part of his or her decision, reasons for rejecting all or part of the findings and for rendering a different decision. The president's decision shall be made known in writing to the Board of Trustees with notification to the faculty member, department chairperson, and the chairperson of the ad hoc hearing committee.

GRIEVANCE PROCESS



POLICY STATEMENT ON FACULTY-INDUSTRY RESEARCH RELATIONS

APPENDIX TO FACULTY BYLAWS

Policy Statement on Faculty-Industry Research Relations

Introduction

Universities and Health Science Center have established successful cooperative relationships with industry which have been mutually beneficial and which have been helpful to the general society. These relationships have fostered an increase in knowledge, an increase in Sabbatical opportunities and the economically productive application of technology.

Morehouse School of Medicine believes that it has much to contribute to and gain from appropriate relationships with private enterprise and that these relationships can be developed in a manner which preserves the School's important academic and research principles and traditions.

In order to clarify such principles and traditions, the School wishes to clearly state the policies which the faculty have determined should govern the School's relationships with industry.

The purpose of this statement of policies by the School is to foster those health and creative partnerships with the free enterprise sector of society which contributes new knowledge while maintaining the integrity of the School, its faculty and its students.

Statement of Policies

Nature of the Research Affiliation

Other academic institutions have experienced situations where it would be useful to have an investigator conduct a given research program for a sponsor and, in the absence of clear policy, have had to deal with pressures felt by investigators to conduct such research. The Task Force has felt it important to articulate a policy which will preserve the right of investigators to select the research in which they will be involved.

Policy No. 1

The Morehouse School of Medicine shall not require a principal investigator to participate in a particular research program as a condition of employment.

It is important for there to be close and open communication between sponsors and principal investigators during all phases of research and sponsors must, of course, have the privilege to define the nature of the project they intend to support. Principal Investigators expect to be able to design, modify and control the research which they will direct.

Policy No. 2

Whereas a sponsor must have the privilege to define the subject of research it wishes to fund, the Principal Investigator must have final authority over the design and control of that research.

Universities which have established legally free standing research institutes in cooperation with sponsors wherein faculty may serve as staff have advised the Medical School to express a policy which preserves the academic freedom of such faculty.

Policy No. 3

Before the Medical School decides to enter into an agreement to participate in a free standing research unit, the dean shall request the Research Development Committee to advise him/her on whether there is risk of restriction to academic freedom of faculty which is unacceptable.

Policy No. 4

In cases where a given sponsor may wish to restrict an investigator's freedom to conduct similar research for a second sponsor, the Medical School will only consider such a restriction if there is a reasonable possibility that the proprietary rights of the first sponsor, as defined by a pre-existing agreement, will be infringed by work sponsored by the second.

In return for a financial commitment a sponsor may wish to state expected results to be delivered by a given date. Because of the nature of research, specific results cannot be guaranteed, although the School does commit to using its best efforts in conducting research and agrees to comply with sponsor's requirements that reports be generated on schedule.

Policy No. 5

Although the Medical School cannot guarantee the success of a particular research project, it is the policy of the School to organize and conduct research projects on a best effort basis and to be sensitive to special needs and time constraints of sponsors.

Publication and Dissemination of Research Findings

The freedom to publish and to otherwise disseminate research findings through formal and informal means is an important principle to academic institutions. Industries must, on the other hand, protect proprietary, trade secret or other confidential information. The policies adopted by the Medical School should meet the nondisclosure requirements of sponsors while preserving academic freedom.

Policy No. 6

Sponsors may review materials resulting from research they have sponsored prior to the publication of the materials. However, such reviews should not delay publication for more than 60 days unless recommended by the investigator and approved by the dean.

Policy No. 7

The final determination of what may be published shall remain with the Medical School.

Policy No. 8

Ordinarily, agreements to treat confidentially information resulting from sponsored research are not acceptable. Exceptions which are consistent with the School's principles may be granted by the dean after review by the Research Development Committee.

Each individual investigator has the responsibility to protect freedom of communication with colleagues and to refuse to enter into agreements which would restrict that freedom unacceptably.

Involvement of Students

Universities with experience in the involvement of students in research in which proprietary information is involved or in which faculty may have an outside professional interest, advise that any such arrangements should be monitored by a third, disinterested party.

Policy No. 9

Students shall not take part in research projects in which their right to publish or otherwise communicate the results are constrained. Exceptions to this policy must be approved by the dean upon the recommendation of the Research Development Committee.

Specific approval in writing by the dean is required by the Medical School in any involvement of students in the outside professional activities of faculty. The student shall also sign such a document.

Conflict of Interest or Commitment and Outside Professional Activities

A conflict of interest exists when a Medical School employee has a relationship with an outside organization such that his or her activities with the medical school could be biased in a direction which would ultimately provide direct financial benefit to the individual or a close family member.

A conflict of commitment exists when a medical school employee has a relationship which requires a commitment of time or effort such that the employee, either implicitly or explicitly, cannot meet his/her usual obligations to the Medical School. Any relationship with an outside organization which requires frequent and/or prolonged absence from the Medical School may present a conflict of interest.

Examples of situations which may create a conflict of interest or commitment include ownership by a faculty member or his/her immediate family (spouse and minor children) of a significant interest in an outside concern or management responsibilities.

Policy No. 10

Faculty members shall avoid entering into relationships which constitute a conflict of interest or a conflict of commitment.

Policy No. 11

Faculty members shall disclose annually to their chairperson and to the dean in writing their outside relationships with corporations and other business entities as members of boards, consultants, advisors or managers. The name of the company and the nature and scope of the relationship shall be provided. No information about financial arrangements need be provided.

Policy No. 12

In cases where a faculty member wishes to appeal an interpretation or decision made under this policy by a chairperson or the dean, or where the chairperson or the dean wishes to consult others for advice before making such a decision, the case may be brought to the Research Development Committee. On request from a faculty member, chairperson or the dean, the Committee shall review the status of the faculty member's (or his /her immediate families) financial interest or managerial relations with a private enterprise. The Committee shall report its findings to the dean.

Definition of Terms

Significant Financial Interest in a private enterprise means holding more than 20% of the equity, options or other types of corporate security. Such interests, if held by a faculty member's immediate family, shall fall within this definition.

Direct and active management obligations include serving as a member of the Board of Directors, Chief Executive Officer, Chief Operating Officer, Director of Research, Treasurer or other senior line management officer.

PATENT POLICY
Confidentiality Agreement and Invention Disclosure Forms

APPENDIX TO FACULTY BYLAWS

Patent Policy

PURPOSE

To establish Morehouse School of Medicine (MSM) policy for patenting any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereon made by MSM faculty, staff, and/or students, while using MSM facilities and/or funds, and to establish policy for the distribution of patent income.

ACCOUNTABILITY

Under the direction of the President, the Senior Vice President and Chief Operating Officer shall ensure compliance with this policy. The Associate Dean for Research Development shall implement this policy.

APPLICABILITY

- A. All MSM personnel, including every person holding any form of teaching or research appointment, fellows, and non-academic staff, holding appointments at or employed by the School.
- B. All students enrolled at MSM.

DEFINITIONS

Inventor - Any individual named in Section III above who makes or develops any new and useful process, machine, manufacture or composition of matter, or any new and useful improvement thereon. An inventor is further defined as an individual who has provided critical intellectual contribution that in its absence would not have resulted in the particular intellectual property. An author of a manuscript that describes the invention may or may not appear as an inventor.

Invention Developed With MSM Support - Any new and useful process, machine, manufacture or composition of matter, or any new and useful improvement thereon made or developed upon the time of and while in the pay of; or during appointment by or enrollment as a student; or in the laboratory of or with the facilities of the Institution.

Patent Management Organization - A corporation or foundation (e.g., Research Corporation Technologies) which may be designated as the MSM agent in the handling of certain patent matters.

Gross Patent Income - All income arising directly from the licensing or sale of the patent to either a third party or to a company in which the inventor has a financial interest. Such income shall include, but shall not be limited to, cash payments, minimum royalties, running royalties dividends, stocks, stock options, capital gains or payments in kind.

Net Patent Income – Gross patent income, less applicable fees including; legal, patent application and patent maintenance fees.

POLICY

A. Requirements:

1. The Morehouse School of Medicine is committed to fostering research, educational and technical endeavors related to the advancement of scientific knowledge and to the publication and the use of the results of such research. While such research activities performed with the facilities and/or funds of MSM by faculty, staff and students are not intended to be profit making, MSM recognizes that some activities may lead to inventions, which should be patented for one or more of the following reasons:
 - a. to protect the public interest;
 - b. to comply with the requirements of research grants, awards, and contracts for research;
 - c. to comply with the requirements agreed upon by MSM and non-research entities;
 - d. to promote the development of useful apparatus and processes which would not be developed without patent protection;
 - e. to encourage invention and assure adequate rewards as incentive for the inventor; and
 - f. to support facilities and programs at MSM for research, education and advance technology by means of income derived from royalties.
2. The MSM Patents policy is intended to be consistent with these principles and philosophy and with the purposes of the School. It is intended to encourage patenting of potentially valuable inventions made by members of the MSM community while using MSM facilities and/or funds.
3. Ownership of Inventions
 - a. A condition of appointment or continued employment by or enrollment in the Institution has been the agreement to assign to the Institution all inventions developed with Institutional support. Notebooks, electronic files and other documents pertaining to research activities and all data (including written and computerized material and photographs, etc.) leading to an invention must be maintained by the Principal Investigator and copies made available to the Institution.
4. Administration of Patents
 - a. The Office for Research Development shall be responsible for providing information and assistance on patent matters to inventors, and for managing the patenting of inventions under this policy after consultation with the inventors.
5. Disclosure Responsibilities of Inventors
 - a. Every inventor shall promptly disclose to the Office for Research Development as described under "PROCEDURE" all inventions developed with MSM support in order that they may be evaluated as to patentability and commercial and scientific utility, and so that timely decisions can be made regarding the filing of patent applications thereon.
 - b. An Invention Disclosure Form (Exhibit I) will be filed before either a provisional or full patent application is filed. This will outline the novelty of the potential

- invention, and any and all obligations or collaborations made by the inventor(s) that may have directly or indirectly led to the invention.
- c. The invention document will explain the intellectual contribution (percentage) made by the inventors (i.e., % inventorship).
6. Inventions made Jointly with Outside Inventors
 - a. Where an invention covered by this policy has been developed jointly with individuals not covered by this policy, the terms of any contractual agreement previously entered into by MSM with the non-MSM inventors will govern. If no agreement exists or the terms of the existing agreement are not complete, an agreement regarding patent rights and obligations shall be negotiated with the co-inventor(s)'s or the appropriate institution or corporation by the Associate Dean for Research Development.
 7. Compliance with Contractual Patent Restrictions
 - a. All inventions or disclosures thereof resulting from research performed under grants or contracts entered into by MSM with specific patent restrictions shall be subject in the first instance to the restrictions, but, even when governed by contract or grant, all inventions must be submitted for review and evaluation as provided in paragraph A. 5. above.
 8. Distribution of Patent Income
 - a. A portion of patent income shall be paid to the inventor(s) according to the schedule set forth herein. (See Procedures Section C.1.)
 - b. The initial invention disclosure shall outline the % inventorship of the patent and will be used to calculate the distribution of patent income.

PROCEDURES

A. Disclosure of Inventions

1. Inventors shall submit a full disclosure of any invention to the Office for Research Development using the **Invention Disclosure Form (Exhibit I)**.
 - a. **Intellectual Property** - The Office of Research Development is responsible for all Technology Transfer/Intellectual Property related issues. Intellectual Property includes ideas, inventions, processes, works of authorship, which are able to be protected under patent, copyright, trademark or trade secret. Any material transfer agreement or confidentiality agreement questions or concerns you may have related to these should be directed to this office. **It is extremely important that Intellectual Property not be presented, discussed, published or disclosed, prior to filing or transmitting an application for ownership.**
 - b. **Process for Submitting Invention Disclosure**
 - Obtain Invention Disclosure form from the Office for Research Development (ORD).

- Complete Invention Disclosure form and return to ORD.
 - ORD will forward the Invention Disclosure form to the Intellectual Property Committee for review. The review process takes 30 days.
 - If the committee does not have proper representation for your research an ad hoc MSM employee will be brought in for the review.
 - Once the committee reviews the form, they will make a decision as to whether the disclosure should be sent forth to the President based on its potential or returned to the faculty with reviewer's comments.
 - Requester will be notified of the decision.
2. Disclosures should be made as early as possible in the development of an invention.
 3. When any question exists as to whether an invention is covered by this policy, the invention must be disclosed through the usual disclosure mechanism described above, with a request for a determination of whether the invention is covered. In cases where an inventor seeks to establish that an invention is not covered by this policy, the burden of proof shall be with the inventor.
 4. An Invention Disclosure Form must be submitted prior to any negotiations by any inventor with outside companies with regard to further support or licensing of the invention. Disclosure shall be made even if the inventor seeks additional support to complete the invention or to enter into a collaborative arrangement to complete the invention. This is imperative in order to ensure confidentiality of the potential invention.
 5. A **Confidentiality Agreement (Exhibit II)** must be completed and submitted to the Office for Research Development when the applicant/inventor needs their invention evaluated for commercial purposes or to gather expertise about the proposed invention from an external expert. The confidentiality agreement protects the rights of the inventor.

B. Patent Protocol

1. Once the invention disclosure has been made to the Office for Research Development, the Office for Research Development shall promptly submit the disclosure to the Intellectual Property Committee for review. When a disclosure containing sufficient technical information to permit an effective patent study has been made, the Office for Research Development shall notify the inventor in writing, within 30 calendar days for a provisional patent and 60 calendar days for full patents, of MSM's intentions with regard to the invention.
2. Options Available to the Institution
 - 2.1 MSM may, after consultation with the inventor:
 - a. undertake the timely filing of patent prosecution, development, and marketing of the invention and shall bear all related costs. Any income to be distributed shall be gross income received, less

applicable costs, including; legal, patent application and maintenance fees incurred by the Institution in obtaining and protecting the patent rights or marketing the intellectual property, as defined in section C.1.b.

- b. seek support for the costs of patent prosecution through a licensing or other agreement. Any income to be distributed shall, in this instance, be income received less costs incurred by the Institution in obtaining and protecting the patent rights
 - c. cause the invention to be assigned to a patent management organization. The domestic or foreign patent rights, or both, may be assigned to a patent management organization. Any income to be distributed shall be the income received after the patent management organization has received its portion of the income, less additional costs borne by the Institution;
 - d. release to the inventor all rights to the invention unless such rights revert to the sponsor of the program or the Federal Government; and
 - e. the Institution has the obligation to make a good faith effort to commercialize the invention within a reasonable period of time. If, for any reason, the Institution is unwilling or unable to carry out this obligation, the Institution will then offer to release the invention to the inventor(s), as in Option B.2.d., under conditions acceptable to all parties.
3. Continuing Option
- a. Notwithstanding any previous decision to support an invention, the Institution may at any time elect to release all rights to the invention to the inventor, as in B.2.d. above.

C. Distribution of Invention Related Income

1. Formula for Distribution of Income
 - a. 60% of the net patent income and/or milestones to the inventor(s); and
 - b. 40% of the net patent income and/or milestones to the Institution.

The Institution's distribution shall be divided:

 - i. 50% to the Office of the Dean; which shall be distributed at the discretion of the Dean to support the research infrastructure; and
 - ii. 50% to the Research Development Fund to help defray the cost of administrating Intellectual Property –related activities (i.e., provisional patents, full patents, legal services, marketing, etc.).
2. Where the Institution has released the rights to an invention to the inventor, the Institution effectively relinquishes all rights and liabilities to the invention, including, but not limited to, royalty or milestone payments.

Exhibit(s)

I) Invention Disclosure Form

II) Confidentiality Agreement

Exhibit I

MSM ID No. ____ - _____

CONFIDENTIAL

MOREHOUSE SCHOOL OF MEDICINE

INVENTION DISCLOSURE

Please provide as much information as possible on this form. Attempt to answer all of the questions and be as accurate as you can be, providing as much information as you can to answer the question. If you need more space, use separate pages and attach them to this form. Please feel free to use photocopies of lab notebooks (showing dates), data sheets, drawings or any other rough document(s). If you have questions, please contact the MSM Office for Research Development at 404-752-1050.

Title of Invention

2. Investigator to whom communications should be addressed.

Name: _____

Address: _____

Phone #: _____ Fax #: _____ E-mail: _____

Date: _____

DESCRIPTION OF THE INVENTION

3. Describe the characteristics/specifications of the invention

- a. Please give a complete technical description of the invention and its advantages over what was known previously. If necessary, use drawings, diagrams, pathways, etc.

- b. What is the technology that presently exists in the area of this invention? What are the advantages of this technology over existing inventions and practices?

- c. What need does this invention meet and how is that need presently being met?

- d. What additional embodiments, variations, or applications can you reasonably envision for this invention?

4. Date of the Invention

When did you and/or your co-inventors conceive this invention? On or about _____

Provide the date when a written description was documented in a laboratory notebook, computer record, or other form, other than this Disclosure Form _____.

DETERMINATION OF OWNERSHIP AND INVESTORSHIP

5. Ownership of the Invention.

In my opinion this invention:

- A. Is owned by MSM in accordance with Patent Policy;
- B. Was developed by the inventor(s) without use of MSM time, facilities, or materials.
- C. Is co-owned by another institution or company.

6. Individuals involved in discovery or inventive contribution.

Inventive Contribution is defined as a contribution made to the conception of and/or reduction to practice which would contribute to at least one claim of a patent application.

Printed Name in Full _____

Signature _____

Address _____

Phone _____-_____ Fax _____-_____ E-mail _____

Date _____ Citizenship _____

Printed Name in Full _____

Signature _____

Address _____

Phone _____-_____ Fax _____-_____ E-mail _____

Date _____ Citizenship _____

Printed Name in Full _____

Signature _____

Address _____

Phone _____-_____ Fax _____-_____ E-mail _____

Date _____ Citizenship _____

D. Are there additional inventors? Yes _____ No _____

If YES, please list on additional page.

7. Who has funded the development of the invention to date?

Grant# _____ Funding Organization. _____ P.I. _____

Other:

8. Have any agreements been proposed or signed regarding this invention?

Yes ____ No _____. If yes, please explain below.

9. Have any materials or facilities which were NOT provided by MSM been used in the discovery or development of this invention? If so, please list the materials and facilities used, who paid for their use, and the approximate dates.

Relationship with Third Parties

10. Have you published in any form, including poster material or abstracts, information regarding this invention? If yes, provide details below and attach a copy of each such document.

11. Have you discussed the invention in any non-confidential setting, either in the U.S. or abroad? If so, please give the date of such disclosures, who received the disclosure, the form of the disclosure, e.g., written or oral, and describe the extent of that disclosure, including a description of any materials provided.

12. List any manuscripts which have been prepared and indicate the status of the pending publication(s), e.g., initial review, final review, in press, including possible publication dates. Please attach copies of all such manuscripts.

13. Please list other researchers or organizations of whom/which you are aware might be doing similar work. Cite published references where possible.

14. Provide references to reviews, publications and other literature or public disclosures of this work or any related work of which you are aware.

15. Who would use this product and how would it be used?

16. Please name any competitive products and manufacturers of which you are aware, even though their products are not as good as you invention.

17. List names, addresses, and phone numbers of corporations or individuals you would like to have contacted and who might be interested in licensing this technology.

18. What are your personal goals regarding the development and commercialization of this technology?

Exhibit II

Confidentiality Agreement

Effective _____, 20__ (the “Effective Date”), “Corporation Name” and Morehouse School of Medicine agree as follows:

1. Confidential Information means: (a) any information in written or tangible form of the type described in the List of Definitions at the end of this Agreement, communication to “Corporation Name” by Morehouse School of Medicine, and marked confidential; and (b) information of the type described in the List of Definitions, communicated orally or visually to “Corporation Name” by Morehouse School of Medicine, if it is reduced to writing or tangible form by Morehouse School Of Medicine on or before the date thirty days after the date of such communication, marked confidential, and promptly delivered to “Corporation Name”. Other italicized terms in this Agreement are defined in the List of Definitions.
2. After Morehouse School of Medicine receives a fully-signed copy of this Agreement, Morehouse School of Medicine shall disclose to “Corporation Name” Confidential Information solely for use by “Corporation Name” in its internal evaluation of the Confidential Information’s commercial prospects.
3. “Corporation Name” agrees that, for a period of five years after the date of its receipt of each Confidential Information disclosed under this Agreement, it shall: (i) keep Confidential Information confidential; and (ii) not use the Confidential Information for any commercial purpose. The foregoing shall not apply to that part of any Confidential Information that:
 - (a) is disclosed or used by “CORPORATION NAME” in accordance with any written consent granted by Morehouse School Of Medicine, or
 - (b) at any time becomes generally known to the public through no fault of “Corporation Name”; or
 - (c) has been or is made available to “Corporation Name” by a third party having the lawful right to do so without breaching any obligation of nonuse or confidentiality to Morehouse School Of Medicine; or
 - (d) has been or is disclosed to others by Morehouse School Of Medicine without similar restrictions on disclosure and use; or
 - (e) “Corporation Name” is required to disclose pursuant to an order of a judicial or administrative authority.
4. Morehouse School Of Medicine authorizes “Corporation Name” to disclose the Confidential Information to those employees and consultants who require the Confidential Information for the evaluation hereunder, and to potential licenses,

provided each such employee, consultant and potential licensee has first entered in to a written agreement in which it agrees to be bound by similar obligations of nonuse and nondisclosure as those imposed on Research Corporation Technologies Inc. hereunder.

5. "Corporation Name" shall complete its evaluation within the Evaluation Period. If "Corporation Name" believes the Confidential Information has scientific and commercial promise, "Corporation Name" and Morehouse School Of Medicine may elect to commence negotiations leading to an agreement governing "Corporation Name's" commercialization of Morehouse School Of Medicine.
6. At the end of the Evaluation Period, "Corporation Name" shall, upon request of Morehouse School Of Medicine, return to Morehouse School Of Medicine all Confidential Information disclosed to "Corporation Name" in writing, unless written consent is granted by Morehouse School of Medicine to retain confidential information.
7. This Agreement shall not be construed to grant to "Corporation Name" any express or implied option, license or other right, title, or interest in or to the Confidential Information, or the patent rights corresponding to the Confidential Information, or obligate either party to enter into any agreement granting any of the foregoing.
8. This Agreement shall be construed and enforced under the internal laws of the State of Georgia, U.S.A. If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.
9. Any Riders attached to this Agreement are incorporated in, and made part of, this Agreement. This Agreement represents the entire agreement of the parties relating to Confidential Information, and any corresponding patent rights, and any and all contemporaneous and prior oral and written understandings and agreements with respect thereto are superseded by this document. However, any written agreements between "Corporation Name" and Morehouse School Of Medicine that are made effective prior to the Effective Date of this Agreement are not superseded by this Agreement and shall remain in full force and effect unchanged by this Agreement.
10. This Agreement shall be legally binding upon the undersigned, their successors, and assigns but shall not be assigned by either party except in its entirety and only with the entire business of such party.

IN WITNESS WHEREOF, the parties have duly signed this Agreement, or caused an authorized officer or agent to sign this Agreement, on the date(s) indicated below, to be effective the Effective Date.

Morehouse School of Medicine

“Corporation Name”

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

List of Definitions

CORPORATION NAME CORPORATION NAME, TYPE: PROFIT OR NON PROFIT, ADDRESS

MOREHOUSE SCHOOL OF MEDICINE A private, non-profit academic institution, 720 Westview Drive, S.W. Atlanta, Georgia 30310

EVALUATION PERIOD Evaluation Period means the period expiring on the date six months after the date “Corporation Name” receives the Confidential Information from Morehouse School of Medicine.

CONFIDENTIAL INFORMATION Confidential Information pertains to Inventions disclosed to (CORPORATION NAME) from time to time after the Effective Date of This Agreement by the disclosing party and identifies with particularity at time of disclosure.

APPENDIX VIII

**INTELLECTUAL PROPERTY: COPYRIGHTS AND ROYALTIES
MATERIAL TRANSFER AGREEMENT**

APPENDIX TO FACULTY BYLAWS

INTELLECTUAL PROPERTY: COPYRIGHTS AND ROYALTIES

PURPOSE

To set policy regarding copyrights and royalties for all copyrightable material created by Morehouse School of Medicine (MSM) personnel related to or within the scope of their employment with MSM.

STATEMENT OF PRINCIPLES

Morehouse School of Medicine (School) encourages the dissemination of knowledge and development of creative work that fulfills its educational, research and service missions and benefits the public it serves. The School supports the preparation and publication of copyrightable works resulting from the teaching, research, scholarly and artistic endeavors of faculty, staff and students as part of their unique roles at the School. The School seeks to foster an intellectually stimulating environment in which creative efforts and innovations are encouraged and rewarded, the careers of its members are enhanced, and the School's reputation and prestige are furthered. The School respects, acknowledges and promotes the intellectual property rights in works created by its members. The School strives to maintain a balance among the interests of Creators, sponsoring bodies and the School in copyrightable material and income resulting from such works.

All Morehouse School of Medicine personnel are encouraged to retain ownership of the copyright to Traditional Works of Scholarship (as defined herein) or to obtain a perpetual license from the copyright owner to reproduce, distribute, perform, and/or display the work and to make Derivatives Works there from.

Scientific publications, including original articles, review of articles and books, for which copyright is normally transferred to the publisher and for which no revenue is obtained, are exempt from all reporting requirements of this document. In addition, works that generate less than \$1,000 in revenue are also exempt from reporting requirements of this document.

ACCOUNTABILITY

Under the direction of the President, the Dean and Senior Vice President for Academic Affairs, and the Senior Vice President and Chief Operating Officer shall ensure compliance with this policy. The Associate Dean for Research Development shall implement this policy. The Dean shall ensure that each new faculty member receives a copy of this policy or is directed to it on the MSM web site.

APPLICABILITY

This policy applies to all faculty, staff, postdoctoral fellows, residents, students and any other

person employed by the School.

DEFINITIONS

1. The following terms are important for purposes of expressing the School's policy on Intellectual Property: Copyrights and Royalties.
 - a. **“Creator”**: Individual or group of individuals who transforms ideas into a tangible form of expression thereby creating Copyrightable Material.
 - b. **“Copyrightable Material”**: Material that is subject to U.S. copyright laws, including, but not limited to, literary works, musical works, dramatic works, choreographic works, graphic works, photographic works, cardiographic, radiographic and pictorial works (e.g., - x-rays, images), sculptural works, audiovisual and videotaped works, sound recordings, films, theses, and works in electronic media (e.g., digitized works and network transmission of digitized works, multimedia broadcast, web-based products, recorded materials, remote transmission of information, instructional software, CD-ROMs).
 - c. **“Derivative Works”**: Copyrightable Material based on or derived from one or more already existing copyrighted works. Derivative Works include, but are not limited to, new versions, translations, dramatizations, fictionalizations, reproductions, compilations, revisions and condensations.
 - d. **“Instructional Materials”**: A type of “Institutional Work,” including textbooks and study guides, used for the instruction of MSM students, residents and/or postdoctoral fellows.
 - e. **“Institutional Resources”**: Tangible resources provided by the Institution to a Creator, including funds, office space, lab space, equipment, electronic network resources (hardware and software), support personnel, secretarial support, research, teaching and lab assistants, assistance from medical and graduate students or residents, media specialists or illustrators, supplies, utilities. Funds include grants and contracts or awards made to the Institution by an extramural sponsor.
 - f. **“Institutional Works”**: Copyrightable Material created (1) specifically or predominantly for use by or at MSM, or (2) at the request or on behalf of MSM, or (3) under the specific direction of MSM, or (4) by a person acting within the scope of his or her employment at MSM, or (5) under a written contract between the Creator and MSM, or (6) under a contract between MSM and an external agency. “Traditional Works of Scholarship” will not be considered “Institutional Works” for the purposes of this policy.

- g. **“Other Intellectual Property”**: Any Copyrightable Material other than Traditional Works of Scholarship, Institutional Works, and Instructional Materials.
- h. **“Traditional Works of Scholarship”**: Copyrightable Material reflecting research and/or creativity which is considered evidence of accomplishment in the Creator’s academic discipline or professional field, and is specifically created for predominate use by persons or entities other than MSM and/or its students. Such works include, but are not limited to, books, book chapters, journal articles, abstracts, student theses, plays, poems, pictorial and sculptural works, films, cassettes, musical compositions and other literary works.

POLICY

1. Copyright Ownership

The terms of a sponsored research or other agreement may determine the ownership of all copyrightable material that a person creates in the course of or pursuant to such an agreement. If the agreement does not contain terms relating to the ownership of copyrightable material, the following provisions of this policy will govern ownership of the material.

- a. Only a commissioned project shall be a “work made for hire”, and accordingly, the School shall own all copyrightable material which a person creates as a commissioned project. If a question arises as to whether a person created copyrightable material pursuant to a commissioned project, the Intellectual Property Committee, after investigation into the appropriate facts shall formulate a recommendation for consideration by the president. In cases of a commissioned project, the Creator of the copyrightable materials shall execute an assignment of rights to the School in any copyrights or registration that may be obtained.
- b. The Creator of all other copyrightable material not governed by the preceding paragraphs shall own such material notwithstanding any employment relationship with the School.

2. Marking and Disclosure

- a. Copyrightable Material shall be marked at the earliest possible opportunity with the copyright symbol “©” or the word “copyright” or the abbreviation “**Copr.**” the year of the first production or publication, and the name of the owner of the copyright in the work.
- b. The Creator shall promptly file a copyright disclosure form (Exhibit A) with the Office for Research Development for any (i) School Research, (ii) Instructional Materials and (iii) Other Intellectual Property created with the use of School resources.

- c. The School may release its ownership rights to the Creator when, as determined by the Intellectual Property Committee and Legal (i) there are no overriding special obligations to a sponsor or other third party, and/or (ii) the best interests of the School would be so served. The School shall make this decision within 30 days of receipt of the disclosure form.
- d. If the Intellectual Property Committee denies the Creator's request that the School's ownership rights in the copyright be released to the Creator, the Creator may appeal this decision to Dean and Senior Vice President for Academic Affairs for final decision.
- e. The Office for Research Development shall file an application to register the School's copyright interest in the disclosed work when copyright ownership remains with the School and the Creator is notified in writing.

3. Use of School Resources

- 3.1. When Works from School Research, including Instructional Materials and Other Intellectual Property are created with the use of School Resources:
 - a. The School, through the Office for Research Development shall have the right to determine the licensing, marketing and use of material for which the School has sought and obtained copyright ownership. This determination shall take into account the interests of the School, the public and the Creator, including the Creator's preferences.
 - b. The Creator shall have the right to be identified or to refuse to be identified as the Creator by the School and by subsequent licensees and assignees, except as required by law.

4. Royalties and Revenue Distribution

- a. The School recognizes that, in cases in which the person who created copyrightable material assigns rights to the School, an equity in the material remains with the inventor, and in such cases, unless the Intellectual Property Committee recommends, and the President and Dean adopt, a different distribution warranted by the circumstances, the total net revenue derived from the copyrightable material shall be distributed as follows:
 - i. 10% of the accumulated gross royalties and milestones to the Institution. The Institution's distribution shall be divided:

50% to the Office of the Dean; which shall be distributed at the discretion of the Dean to support research and teaching

infrastructure; and 50% to the Office for Research Development to help defray the cost of administering Intellectual Property-related activities.

- ii. 90% of the accumulated gross royalties and/or milestones to the Creators.
- b. In determining net revenue, the School shall deduct from gross royalty milestones or other revenue, documented expenses such as production costs, subventions, and litigation which may be incurred in enforcing or defending the copyright or in the licensing of the copyrightable material.
- c. The School will credit to the Creator, prior to income distribution, any documented non-reimbursed expenses incurred in the course of developing the copyrighted material.

**Materials Transfer Agreement
Between
Morehouse School of Medicine
And
COMPANY/INSTITUTION**

THIS MATERIALS TRANSFER AGREEMENT is made and entered into by and between Morehouse School Of Medicine, having principal offices at 720 Westview Drive, Atlanta, Georgia 30310-1495; and (“COMPANY/INSTITUTION”) an academic institution having a principal place of business at ADDRESS.

WITNESSETH:

WHEREAS, Morehouse School of Medicine has developed (“BIOLOGICAL MATERIALS”), which are further described and defined hereinbelow, and
WHEREAS, COMPANY/INSTITUTION wishes to use BIOLOGICAL MATERIALS in its own internal research programs without selling or otherwise directly commercializing BIOLOGICAL MATERIALS, and
WHEREAS, Morehouse School Of Medicine are desirous to provide reasonable quantities of BIOLOGICAL MATERIALS to COMPANY/INSTITUTION to assure application of BIOLOGICAL MATERIALS for public benefit.
NOW THEREFORE, in consideration of the mutual covenants and premises contained herein, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

ARTICLE I - DEFINITIONS

- 1.01 “BIOLOGICAL MATERIALS” shall specifically mean (DEFINITION OF MATERIALS) any progeny, any derivatives (such as, but not limited to, LIMITATIONS), and any modifications therefrom, specifically modifications substantially based on, or incorporating, a substantial element of BIOLOGICAL MATERIAL; or any modifications which are not new or not obviously distinct from BIOLOGICAL MATERIAL.
- 1.02 “KNOW-HOW” shall mean any information related to BIOLOGICAL MATERIALS such as sequences, formulas, protocols, compilations of data, specifications or any other information that may be provided by Morehouse School of Medicine to COMPANY/INSTITUTION, in a tangible form, and in connection with BIOLOGICAL MATERIALS.
- 1.03 “EFFECTIVE DATE” shall mean the date this Agreement is last executed by a signatory hereto.

ARTICLE II - SUPPLY OF MATERIALS AND OBLIGATIONS OF INSTITUTION

- 2.01 Supply of Materials. Upon execution of this Agreement, Morehouse School of Medicine shall supply to COMPANY/INSTITUTION a reasonable quantity of BIOLOGICAL MATERIALS, which shall be delivered to COMPANY/INSTITUTION according to federal and/or state shipping guidelines as prescribed for such BIOLOGICAL MATERIALS.
- 2.02 Obligations of COMPANY/INSTITUTION. COMPANY/INSTITUTION agrees that its use of BIOLOGICAL MATERIALS shall be subject to the following terms and conditions:

- a. Safety. **COMPANY/INSTITUTION** agrees to use the BIOLOGICAL MATERIALS in a safe manner and in compliance with all applicable laws and regulations, including National Institutes of Health (NIH) guidelines. BIOLOGICAL MATERIALS shall not be used in humans in any way, including for purposes of diagnostic testing.
- b. Storage. Upon **COMPANY/INSTITUTION'S** receipt of supply of BIOLOGICAL MATERIALS as provided for in paragraph 2.01 hereinabove, BIOLOGICAL MATERIALS shall be stored under **DEFINE PROPER CONDITIONS** until use by **COMPANY/INSTITUTION**.
- c. Integrity of Materials. **COMPANY/INSTITUTION** agrees not to analyze, or have analyzed the composition or formulation of the BIOLOGICAL MATERIALS received hereunder.
- d. **COMPANY/INSTITUTION** Use. BIOLOGICAL MATERIALS shall be used only at **COMPANY/INSTITUTION's** facilities for the research purposes described in Attachment A, hereby attached and made part of this Agreement. No option or commercial license is implied or granted to **COMPANY/INSTITUTION** herein.
- e. No Transfer. **COMPANY/INSTITUTION** shall not transfer or provide BIOLOGICAL MATERIALS or KNOW-HOW or any portion thereof to any other organization or individual without the prior written consent of Morehouse School Of Medicine. Furthermore, **COMPANY/INSTITUTION** acknowledges that the BIOLOGICAL MATERIALS and KNOW-HOW are the valuable and proprietary properties of Morehouse School Of Medicine; **COMPANY/INSTITUTION** shall to the best of its ability utilize the BIOLOGICAL MATERIALS and KNOW-HOW in a manner that serves to protect the Morehouse School Of Medicine's proprietary interests.
- f. Confidentiality. **COMPANY/INSTITUTION** agrees to maintain the confidentiality of any KNOW-HOW transferred to **COMPANY/INSTITUTION** with BIOLOGICAL MATERIALS.
- g. Publications. **COMPANY/INSTITUTION** agrees to notify Morehouse School Of Medicine of any presentation or publication that results from use of BIOLOGICAL MATERIALS. **COMPANY/INSTITUTION** shall state in the presentation or publication that BIOLOGICAL MATERIALS were supplied by **NAME OF FACULTY TRANSFERRING MATERIALS**, a faculty member of Morehouse School Of Medicine. The foregoing does not in any way preclude or restrict **COMPANY/INSTITUTION** from making public presentations or publications.

ARTICLE III - CONSIDERATION

- 3.01 Transfer Fee. **COMPANY/INSTITUTION** shall pay the packing and shipping costs associated with the transfer of BIOLOGICAL MATERIALS to **COMPANY/INSTITUTION** from Morehouse School Of Medicine, not to exceed one hundred dollars (\$100) without the prior written consent of **COMPANY/INSTITUTION**.

ARTICLE IV - TERMINATION

- 4.01 Expiration. This Agreement, unless sooner terminated as provided herein, shall remain in effect for a period of five (5) years from the EFFECTIVE DATE.

- 4.02 Termination by **COMPANY/INSTITUTION**. **COMPANY/INSTITUTION** may terminate this Agreement at any time by providing written notice to Morehouse School Of Medicine at least sixty (60) days before the termination is to take effect.
- 4.03 Termination by Morehouse School Of Medicine. Should **COMPANY/INSTITUTION** materially breach this Agreement, Morehouse School Of Medicine may give **COMPANY/INSTITUTION** written notice of the breach. **COMPANY/INSTITUTION** shall have thirty (30) days from receipt of the notice to cure the breach. If **COMPANY/INSTITUTION** does not cure the breach within this period, Morehouse School Of Medicine may terminate this Agreement by giving written notice of its election to do so.
- 4.04 **COMPANY/INSTITUTION'S** Financial Condition. If **COMPANY/INSTITUTION**: (a) ceases to carry on its business, (b) becomes "insolvent" (as such term is defined in the United States Bankruptcy Code, as amended from time to time), (c) fails to pay its debts in the ordinary course of business under conditions indicating insolvency, or (d) voluntarily seeks, consents to or acquiesces in the benefits of any bankruptcy or similar debtor-relief laws, then Morehouse School Of Medicine may terminate this Agreement without prejudice to any other remedy to which **COMPANY/INSTITUTION** may be entitled at law or in equity or elsewhere under this Agreement, by giving written notice of termination to **COMPANY/INSTITUTION**.
- 4.05 Disposal of Biological Materials. Should this Agreement expire or be terminated under paragraphs 4.01, 4.02, 4.03 or 4.04 above, **COMPANY/INSTITUTION** agrees to immediately discontinue its use of BIOLOGICAL MATERIALS, and destroy or return, at Morehouse School Of Medicine's request, all quantities of BIOLOGICAL MATERIALS and derivatives there from in **COMPANY/INSTITUTION'S** possession.
- 4.06 Other Matters Surviving Termination. All accrued obligations and claims, including claims or causes of action for breach of this Agreement, shall survive termination of this Agreement. Obligations of confidentiality shall survive termination of this Agreement. This section controls in the case of a conflict with any other section of this Agreement.

ARTICLE V - LIABILITY AND REPRESENTATIONS

- 5.01 Infringement Indemnification. **COMPANY/INSTITUTION** shall at all times during the term of this Agreement and thereafter, indemnify, defend and hold harmless, Morehouse School Of Medicine, its regents, officers, employees, and affiliates, against any claim, proceeding, demand, liability, or expense (including legal expenses and reasonable attorney's fees) which relates to any action brought by a third party alleging infringement of a domestic or foreign patent or trademark as a result of the activities of **COMPANY/INSTITUTION** hereunder.
- 5.02 Liability Indemnification. **COMPANY/INSTITUTION** shall at all times during the term of this Agreement and thereafter, indemnify, defend and hold harmless Morehouse School Of Medicine, its regents, officers, employees, and affiliates, against any claim, proceeding, demand, liability, or expenses (including legal expenses and reasonable attorney's fees) which relates to injury to persons or property, or against any other claim, proceeding, demand, expense and liability of any kind whatsoever resulting from the use of BIOLOGICAL MATERIALS by **COMPANY/INSTITUTION**, or arising from any obligation of **COMPANY/INSTITUTION** hereunder.
- 5.03 In no event shall either party be liable to the other for exemplary, incidental, indirect, special or consequential damages of any kind, including without limitation, loss of profit, savings or

revenue, whether or not such party has been advised of the possibility of such damages, however caused, and on any theory of liability arising out of this Agreement.

- 5.04 Representation. Morehouse School Of Medicine represents that it owns and has title to the BIOLOGICAL MATERIALS and KNOW-HOW, and that there are no outstanding agreements, assignments, or encumbrances inconsistent with the provisions of this Agreement. **MOREHOUSE SCHOOL OF MEDICINE MAKES NO OTHER REPRESENTATIONS AND EXTENDS NO OTHER WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, NOR DOES MOREHOUSE SCHOOL OF MEDICINE ASSUME ANY OBLIGATIONS WITH RESPECT TO INFRINGEMENT OF INTELLECTUAL PROPERTY RIGHTS OR OTHER RIGHTS OF THIRD PARTIES DUE TO COMPANY/INSTITUTION'S ACTIVITIES UNDER THIS AGREEMENT.**
- 5.05 Nature of the Materials. All BIOLOGICAL MATERIALS provided hereunder should be considered experimental in nature and should be handled by **COMPANY/INSTITUTION** with appropriate safety precautions as provided in paragraph 2.02(a). However, in cases where a Material Safety Data Sheet is available for the BIOLOGICAL MATERIALS it will be supplied by Morehouse School Of Medicine to **COMPANY/INSTITUTION** and the handling precautions contained therein should be followed.

ARTICLE VI - NOTICES

- 6.01 Notices. Payments, notices, or other communications required by this Agreement shall be sufficiently made or given if mailed by certified First Class United States mail, postage pre-paid, or by commercial carrier (e.g., Federal Express, Airborne, etc.) when such carrier maintains receipt or record of delivery, addressed to the address stated below, or to the last address specified in writing by the intended recipient.

- a. If to Morehouse School Of Medicine:

Sandra Harris-Hooker, Ph.D.
Associate Dean for Research Development
Morehouse School Of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495

With copy to:

Scientist
Morehouse School Of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495

- b. If to **COMPANY/INSTITUTION**:

NAME
TITLE

ADDRESS
PHONE; FAX

With copy to:

SCIENTIST
ADDRESS
PHONE; FAX

ARTICLE VII - MISCELLANEOUS PROVISIONS

- 7.01 Non-Use of Names. Except as set forth in paragraph 2.02(g) hereof, **COMPANY/INSTITUTION** shall not use the names of Morehouse School Of Medicine, nor of any of its employees or components, nor any adaptation thereof, in any advertising, promotional or sales literature without the prior written consent obtained from Morehouse School Of Medicine in each case, except that **COMPANY/INSTITUTION** may state that it has an Agreement with Morehouse School Of Medicine to use the BIOLOGICAL MATERIALS.
- 7.02 Assignment. This Agreement, with the rights and privileges it creates, is assignable only with the written consent of both parties.
- 7.03 Force Majeure. Each party shall be excused from any breach of this Agreement which is proximately caused by government regulation, war, strike, act of God, or other similar circumstance normally deemed outside the control of well-managed businesses.
- 7.04 Execution and Modification. This Agreement will become binding only when signed by both parties. It may be modified or amended only by a written document signed by the parties.
- 7.05 Entire Agreement. This Agreement contains the entire understanding of the parties with respect to the BIOLOGICAL MATERIALS and supersedes all other written and oral agreements between the parties with respect to the BIOLOGICAL MATERIALS.
- 7.06 Governing Law. This Agreement shall be construed under the Constitution and laws of the State of Georgia.
- 7.07 Headings. Headings appear solely for convenience of reference. Such headings are not part of this Agreement and shall not be used to construe it.
- 7.08 Provisions. If any provision or provisions of this Agreement shall be held to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

IN WITNESS WHEREOF, the parties have caused this Agreement to become effective as of the date last executed below by a signatory to this Agreement.

MOREHOUSE SCHOOL OF

COMPANY/

MEDICINE, INC.

INSTITUTION

Sandra Harris-Hooker, Ph.D.
Associate Dean for Research
Development
Date:

NAME
TITLE
Date: _____

(Provider) Scientist

Date:

COMPANY/INSTITUTION (Recipient)
Scientist

Date: _____

ATTACHMENT A

The DEFINITION OF MATERIALS provided by Morehouse School Of Medicine, will be utilized for DETAILS OF USAGE GIVEN BY INVESTIGATOR.

APPENDIX IX

INVOLVEMENT OF FACULTY IN NEW POLICIES

APPENDIX TO FACULTY BYLAWS

Involvement of the Faculty in New Policies

Introduction

It is important for the faculty to have input into the generation of new policies that are adopted by the Academic Policy Council (APC). The Institution has grown to a stage where a formal process is appropriate.

The purpose of this document is to set forth the procedures to implement such a formal process that notifies faculty in advance of proposals for new policies that are within the jurisdiction of the APC, and that provides sufficient time for faculty to comment on the proposals.

Procedure

When a new policy that is within the jurisdiction of the APC is to be presented for adoption to the Academic Policy Council, it shall be delivered to all members and staff in the form of a proposal at least 20 days in advance of the APC meeting when it is to be discussed.

At the meeting when the proposal is discussed, it shall be placed on the table after discussion until the next APC meeting.

Immediately after the first meeting, the proposal shall be mailed to each faculty member in series I and II, with a request that written comments be returned to the Secretary at least 10 days prior to the next APC meeting.

The Secretary shall insure that all such written comments are distributed to all APC members and staff in advance of the next APC meeting.

In addition to these procedures, each chairperson shall hold a faculty meeting to discuss the proposed policy and shall integrate the findings of such a meeting into the discussion held by the APC.

APPENDIX X

POLICY FOR INTEGRITY AND THE RESPONSIBLE CONDUCT OF SCHOLARSHIP AND RESEARCH: GUIDELINES TO ENCOURAGE RESPONSIBLE RESEARCH PRACTICES

APPENDIX TO FACULTY BYLAWS

Policy for Integrity and the Responsible Conduct of Scholarship and Research: Guidelines to Encourage Responsible Research Practices.

Introduction

The community of scientists is bound by a set of values, traditions, and standards that embody honesty, integrity, objectivity, and collegiality. The diversity, flexibility, and creativity of the research community are strengths that have contributed to decades of scientific achievement and progress in the United States.

For centuries scientists have relied on each other, on the self-correcting mechanisms intrinsic to the nature of science and on the traditions of their community to safeguard the integrity of the research process. Recent and dramatic increase in the size and influence of the research enterprise, and in the amounts and patterns of funding, have led to changing social expectations about the accountability of scientists and their institutions for research supported by public funds. In addition, the changing nature of collaborative efforts, the quickening pace and increasing complexity of research endeavors, and the growing emphasis on commercialization of research results have combined to exacerbate stresses that have always been apparent to some extent in scientific research.

The self-regulatory system in science, which has evolved over the centuries to foster creativity and scientific achievement, may need to evolve further to meet the demands for public accountability that accompany government, foundation, and industrial support of scientific research. To respond to the need for more visible, explicit mechanisms to ensure integrity in the research process, and to handle allegations of misconduct in science, the following objectives should be addressed.

1. To develop vigorous approaches to protect and enhance knowledge of scientific traditions and sound research practices, and mechanisms to penalize those who engage in misconduct.
2. To foster responsible research conduct in a period of increasing diversification of funding sources, growing demands on limited research resources, and greater incentives for financial gain in the research environment.
3. To ensure fairness and balance in efforts to establish individual and institutional accountability in scientific research activities.

In concert with these objectives, the institution is obligated to protect and foster the academic freedom and intellectual integrity of all members of the institutions community in the pursuit of knowledge.

Scientists engaged in work involving human subjects should refer to the MSM IRB policy, and the "Code of federal regulations Title 45-Part 46-Protection of Human subjects".

A. Framework for Fostering Responsible Research Conduct

Integrity of the research process is defined as the adherence by scientists and their institutions to honest and verifiable methods in proposing, performing, evaluating, and reporting research activities. Science is not only a body of information composed of current knowledge, theories, and observations, but also the process by which this body of knowledge is developed. Three categories of behaviors in the research environment warrant specific attention.

1. Misconduct in Science

Fabrication, falsification, or plagiarism in proposing, performing, or reporting research. This does not include errors of judgment; errors in the recording, selection, or analysis of data; differences in opinions involving the interpretation of data; or misconduct unrelated to the research process. *Fabrication* is making up data or results, *falsification* is changing data or results, and *plagiarism* is using the ideas or words of another person without giving the appropriate credit.

2. Questionable Research Practices

Actions that violate traditional values of the research enterprise and that may be detrimental to the research process.

These do not directly damage the integrity of the research process, however, they can erode confidence in the integrity of the research process, violate traditions associated with science, affect scientific conclusions, waste time and resources, and weaken the education of new scientists.

Questionable research practices include:

- < Failing to retain significant research data for a reasonable period
- < Maintaining inadequate research records
- < Conferring authorship for a contribution that is not significantly related to the research reported in the paper
- < Refusing to give peers reasonable access to unique material or data
- < Using inappropriate statistical analysis to enhance the significance of research findings
- < Inadequately supervising research subordinates

3. Other Misconduct

These practices include behavior which is clearly not unique to the conduct of science, i.e. sexual and other forms of harassment of individuals, misuse of funds, vandalism, including tampering with research experiments or instrumentation, and violations of government research regulations, such as those dealing with radioactive materials, recombinant DNA research, and the use of human or animal subjects.

Recommendations

As science becomes more closely linked to economic and political objectives, the processes by which scientists formulate and adhere to responsible research practices will be the subject of increasing public scrutiny. Scientists and research institutions thus need to clarify and strengthen the methods by which they foster responsible research practices. Ensuring the integrity of the research process requires that scientists and research institutions give systematic attention to the

fundamental values, principles, and traditions that foster responsible research conduct. All who participate in the research enterprise share responsibility for the integrity of the research process. The following recommendations are aimed at strengthening the research enterprise, as well as clarifying the nature of the responsibilities of scientists, research institutions, and government agencies in this area.

1. Scientists in cooperation with officials of research institutions should accept formal responsibility for ensuring the integrity of the research process. They should foster an environment, a reward system (i.e. when assessing promotion), and a training process that encourages responsible research practices.
2. Sabbatical programs that foster faculty and student awareness of concerns related to the integrity of the research process should be integrated into the current Sabbatical program.
3. Adoption of formal guidelines for the conduct of research. This should include a common framework of definitions, distinguishing among misconduct in science, questionable research practices, and other forms of misconduct.
4. Policies and procedures should be formulated to address other misconduct that may occur in the research environment such as theft, harassment, or vandalism.

B. Current Policies and Procedures at Morehouse School of Medicine

The Public Health Service implemented regulations (effective January 1, 1990) stating that any institution that applies for, or receives assistance under the Public Health Service Act, for any project or program which involves the conduct of biomedical or behavioral research, is required to complete and submit to the Office of Research Integrity (ORI) an assurance regarding procedures for dealing with and reporting possible misconduct in science. In compliance with Public Health Service regulations, MSM has adopted a document entitled, "Research Integrity Policy for Responding to Allegations of Scientific Misconduct" (See current MSM Bylaws of the Faculty). This policy was approved by the Academic Policy Council on July 1, 1983 and modified administratively on December 12, 1989, and in July, 2005 in order to comply with these regulations. The procedures outlined in this document are sufficient to handle reports of initial misconduct, however, MSM has not formulated a official framework for defining misconduct, nor has it established guidelines to encourage responsible research practices. To be effective, guidelines must be incorporated into the process of research and education and become an operational part of day-to-day activities. It would thus seem appropriate that if such policies should be formulated, they should be under the supervision of those who will be directly affected. We therefore set forth the following general principles to provide a common frame of reference. The following guidelines are proposed for defining misconduct.

1. Data Handling

Data handling refers to the acquisition, management, and storage of research results. Scientific experiments and measurements are typically transformed into research data. Research data are the basis for reporting discoveries and experimental results. When a scientist communicates a set of results and a related piece of theory or

interpretation in any form, it is assumed that the research has been conducted as reported. It is a violation of the most fundamental aspect of the scientific research process to set forth measurements that have not, in fact, been performed (fabrication) or to ignore or change relevant data that contradict the reported findings (falsification).

On occasion what is actually proper research practice may be confused with misconduct in science. Responsible practice requires that scientists disclose the basis for omitting or modifying data in their analysis of research results, especially when such omissions or modifications could alter the interpretation or significance of their work.

Concerns about misconduct in science have raised questions about the roles of research investigators and of institutions in maintaining and providing access to primary data. Scientists are generally expected to exchange research data as well as unique research materials that are essential to the replication or extension of reported findings. However, it is well recognized that in the academic environment, centralized research records raise complex problems of ownership, control, and access.

Recommendation on Data Handling

Research data, including the primary experimental results, should be retained for five years. Custody of all original primary laboratory data should be retained by the unit in which they are generated. All data, even from observations and experiments not leading directly to publication, should be treated in a likely manner. Research data should always be immediately available to scientific collaborators and supervisors for review.

C. Communication and Publication

In a publication, all data pertinent to the project should be reported, whether supportive or unsupportive of the thesis or conclusions. Except for review articles, publishing the same material in more than one paper should be avoided.

Plagiarism is using the ideas or words of another person without giving appropriate credit. Plagiarism includes the unacknowledged use of text and ideas from published work, as well as the misuse of privileged information obtained from peer review is not acceptable because the reviewer is in a privileged position.

Peer review is the process by which editors and journals seek to be advised by knowledgeable colleagues about the quality and suitability of a manuscript for publication in a journal. The proliferation of research journals and the rewards associated with publication and obtaining research grants have put substantial stress on the peer review system.

The reviewer has the responsibility for preserving the integrity of the review process. In reviewing a manuscript or a grant proposal, she or he is entrusted with privileged information that is unavailable to anyone outside of the laboratory of the submitting scientists. It is of obvious importance for the reviewer not to make use of information

gained in the review for her or his own purposes until it is published or prior to that, only by consent of the author.

Recommendation on Communication & Publication

Authorship of original research reports is an important indicator of accomplishment, priority, and prestige within the scientific community. Authorship practices are guided by disciplinary traditions, customary practices within research groups, and professional and journal standards and policies. A general rule is that an author must have participated sufficiently in the work to take responsibility for its content and vouch for its validity. Credit for authorship should be contingent on substantial participation in one or more of the following categories: 1) conception and design of the experiment, 2) execution of the experiment and collection and storage of the supporting data, 3) analysis and interpretation of the primary data, and 4) preparation and revision of the manuscript.

D. Correction of Errors

At some level, all scientific reports, even those that mark profound advances, contain errors of fact or interpretation. In part, such errors reflect uncertainties intrinsic to the research process itself--a hypothesis is formulated, an experimental test is devised and based on the interpretation of the results, the hypothesis is refined, revised, or discarded. Errors are an integral aspect of progress in attaining scientific knowledge.

Science is self correcting, and errors whether honest or products of misconduct, will be exposed in future experiments. Scientific truth is founded on the principal that results must be verifiable and reproducible. Publication of a scientific report provides an opportunity for the community at large to critique and build on the substance of the report, and serves as one stage at which errors and misinterpretations can be detected and corrected. The research endeavor can therefore be viewed as a two-tiered process: first, hypotheses are formulated, tested, and modified; second, results and conclusions are re-evaluated in the course of additional study.

Recommendation on Correction of Errors

In accordance with established principles of science, scientists have the responsibility to replicate and reconfirm their results as a normal part of the research process. The cycles of theoretical and methodological formulation, testing, and reevaluation, both within and between laboratories, produce an ongoing process of revision and refinement that corrects errors and strengthens the fabric of research.

E. Research Training, Supervision and Mentorship

A mentor, as a research advisor, is generally expected to supervise the work of the trainee and ensure that the trainee's research is completed in a sound, honest, and timely manner. The ideal mentor challenges the trainee, spurs the trainee to higher scientific achievement, and helps socialize the trainee into the community of scientists by demonstrating and discussing methods and practices that are not well understood. It is important to recognize that junior investigators may be particularly at risk in failing to distinguish, or prevent, unacceptable research practices.

Mentors should limit the number of trainees in their laboratory to the number for whom they can provide an appropriate research experience. Mentors should supervise the design of experiments and the processes of acquiring, recording, examining, interpreting and storing data.

The principles of science and the practices of the specific scientific disciplines are transmitted by scientists in classroom settings, and, perhaps more importantly in research groups and teams. The dynamics of research groups can foster or inhibit innovation, creativity, education, and collaboration. The laboratory director or group leader is the primary determinant of a group's practices. Individuals in positions of authority are visible and are also influential in determining funding and other support for the career paths of their associates and students. Research directors and department chairs, by virtue of personal example, thus can reinforce, or weaken the power of disciplinary standards and scientific norms to affect research practices.

To the extent that the behavior of senior-scientists conforms with general expectations for appropriate scientific and disciplinary practices, the research system is coherent and mutually reinforcing. Thus, personal example and the perceived behavior of role models and leaders in the research community can be powerful stimuli in shaping the research practices of colleagues, associates, and students.

Recently, the demands of obtaining sufficient resources to maintain a laboratory in the contemporary research environment often separate faculty from their trainees. When laboratory heads fail to participate in the everyday workings of the laboratory, their inattention may harm their trainees education. In addition, problems arise when faculty members are not directly rewarded for their graduate teaching or training skills. When institutional policies fail to recognize and reward the value of good teaching and mentorship, the pressures to maintain stable funding for research teams in a competitive environment can overwhelm the time allocated to teaching and mentorship by an investigator.

Research supervisors must devote attention to maintaining an atmosphere of open communication and cooperation in their research groups, with opportunity for appropriate participation by and recognition of all parties. Considering human relationships and interactions is an important aspect of good research practice.

Recommendation on Research Training, Supervision and Mentorship

Research mentors, laboratory directors, department heads, and senior faculty are responsible for defining, explaining, exemplifying, and requiring adherence to the value systems of their institutions. A mentor is defined as that person directly responsible for the professional development of a research trainee. Professional development includes both technical training and socialization in basic research practices (i.e. authorship practices and sharing of research data). The mentor has the responsibility to supervise the trainee's progress closely and to interact personally with the trainee on a regular basis in such a way as to make the training experience a meaningful one. The neglect of sound training in a mentor's laboratory will over time compromise the integrity of the research process.

F. Conclusions

The self-regulatory system that characterizes the research process has evolved from a diverse set of principles, traditions, standards, and customs transmitted from senior scientists, research directors, and department chairs to younger scientists by example, discussion, and informal education. The principles of honesty, collegiality, respect for others, and commitment to dissemination, critical evaluation, and rigorous training are characteristic of all the sciences.

Guidelines for the conduct of research differ from institutional policies that are designed to address misconduct in science, conflict of interest, or that have been formulated in response to regulatory requirements governing research involving human subjects, hazardous materials, or recombinant DNA. Research conduct guidelines are intended to promote responsible conduct of research and, to the extent that questionable practices and misconduct in science are linked, to reduce the amount of misconduct in science.

Administrative officials within the research institution bear responsibility for ensuring that good scientific practices are observed in units of appropriate jurisdiction. In addition, they should balance reward systems appropriately to recognize research quality, integrity, teaching, and mentorship. Adherence to scientific principles and disciplinary standards is at the root of a vital and productive research environment. Institutions should strive to attain a research enterprise that emphasizes and rewards excellence in science, quality rather than quantity, openness rather than secrecy, and collegial obligations rather than opportunistic behavior in appointments, promotion, tenure, and other career decisions. The challenge is thus to aid faculty in establishing effective systems of values and social controls, to provide individuals with opportunities and incentives to develop and implement these systems, and to safeguard the traditions that foster scientific creativity.

APPENDIX XI

**ACADEMIC APPOINTMENT AND PROMOTION PROCESS AND POLICIES AS
APPROVED BY THE BOARD OF TRUSTEES**

APPENDIX TO FACULTY BYLAWS

Academic Appointment and Promotion Process and Policies as Approved by the Board of Trustees

**ACADEMIC APPOINTMENT & PROMOTION PROCESS & POLICIES
INSERT HANDBOOK**

APPENDIX XII

POLICY FOR THE TRANSFER OF GRANTS/EQUIPMENT

APPENDIX TO FACULTY BYLAWS

Policy for the Transfer of Grants/Equipment

Purpose

To define the policy and procedure for transfer of extramural research grants or contract support and research equipment when a faculty investigator terminates employment at Morehouse School of Medicine (MSM) and assumes employment at another institution.

Scope and Responsibility

This policy applies to all investigators who receive grant/contract support in the name of MSM. The dean will be responsible for implementation of this policy and for ensuring compliance of it. Requests related to this policy must be approved and recommended to the dean by the department chair. Final decisions will be made by the dean.

Policy

Unless otherwise provided for in the terms of an award and agreed to by MSM in the acceptance of an award, all equipment purchased with a grant/contract are the property of MSM. In the event that a faculty member terminates employment with MSM to assume a position at another institution, transfer of an extramural research grant/contract and research equipment to the new institution may be authorized under the following conditions:

- The faculty member is the principal investigator of the grant/contract.
- The research project supported by this grant/contract will not be continued at MSM under a new principal investigator.
- The grant/contract support and equipment requested for transfer will be required for research to be conducted by this principal investigator at the new institution.
- The equipment requested for transfer was purchased totally with funds provided by the research grant/contract to be transferred, as established by appropriate documentation.
- The transfer is in compliance with policies of, and approved by, the grant/contracting agency.

- All MSM policies and procedures related to the transfer process are followed and approved prior to transfer.
- All financial obligations (including salary support for technicians, collaborators and/or co-investigators) incurred at MSM under the grant/contract are fully satisfied.
- The investigator will coordinate the transfer and the new institution will assume full financial and physical responsibility for the transfer.
- Equipment deemed common use should remain at MSM. If some of the research activities will continue at MSM and other activities occur at a new site, then the use of this equipment at MSM may be negotiated between the parties doing the work, supervised by the department chair(s) and dean.
- Equipment purchased solely with institutional funds and used solely by the investigator may be negotiated with the Associate Dean for Research provided that it has been depreciated and is of no use to another investigator.

Procedures

As soon as a faculty investigator has accepted a position or knows that he/she will accept a position at another institution and that a request to transfer a grant/contract and equipment will be made, the following procedures should be initiated by the investigator:

Prior to Approval of Transfer

1. Consult with officials of the grant/contracting agency to determine if the requested transfer complies with agency policies, and obtain copies of relevant agency documents to support this.
2. Obtain from the Business Office financial records concerning the grant/contract and an inventory and documentation concerning the funding source of purchase for the equipment to be requested for transfer.
3. Meet with the department chair to discuss and obtain initial departmental approval for the requested transfer.
4. Prepare a written request for the transfer, a detailed inventory of the equipment requested for transfer, and proof of funding source for purchase of the equipment requested for transfer. Obtain written permission from the granting agency for the requested transfer.
5. Submit the written request, including agency permission, to the department chair for approval and recommendation to the dean.

Following Approval of Transfer

1. Prepare and obtain approval of all grant/contract agency and MSM documents and assurances required for the transfer.
2. Obtain approval from the department chair, dean and other relevant MSM officials for the date and means of transfer of equipment.

3. Arrange for and personally oversee the packing, shipment, and payment for the transfer.

Relevant NIH Documents

References to and copies of relevant agency documents will be included with the policy statement.

APPENDIX XIII

RELOCATION EXPENSES

**MOREHOUSE SCHOOL OF MEDICINE
ACADEMIC AFFAIRS POLICY
RELOCATION EXPENSES**

PURPOSE:

To enhance recruitment of exceptional candidates for full time faculty positions, department chairs may negotiate to help defray their relocation expenses.

SCOPE:

The dean and senior vice president for academic affairs is responsible for ensuring compliance with this policy. This policy applies to academic department chairs and faculty.

POLICY:

MSM will reimburse relocation expenses for full-time faculty only. Such persons must remain in the employ of the medical school for the duration of their initial faculty appointment (one to five years) to justify the expense being made on their behalf. Should the employee resign prior to the completion of the year, reimbursement of relocation expenses will be required and paid prior to distribution of the final paycheck.

PROCEDURES:

1. **Eligibility:**

Reimbursements of relocation expenses for full time faculty require the prior approval of the dean.

2. **Types of Expenses Covered:**

- A. Cost of a moving company (with lowest bid as described below)
- B. Coach airfares for the employee and the dependent members of the family from the previous location to the Atlanta area (MSM) by the most direct route.
- C. Allowable travel expenses for meals, lodging, and mileage directly to the Atlanta area (MSM) in accordance with MSM policy for travel.
- D. Other items allowable under the **IRS Code**, except reimbursement for the sale of home [including commission paid and losses incurred in the sale].

3. **Procedures for Reimbursement by MSM:**

- A. The employee will obtain and submit estimates from three certified moving companies and select the lowest bid offered. If the relocation includes research or laboratory equipment, the estimates must distinguish between personal and professional property. If extenuating circumstances prevents acceptance of the lowest bid [as to quality or other issues], contact the director of MSM's purchasing department for guidance.
- B. The employee will submit to the department chair **original receipts** for all appropriate expenses.
- C. The department will submit the receipts attached to a requisition to the dean's office for approval, after which it will be forwarded to the MSM accounts payable office for reimbursement. If the position is funded from a grant, relocation expenses should be written into the grant to the extent allowable. All reimbursable expenses should be charged to the relocation object code (655230).
- D. If another agency or employer is responsible for such moving expenses, the employee may request reimbursement for the difference between actual cost and amount covered by alternative sources.

4. **Reimbursement of Expenses:**

- A. The dean's office has developed a scale to help defray relocation costs. The scale is neither developed nor intended to support the total costs of relocation. MSM allows reimbursement of receipt supported relocation expenses up to the limits stated below:

Instructor	\$2,000
Assistant Professor	\$2,500
Associate Professor	\$3,500
Professor	\$6,000
Chair	\$7,000

- B. The school will make reimbursement greater than the limits stated below only under exceptional circumstances. These circumstances (i.e., relocation of special equipment) must clearly be shown to benefit the objectives of the school and department. Such instances require the use of non institutional department funds and the advance approval of the senior vice president for academic affairs (the dean).
- C. PHS policy states that when relocation costs have been charged to a grant in connection with the recruitment of a new employee and the employee resigns for personal reasons within twelve (12) months after

hire, the institution must credit the debited account for the full cost of the relocation charged to the grant.

- D. In accordance with IRS guidelines, personal relocation expenses will be included on the employees earnings statements and W-2 forms in the year they are paid. Reimbursements for items such as meals will be treated as supplemental earnings and appropriate federal and state taxes deducted from the employee paycheck. At the end of the year, the payroll office will issue the employee a moving expense information form (4782). Employees are responsible for reporting the applicable expenses on their tax returns.

Approved 10/22/98

TEACHER/LEARNER RELATIONSHIP

TEACHER/LEARNER RELATIONSHIPS

PURPOSE

The purpose of this policy is to prohibit mistreatment of students in the teacher-learner relationship, and define procedures for handling complaints of violation of established policy.

RESPONSIBILITY

The Dean and Senior Vice President for Academic Affairs shall ensure compliance with this policy.

APPLICABILITY

This policy shall apply to all faculty and students, including residents, and fellows.

POLICY

- 1. It is the policy of MSM that individuals who serve in a teacher role or who participate, as a learner in any MSM program shall uphold the standards of behavior in the teacher-learner relationship as defined in this policy.**
2. The Morehouse School of Medicine (MSM) is committed to maintaining a teaching and learning environment free of discrimination of any kind, and all forms of coercion or other mistreatment that interfere with academic freedom or diminish the dignity of any member of the MSM family of students, postgraduate trainees, faculty and staff. It is expected that all members of the MSM family will embrace this standard of behavior, in order to foster an effective and supportive learning environment of mutual respect and collegiality among teachers and learners.
3. In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective health care professional. Both parties can expect the other to prepare appropriately for the Sabbatical interaction and to discharge their responsibilities in the Sabbatical relationship with failing honesty. While such expectations are extremely important to the Sabbatical mission of MSM, the diversity of members of the academic community combined with the intensity of interactions that occur in the health care setting, **as well as in the laboratory or classroom, could lead to incidents of inappropriate behavior or mistreatment.** The victims and perpetrators of such behavior might include students from the **MD, PhD and MPH programs, faculty,**

fellows, residents, and other staff. Examples of mistreatment or inappropriate behavior are:

- physical threats or physical attack (e.g., hit, slap, lack)
- sexual harassment
- discrimination based on race, religion, ethnicity, sex, age, sexual orientation and physical disabilities
- repeated episodes of psychological punishment of a student by a particular superior (e.g. public humiliation, threats and intimidation, removal of privileges)
- grading used to punish a student rather than for objective evaluation of performance
- assigning tasks for punishment rather than for objective evaluation of performance
- requiring the performance of personal services
- taking credit for another individual's work
- intentional neglect or intentional lack of communication

Such actions are contrary to the spirit of learning, violate the trust between teacher and learner, and will not be tolerated by MSM.

4. **Definition**—a complaint is a student's allegation that there has been an act or failure to act which violates the standards of behavior in the teacher-learner relationship as defined in this policy.
5. The Dean shall appoint a neutral non-administrative faculty member to act as Mediator, and receive complaints of mistreatment.
6. **Claims of discrimination based on race, religion, ethnicity, sex, age, sexual orientation and physical disabilities will be handled in accordance with MSM Policy # 01-30-1-:10 prohibiting discrimination and discriminatory harassment.**
7. Disputes over grades not related to any claim of mistreatment will be handled in accordance with established academic policy guidelines.
8. Complaints that involve employees of an affiliate hospital or other facility will be handled through this process and in coordination with the respective facility.
9. Reporting of incidents involving mistreatment will be held in the strictest confidence, and will be dealt with quickly and appropriately in accordance with established guidelines defined in the procedures outlined in this policy.
10. The Mediator will be the keeper of all records regarding claims of student mistreatment.

11. The Dean shall appoint **an adhoc** Conflict Resolution Council (Council), which will consists of **five** members. The Council composition will include **two (2) students, one of whom shall be selected from the program involved in the complaint, one (1) resident and two (2) faculty members. Students and residents who are selected must be in good standing with no deficiencies.**
12. The Council shall act as an appellant body to receive claims that cannot be resolved by the Mediator.
13. A section regarding student mistreatment and complaint procedures will be included in all student, resident and faculty handbooks and the topic of student mistreatment in the teacher-learner relationship will be discussed during all orientation sessions.

PROCEDURES

Informal

Concerns of mistreatment may arise from misunderstandings or minor problems that can be resolved promptly and satisfactorily between the accuser and accused before they become formal complaints. Prompt resolution is in the best interest of the teacher-learner relationship. To this end, informal discussions are encouraged between student and teacher. Should a complaint of mistreatment arise, necessitating discussion with a teacher, the teacher and the student should make a good faith effort to resolve the problem immediately. Students may solicit assistance or advice from other faculty, faculty advisors or other trusted individuals to assist in resolving the issue.

When the informal approach fails to result in a satisfactory resolution, the student may use the Formal process.

Although use of the informal process is encouraged for resolving conflict, it is not a necessary prerequisite to using the formal process. An accuser may bypass the informal process, and file his/her claim of mistreatment in accordance with the formal process when he/she believes that circumstances might prevent a productive outcome from the informal process.

Formal

1. When an accuser believes that there are sufficient grounds to express a formal complaint of mistreatment, the accuser should within five working days of the incident, or unsatisfactory outcome of informal process, submit the complaint in writing to the Mediator.
2. Within 5 (five) working days, the Mediator will contact all parties to the complaint to begin the mediation process. If the complaint involves more than one accuser, the

complaint may be presented by a single spokesperson or representative selected by the group.

3. If the parties are able to resolve the complaint to the satisfaction of the accuser(s) the Mediator will provide documentation of the resolution to only the parties involved within 7 (seven) working days. The Mediator's files regarding all resolved claims shall remain with the Mediator.
4. When the Mediator is unsuccessful in resolving a claim, the accused and the accuser shall have the option of moving to Step II.

Step II

1. If the Mediator is unable to resolve the complaint to the satisfaction of the accuser(s) or the accused in Step I, the accuser(s) or the accused shall be entitled to file a written appeal to the Conflict Resolution Council for a hearing. When the Council is unable to resolve a complaint, the Council will file a report of findings with the Dean which may or may not include recommendations for disciplinary actions.
2. The Dean may or may not **accept** the recommendation of the Council when determining the disposition of the complaint. **The decision of the Dean will be final.**

ROLES AND RESPONSIBILITIES

MEDIATOR: The position of Mediator is an annual appointment established to help resolve conflicts. The role of the mediator is to mediate between the conflicting parties and strive for reconciliation. Either the accuser or the accused may contact the mediator to seek assistance in resolving the conflict. The mediator will encourage the parties to work out the problem between themselves, but will also be available as a facilitator of the process. To achieve neutrality, the mediator will be chosen from the non-administrative faculty of MSM. The Dean shall appoint the Mediator after consultation with the Student Government Association, the Dean's Council, and the GMEC. The mediator is accountable to the Dean.

- The Mediator must be knowledgeable concerning the various MSM policies for handling complaints.
- The Mediator's role is to discern whether a given complaint should be handled by the mediator or through other channels. For example, if a student claims to have received an unfair grade, the mediator will advise the student to use the procedures currently in place for appealing grades. Disputes over grades will be handled according to such policies, rather than by the Mediator.
- In cases involving accusations of discrimination or sexual harassment, the Mediator will inform the accuser that she/he should submit a complaint to the institution's Discrimination Grievance Officer (DGO). The Mediator must inform the DGO the accusation has been made. The accuser must then meet with the DGO to decide whether further action should be taken.

- When faced with questions concerning the Institution's legal responsibilities, the Mediator must contact the Director of Risk Management to obtain advice from the Institution's legal counsel.
- **For complaints involving employees from other affiliate hospitals or facilities, the Mediator will attempt to coordinate efforts with the respective facility to resolve the complaint.**

CONFLICT RESOLUTION COUNCIL: The purposes of the Council include the following: to ascertain the facts, to the extent feasible; to mediate between the parties and to strive for reconciliation. The Council will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of the accused and the accuser.

A quorum of the Council will consist of five members, with at least one member from each representative group. The Mediator is not a member of the Council. The Council membership shall include appropriate gender and minority representation. The Student Government Association (SGA) nominates student representatives, faculty representatives by the Dean's Council, and the resident representative by the GMEC. Nominations for Council members are submitted to the Dean, who appoints the Council. Appointments are staggered so that the Council always has experienced members. If in a given case the accused or accuser is not represented by groups on the Council, the council may recruit additional members from appropriate groups (e.g. residents, fellows, students, faculty, etc) to help deal with the specific situation. Such recruitment is at the discretion of the Council. There shall be two co-chairs of the Council. One co-chair is elected each year from the student members of the Council, and the other co-chair from the faculty members.

COUNCIL PROCEDURES

1. The Council becomes involved in a given case, only after the Mediator has made reasonable efforts to resolve the complaint.
2. When the Council hears a case, the Mediator, accuser, and accused are present. The Council co-chairs are responsible for notifying the parties concerning the time and place of the Council meeting.
3. The proceedings begin with the Mediator presenting the case. The accuser and accused both have an opportunity to speak and to bring witnesses to speak.
4. The order of speakers is as follows: a) the accuser; b) witnesses for the accuser; c) the accused d) witnesses for the accused.
5. The accused has the right to be present whenever the Mediator, the accuser, or any witnesses are presenting statements. Similarly, the accuser has the right to be present during statements by the Mediator, the accused, or witnesses.

6. Witnesses will be present only when they are called to give information. After speaking, they will be asked to leave, in order to protect the confidentiality of the parties involved. Both the accused and the accuser can be harmed by a breach of confidentiality, and all that are involved in the process of responding to allegations must maintain confidentiality.
7. In some situations, the Mediator or Council might be justified in communicating ordinarily confidential information to other MSM officials, provided there is a legitimate "need to know".
8. The accuser and accused are not allowed to bring lawyers to Council meetings as advocates, advisors, or observers, nor may they bring any other persons, except witnesses.
9. This process is intramural and is anticipated to avoid complaints being filed outside the Institution.
10. When the Council finds that, in their view of the facts, serious mistreatment has occurred, a report of findings will be sent from the Council to the Dean. The Dean will then decide what action to take.
11. The Dean or the Dean's designee (perhaps the Mediator) will advise the accused and accuser concerning the final disposition of the matter.
12. Decisions about whether a report of findings should be sent to the Dean should be made on a case-by-case basis. It is a matter of judgment by the Council, based on the degree of offensiveness of the behavior and the strength of evidence that the behavior occurred.
13. When the council is aware of a history of recurring mistreatment behavior by a given individual, a report of findings to the Dean might be warranted, even if each occurrence of mistreatment behavior considered alone, would not be regarded as serious enough to justify a report to the Dean.
14. In general, if the conflicting parties resolve the matter between themselves, the Council might decide that a report to the Dean is not warranted. On the other hand, if the offense is serious or recurring, a report to the Dean might be appropriate even if the conflicting parties have reached reconciliation. In exceptional circumstances it might be appropriate for the Mediator to inform the Dean concerning a complaint before the Council meets.
15. If in the mediator's judgment the council should be brought into a case, the accused does not have the right to prevent the council from meeting. A function of the council is to decide whether the matter should be brought to the attention of the Dean.
16. It is in the best interest of the accused to meet with the Council to attempt to prevent a report to the Dean. If the accused refuses to attend the Council meeting, the council will still meet to decide if a report should be sent to the Dean.
17. If a student who believes he/she has been mistreated approaches a Council member, the council member will refer the student to the Mediator.

BLOODBORNE PATHOGENS

PURPOSE

The purpose of this policy is to establish procedures that will ensure compliance with the Occupational Safety and Health Administration's (OSHA) "Bloodborne Pathogens Standard" in Part 1910.1030, Title 29 of the Code of Federal Regulations.

ACCOUNTABILITY

Under the Dean and Senior Vice President for Academic Affairs, the Infection Control Committee shall ensure compliance with this policy. The Infection Control Manager and the Institutional Safety Officer shall oversee implementation of this policy.

APPLICABILITY

This policy applies to faculty, staff, students and housestaff, and includes the following potentially Infectious Materials:

Human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial Fluid, pericardial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

HIV, HCV or HBV-containing cell or tissue cultures, organ cultures, and HIV, HCV or HBV-containing culture medium or other solutions: any blood, organs, or other tissues from experimental animals infected with HIV, HCV or HBV. (Bloodborne pathogens as they relate to the use of animal blood may also be covered by policies pertaining to MSM Research.

DEFINITIONS

1. Bloodborne pathogen shall refer to pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens shall include, but are not limited to hepatitis B virus (HBV), **hepatitis C virus (HCV)** and human immunodeficiency virus (HIV).
2. Engineering Controls shall mean controls, which by design, isolate or remove the bloodborne pathogen hazard from the workplace (e.g. sharps disposal containers, self-sheathing needles).
3. Occupational Exposure shall be used to refer to reasonably anticipated or inadvertent skin, eye, mucous membrane, or Parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

POLICY

A. Requirements:

The primary focus of this policy is to establish procedures, in accordance with OSHA's "Bloodborne Pathogen Standard" 1910.1030, that will protect MSM staff and students from the hazards related to occupational exposures to bloodborne pathogens and other potentially infectious materials. As such, this policy will supplement does not supersede any existing School policy on HIV, HCV and HBV or handbooks developed to provide a safe work and learning environment for MSM staff, students, faculty and housestaff.

All MSM departments and patient care facilities shall be responsible for developing standard operating procedures, which will establish compliance with this policy.

This policy shall be reviewed and revised on an annual basis, or more frequently as new information becomes available.

B. Procedures:

1. Exposure Control Plan

The School and each patient care facility (facility) shall ensure that a written "Exposure Control Plan" is developed and implemented. This plan will function as a standard operating procedure, describing the process and/or programs established by all specific departments or facilities to eliminate or minimize employee exposure to bloodborne pathogens and other potential infectious materials. In some cases, the Infection Control Manager may develop departmental Exposure Control Plans. This will especially apply to those departments whose risk of exposure is moderate, high, and/or unique. In such cases where departmental Exposure Control Plans are developed they shall be modeled after the School or Facility's plan.

a. The Exposure Control Plan shall minimally consist of the following components:

- i. An Exposure Determination for those titles within that School or Facility:
 - (a) including a list of all job titles in which all employees have occupational exposure (as defined in this policy).
 - (b) including a list of all job titles in which some employees in that title have occupational exposure. For these titles, a list of all tasks and procedures (or groups of closely related tasks and procedures) in which occupational exposure occurs shall also be included.
- ii. Descriptions or copies of specific programs, policies, or procedures implemented in each department or patient care facility to address the requirements in this policy.

- b. Each department or facility shall ensure that the Exposure Control Plan is accessible to its employees for examination.
- c. The Exposure Control Plan shall be reviewed and updated, by representatives of the Safety Committee and Infection Control Committee at least annually and, whenever tasks, procedures, or titles are modified such that risk of exposure to bloodborne pathogens change.

2. Standard Precautions

- a. Standard (Universal) Precautions are to be utilized when there is reason to anticipate contact with (blood, body fluids or other potentially infectious material from any human source. Standard (Universal) Precautions shall be followed and appropriate barrier or personal protective equipment shall be used any time exposure to substances are anticipated according to the guidelines established by the Centers for Disease Control.

3. Engineering Controls

- a. Each department or facility is responsible for reviewing and implementing available engineering controls. Engineering Controls refer to measures, which by design, isolate or remove bloodborne pathogen hazard from the workplace (e.g. sharps, disposal containers, self-sheathing needles).
- b. Engineering controls shall be maintained and evaluated periodically by the Institutional Safety officer to ensure their continued effectiveness.

4. Work Practices and Hygiene

Each department or facility shall establish general work practices that will eliminate or minimize employee exposure. These may include, but are not limited to:

- a. Hand washing techniques and requirements.
- b. Procedures for handling and disposing have contaminated needles and sharps.
- c. Lists of prohibited activities. For example, eating, drinking, and handling contact lenses in those work areas where there is potential for exposure, or storage of food in locations where blood or other potentially infectious materials are present.
- d. Procedures to minimize splashing, spraying, spattering, generation of droplets, etc. during tasks which involve blood or other potentially infectious materials.

- e. Procedures for decontamination of contaminated equipment before servicing, shipping or disposal. A readily observable label shall be attached to such equipment stating which portions remain contaminated.

5. Personal Protective Equipment

- a. Each department or facility shall identify the specific procedures and/or tasks where personal protective equipment is required to prevent exposure to bloodborne pathogens. Specific descriptions of the personal protective equipment required for each task or procedure shall be included in the School's or Facility's Exposure Control Plan. For example, employees who transport specimens from clinics or patient care areas to laboratories may be required to wear gloves and laboratory coats. This requirement should be specified in the facility's plan.

Each department or facility shall be responsible for providing personal protective equipment identified as essential to job performance at no cost to the employee. Personal protective equipment may include, but not be limited to gloves, gowns, and face masks.

6. Housekeeping

- a. Each department or facility shall ensure that an appropriate written schedule for cleaning and decontaminating different work areas and surfaces, based upon the location within the facility, type of surface to be cleaned, types of contamination present, and tasks or procedures being performed in the area, is established and implemented in each of their units.
- b. Each department or facility shall ensure that all equipment and environmental and working surfaces are cleaned and contaminated appropriately after contact with blood or other potentially infectious materials.
- c. Each department or facility shall ensure that regulated waste is maintained, labeled, and disposed of in accordance with applicable Federal, State, and Local regulations.

7. Hepatitis B Vaccination and Post-Exposure Evaluation

- a. As required by the School Policy on HIV, **HCV** and **HBV**, all house staff, faculty and staff who have direct patient contact, who perform or take part in exposure-prone procedures (as defined in the School Policy on HIV, **HCV** and **HBV**), or who have contact with potentially infectious body fluids or laboratory materials must be immunized against hepatitis B or be able to demonstrate immunity. In accordance with the standard, the Infection Control Manager shall be responsible for establishing procedures such that all employees who have occupational exposure can obtain hepatitis B vaccinations at no cost to them. The vaccination shall be made available after the employee has received training in accordance

with this policy (see section 9 of the policy) and within 10 working days of assignment to duty, unless immunity has been established or the vaccine is contraindicated for medical reasons.

If an employee's duties do not require direct patient contact, performance of exposure-prone procedures (as defined in the HIV, HCV and HBV policy), or contact with potentially infectious body fluids or laboratory materials, and/or the employee declines the vaccination, he/she must sign a specifically worded declination form (Exhibit I). Each facility shall ensure that the nurse with overall responsibility for providing the hepatitis B vaccinations maintains a copy of the OSHA Bloodborne Pathogen standard and declination form.

- b.** Confidential medical evaluation and follow-up shall be made immediately available to employees after an exposure incident is reported.

8. Labels and Signs

- a.** Warning labels in accordance with the OSHA Bloodborne Pathogen standard shall be affixed to containers or regulated waste, refrigerators and freezers containing blood or other potentially infectious materials (Exhibit 11).
- b.** OSHA bloodborne pathogen labels/signs must also be posted at the entrances to work areas conducting HBV, HCV and HIV research.

9. Training

- a.** Each department or facility shall ensure that all employees with potential occupational exposure participate in a training program on Bloodborne Pathogens with the following frequency.
 - i.** At initial assignment
 - ii.** Annually
 - iii.** When changes that affect the employee's occupational exposure occur.
- b.** Training shall include as a minimum:
 - i.** An explanation of the contents of the OSHA Bloodborne Pathogens Standard and information on how a copy of the standard may be obtained if requested.
 - ii.** A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - iii.** An explanation of the modes of disease transmission.

- iv. A review of the School's or facility's Exposure Control Plan and the steps that the employee can take to obtain a copy.
- v. An explanation of the appropriate methods that can be used to recognize and evaluate tasks and activities with potential exposure.
- vi. An explanation of the use and limitations of the different methods of control including, but not limited to, engineering controls, work practice and personal protective equipment.
- vii. Information on the types, proper use, location, removal, handling and disposal of personal protective equipment and the basis for selection of the different types of equipment.
- viii. Information on the appropriate actions and procedures to follow if an exposure occurs.
- ix. Information on the hepatitis B vaccine including efficacy, safety, and that the vaccine will be free of charge.
- x. An explanation of the signs and labels required by the standard.
- xi. An opportunity for interactive questions and answers, and
- xii. Additional training for employees in HIV, HCV and HBV research laboratories, which is specific to the practices and operations of the laboratory.

10. Record Keeping

- a.** Each department or facility shall ensure that medical records for each employee/student with occupational exposure are maintained for the duration of employment and 30 years thereafter. Each department or facility shall ensure confidentiality of employee medical records. The medical record shall include:
 - i. hepatitis B vaccination status; including the dates of the vaccinations
 - ii. a copy of all results of the post-exposure medical evaluations
 - iii. copies of any information provided to the physicians performing medical evaluations related to this policy and the OSHA bloodborne pathogen standard.
- b.** Training records shall be maintained by each department and patient care facility. The records shall include training dates, contents of training, names and qualifications of instructors, and names and titles of the employees attending the training. These training records shall be maintained a minimum of 3 years.

Exhibits

- a. Hepatitis V Vaccine Declination Form
- b. Occupational Exposure to Bloodborne Pathogens Standard

By Direction of the President:

Dean and Senior Vice-President for Academic Affairs

IMPAIRED FACULTY

IMPAIRED FACULTY

PURPOSE

To set Morehouse School of Medicine (MSM) policy in the event of impairment of faculty members and provide assistance to impaired faculty members.

ACCOUNTABILITY

Under direction of the President, the Dean and Senior Vice President for Academic Affairs shall ensure compliance with this policy, including establishment of a Faculty Assistance Committee (FAC).

POLICY

It is the policy of MSM to assist impaired faculty (as defined below), while maintaining a balance between individual rights and the School's duty to safeguard the public health and effectively discharge its mission.

2. Definition of Impaired Faculty

An impaired faculty member is one who, because of alcohol or other drugs of abuse, mental disorder, or other medical disorders, is unable to participate within the MSM community with requisite skill and safety. Signs and symptoms of such impairment could include, but are not limited to, a pattern of the following:

- negative changes in performance of assigned duties
- frequent or unexplained absences and/or tardiness from School responsibilities
- frequent or unexplained illnesses or accidents
- significant inability to contend with routine difficulties and take action to overcome them
- unusual or inappropriate behavior
- violations of law, including citations for driving while impaired

Impairment in a faculty member, which may be due to alcohol or other substances of abuse, and other forms of mental and physical disorders, adversely affects all aspects of the MSM mission. These disorders may impair work performance and/or the provision of patient care. Physical and mental disorders and alcohol and other drug dependencies are often treatable diseases. MSM is committed to the rehabilitation of all impaired faculty members, whenever possible.

The FAC is only one of several options available to MSM and its faculty for identifying impaired faculty members and referring them for evaluation and/or treatment, and is meant to be utilized in concert with existing resources and other appropriate procedures, which may include disciplinary action and leaves of absences.

A summary of this policy and the assistance available through the FAC and other existing resources shall be incorporated into faculty handbooks, school catalogs, and faculty orientation programs.

General Functions of the Faculty Assistance Committee:

A. Publicizing the Faculty Assistance Program

The FAC shall annually publish and disseminate to faculty members and administrators a statement summarizing the MSM's Faculty Assistance Policy, including the names, location and telephone numbers of the members of the committee to whom reports of possible impairment are to be made, and description of other school resources for dealing with impairment. The Committee shall ensure that a statement regarding the Faculty Assistance Program is incorporated into the Faculty Handbook, school catalogs, and faculty orientation programs, and that campus forums on alcohol, other drugs of abuse, and other forms of impairment include reference to the Faculty Assistance Program.

B. Advocacy for Preventive Activities

The FAC may develop and recommend to the administration preventive strategies and activities aimed at faculty members.

C. Assessment of Reports of Impairment

Sources of referrals and reports concerning faculty impairment may include but are not limited to the following:

- Self-referral
- Students, colleagues, spouse, other family members
- Faculty Assistance Committee
- MMA and affiliated health care facilities
- Patients
- Deans, department chairpersons and other staff of the School
- Health professionals with knowledge of the faculty member from other treatment programs, especially when the faculty member has failed to follow or complete the previous program.

D. Submission of Annual Reports to the Dean

The FAC shall submit an annual report to the Dean. The report will summarize the activities of the FAC (referring to individuals by case number only), report on the status of individuals under Committee supervision or monitoring, and make recommendations for improving the Faculty Assistance Program. The Committee chairperson is responsible for the preparation and submission of the report.

The FAC shall have the following basic functions with respect to Impaired Faculty:

- assessment of allegations of impairment;
- presentation of concerns to identified faculty;
- referrals for diagnosis and treatment;
- monitoring of impaired faculty as outlined in section 13F below, until final disposition;
- referral of faculty members who are not cooperative with the Committee process or are non-compliant with assessment, evaluation, or treatment to the Dean;
- at the request of the impaired faculty member, assessment, in coordination with the Office of Risk Management, of whether reasonable accommodations should be made that would allow the referred faculty member to perform the essential functions of the job (where there appears to be no direct threat to patient safety)

It is the responsibility of the faculty member's immediate supervisor and/or Department/Unit Head to immediately inform both Human Resources and the Office of the Dean of his/her knowledge of suspected or admitted impairment by the faculty member.

After receipt of the notification, the Dean must appoint one FAC faculty member to receive and act on reports of faculty impairment. One or more of the Committee members shall have expertise in mental health and substance abuse disorders.

Where there is credible evidence that an incident may involve a violation of federal, state or local law, the Office of Risk Management will be consulted by the FAC (see below) to determine whether there is an affirmative duty to report that violation.

Every reasonable effort will be made to preserve the confidentiality of all referred faculty members and of the individuals making referrals.

All FAC work involving the above functions shall be identified by a case number rather than the individual's name, except for the first report, wherein a case number is assigned.

FAC Referral and Process for Impaired Faculty

- A. The FAC shall consider reports of behavior or incidents that may be indicative of impairment that occur both within as well as outside the School's premises.
- B. The FAC is responsible for the preliminary assessment of the validity of reports and referrals made to it prior to presenting its concerns to the faculty member. Further assessment may include referral of the faculty member for a clinical evaluation.
- C. Presentation of Concerns to Identified Faculty

Once the FAC has concluded that there is a high likelihood of impairment in a referred faculty member, two members of the Committee shall be selected to privately present the Committee's concerns to the faculty member. Where appropriate, individuals possessing first-hand experience with the faculty member's impaired behavior or status shall be asked to voluntarily take part in the presentation of concerns to the faculty member. All members of the FAC who will perform interventions must have received specialized training in handling such presentations (intervention training), in accordance with standard intervention techniques utilized in mental health and substance abuse disorders.

D. Four possible outcomes of the initial presentation are:

- i. The presenters conclude that, based on additional information given them by the referred faculty member, there are no grounds for believing that the faculty member is impaired and no intervention is required.
- ii. Further assessment and/or additional information is required.
- iii. The faculty member is convinced of the need for help and assents to cooperate in an appropriate treatment program; the presenters will begin the referral process for evaluation and treatment.
- iv. The faculty member resists help. The presenters shall report back to the FAC that shall refer the faculty member to the Dean. The Dean, after his/her own assessment of the available information, may make additional attempts to get the faculty member into treatment. If the Dean is convinced that the faculty member is impaired and the faculty member continues to refuse treatment, then the Dean shall initiate the appropriate steps to dismiss the faculty member from the Institution in accordance with the procedures specified in the Faculty By-Laws.

E. Referral for Assessment, Diagnosis and Treatment

The FAC shall refer faculty members for clinical evaluation to those resources identified by the Committee as appropriate. Referred faculty members may, however, be allowed to choose an approved resource from among those identified by the FAC or utilize an alternative resource that meets the Committee's approval, and with whom the referred faculty member has no pre-existing relationship. A specially trained professional at the resource shall evaluate each referred faculty member, and, after obtaining the faculty member's written consent, shall report to the Committee that faculty member is or is not cooperating with the recommended treatment program, which may be outpatient or inpatient. The "Consent to Records Release" form (Exhibit 1) shall be used for faculty consent. Any refusal to sign the "Consent to Records Release" form should be carefully documented by the Committee.

Monitoring of Impaired Faculty

When a faculty member is enrolled in a treatment program, the FAC may delegate the monitoring function to the treatment program, and, in that event, shall receive regular reports on whether the faculty member is cooperating with the program.

When monitoring has been delegated to the treatment program, the faculty member shall be required to sign a Release of Information form permitting the treatment provider to provide relevant information to the Committee, i.e. whether faculty member is cooperating with the program, drops out of treatment, relapses or shows other evidence of deterioration liable to result in significant functional impairment. When attempts at rehabilitation fail or are ineffective, continued impairment of the Faculty Member may be sufficient grounds for disciplinary action, including dismissal. Such discipline, if any, shall be taken in conjunction and in compliance with all applicable State and Federal laws.

The FAC shall determine in each case the appropriate duration of monitoring. Monitoring by the Committee may need to be maintained in some cases for an indefinite period, or until the faculty member leaves MSM.

A faculty member on medical leave of absence, granted pursuant to existing MSM policies and practices because of an impairment that is being monitored by the FAC, should be considered for reinstatement by the School administration only after consultation with the Committee. The FAC's recommendation in this regard will be based upon the current evaluation by the faculty member's treatment provider(s) and any independent evaluation requested by the Committee. Such reinstatement, if any, will be considered in conjunction and in compliance with all applicable State and Federal Laws.

State Assistance Program

In the event that the impairment of a clinical faculty member imposes a risk for patient care or other damage to the business reputation of MSM, that faculty member may be referred to the appropriate state assistance program. Clinical practice privileges may be suspended immediately pursuant to School procedures. If the FAC decides that a faculty member should be referred to a state program for monitoring purposes and the faculty member refuses to give consent, the Dean shall be informed and shall decide what action to take.

Consent to Records Release

The "Consent to Records Release" form (Exhibit 1) shall be used when the FAC decides to seek release of information from a faculty member's treatment program or refer a faculty member to a state program, or both. Any refusal by a faculty member to sign the "Consent to Records Release" form should be carefully

documented by the FAC and reported to the Dean, who may initiate appropriate steps to dismiss the faculty member from the Institution in accordance with procedures specified in the Faculty By-Laws.

I. Urine and/or blood testing for drugs

There shall be no mandatory or routine use of urine or blood testing for drugs. However, testing may be performed upon the request of the FAC or by the selected treatment program under specific circumstances. The FAC may recommend drug testing to a faculty member to help rule out the existence of substance abuse problems. Routine drug testing may be used to verify a drug-free state during treatment and as part of the follow-up and monitoring after the conclusion of formal therapy. Written consent from the faculty member is required prior to urine and/or blood testing for drugs. (See Exhibit II, "Impaired Faculty Member's Consent/Declination of Consent for Drug Testing").

Where there is reason to believe a substance abuse problem exists and the faculty member refuses to submit to drug testing, the School reserves the right to take disciplinary action or other action as may be deemed appropriate to protect the health and safety of patients and other employees, in conjunction and in compliance with all applicable State and Federal laws.

J. Confidentiality

The FAC shall make every effort to maintain the confidentiality of referred individuals within the constraints imposed by its mandate described above. Except for the first report wherein a case number is assigned to the referred faculty, only case numbers shall be used. Files involving impaired faculty shall be stored under lock, separately from personnel records.

K. Record Retention.

Inactive files and files of faculty who have left the School shall be sealed and stored separately. If a faculty member is referred to a state assistance program, the appropriate files shall be shared with that program with the faculty member's consent, and a notation of the transfer kept at the School. Where allegations are made and found to be without merit, all records shall be destroyed except for a note that an allegation was made on a certain date and found to be without merit on a certain date.

14. This policy shall be read in conjunction with all other Institutional policies.

EXHIBIT I

TO: _____[identify specific provider]

AUTHORIZATION AND CONSENT TO RECORDS RELEASE

I hereby authorize disclosure of any and all information and related documents, including, but not limited to, treatment, medical (including psychological and psychiatric) and/or assessment records and reports, and correspondence to and/or from other treatment and medical professionals, to the Morehouse School of Medicine Faculty Assistance Committee in care of _____ at 720 Westview Drive, S.W, Atlanta, Georgia 30314

A photocopy or facsimile copy of this authorization is expressly authorized by the undersigned, and your cooperation in furnishing the requested information is solicited.

This _____ day of _____, 200__.

Signature of Faculty Member

Date

Type/Print Faculty Member's Name

Witness

Date

EXHIBIT II
IMPAIRED FACULTY MEMBER'S CONSENT/DECLINATION OF CONSENT FOR
DRUG TESTING

I, the undersigned faculty member at the Morehouse School of Medicine, have carefully read MSM Policy # _____ Policy on Impaired Faculty Members, and have thoroughly discussed provisions of the policy with _____, and have been given the opportunity to ask questions.

Specifically as it relates to testing for substance abuse, I have been informed that any such testing may occur only with my written consent. Further, I have been informed that the release of any records created as a result of counseling or treatment rendered in accordance with this policy requires my written consent, except for members of the treatment team.

CONSENT TO TESTING

I hereby voluntarily consent to _____ (Type of Testing) in accordance with Section V.E. of the Policy On Impaired Faculty.

Signature of Faculty Member

Date

Type/Print Faculty Member's Name

Witness

Date

DECLINATION OF CONSENT

I do not consent to _____ in accordance with Section V.E. of the Policy On Impaired Faculty Member. (Type of Testing)

Signature of Faculty Member

Date

Type/Print Faculty Member's Name

Witness

Date

EDUCATIONAL USE OF COPYRIGHTED WORKS

EDUCATIONAL USE OF COPYRIGHTED WORKS

I. PURPOSE

To establish policy for the use of copyrighted works of others by Morehouse School of Medicine (MSM) faculty, staff and students for educational and other academic purposes.

II. ACCOUNTABILITY

Under the direction of the President, the Dean and all Vice Presidents shall ensure compliance with this policy. The Dean and Senior Vice President for Academic Affairs shall implement this policy.

III. APPLICABILITY

- A. This policy applies to all MSM faculty, staff and students.
- B. This policy covers all copyrighted works of others that are incorporated in MSM documents, publications, courses and computer files.
- C. Use of copyrighted works under this policy include, but are not limited to: (1) reproduction of the work; (2) distribution of the work to others by sale, rental, lease or broadcasting; (3) performance of the work in the case of performing arts, audio and audiovisual work; and (4) displaying the copyrighted work, including audiovisual works by broadcasting and on Web sites. Written permission from the owner of the copyright is required in all these instances.

IV. GENERAL PRINCIPLES

- A. MSM respects the legal rights of the owners of copyrights. Copyrighted works may be incorporated in MSM documents, publications and courses only if in compliance with copyright laws.
- B. MSM faculty, staff and students shall respect the legal rights of owners of copyrights. This includes the use of the materials of others in courses, publications, journals, research projects, videos, computer software, videotapes, conference presentations, etc.
- C. It is the policy of the MSM to adhere to the requirements of the United States Copyright Law of 1976, as amended (Title 17, United States Code, hereafter referred to as the "Copyright Act"). This policy applies only to copyrighted materials. Uncopyrighted materials may therefore be copied without restriction. Works authored by the United States Government or by some states are not copyrighted. Works published after March 1, 1989 do not require a copyright notice and should therefore be presumed to be under copyright protection. States and their instrumentalities are liable for violations of the Copyright Act and all remedies for copyright infringement apply to states as well as to

private individuals (PL 101-553). MSM does not condone copyright infringement by any MSM faculty, staff or student; individuals who violate copyright are not protected by MSM and may be subject to institutional disciplinary actions, civil litigation and/or criminal prosecution. Files belonging to MSM or any MSM employee and containing copyrighted material may be subject to subpoena.

D. It is the policy of MSM to invoke the doctrine of "Fair Use," as defined by Section 107 of the Copyright Act, in order to enable legal copying of copyrighted materials by faculty, staff and students without seeking the permission of a copyright holder and without the payment of royalty fees to the copyright holder. "Fair Use" for educational purposes may not be automatically invoked simply on the basis of copying copyrighted material for educational purposes nor on the basis of such copying being made by a non-profit organization. Each claim of "Fair Use" must instead be evaluated against four criteria:

1. the purpose and character of the use;
2. the nature of the copyrighted work;
3. the amount and substantiality of the portion used in relation to the copyrighted work as a whole; and
4. the effect of the use upon the potential market for or value of the copyrighted work.

Guidelines for "Fair Use" are discussed in Section V below.

V. GUIDELINES

The following guidelines reflecting copyright laws have been adopted by MSM to provide faculty, staff and students with general guidance on the use of copyrighted works and to reduce the risk of copyright infringement. Copyright infringement is a criminal act as well as a civil violation and may result in grave consequences to MSM and to the individual.

A. Faculty and Classroom Copying of Copyrighted Material

1. Single copying;

A single copy may be made by a faculty member, student or staff member (or for a faculty or staff member at his/her individual request) of any of the following:

- a. a chapter from a book;
- b. an article from a periodical or newspaper;
- c. a short story, short essay or short poem, whether or not from a collective work;

d. a chart, graph, diagram, drawing, cartoon or picture from a book, periodical or newspaper. “Systematic” copying of single articles that has the cumulative effect of copying an entire journal issue or volume without permission from the copyright holder or without payment of royalty fees is a violation of the Copyright Act and constitutes a criminal act.

2. Multiple copying for classroom use;

Multiple copies (no more than one copy per student in a course) for classroom use or discussion may be made by or for a faculty member giving the course, provided that:

- a. the test for brevity and spontaneity as provided in the examples below is met;
- b. the cumulative-effect test as defined below is met; and
- c. each copy includes a notice of copyright.

Any copying of copyrighted material which exceeds these limits must have the written permission of the copyright holder or royalty fees must be paid.

3. Examples of “brevity” are:

- a. **Prose:** either a complete article, story or essay of less than 2,500 words or an excerpt from any prose work of not more than 1,000 words or 10 percent of the work, whichever is less, but, in any event, a minimum of 500 words. Each of these numerical limits may be expanded to permit the completion of an unfinished line of an unfinished prose paragraph.
- b. **Illustration:** one chart, graph, diagram, drawing, cartoon or picture per book or periodical issue; except in cases where a single article containing >1 graph or illustration is being copied for classroom use.
- c. **Special works:** Certain works in prose often combine language and illustration and fall short of 2,500 words in their entirety. Such special works may not be copied in their entirety, but an excerpt comprising not more than two pages and containing not more than 10 percent of the words found in the text may be copied.

4. Examples of “spontaneity” are:

- a. The copying is an immediate need as a result of the inspiration of the individual faculty member.
- b. The inspiration and decision to use the work and the moment of its use for maximum teaching effectiveness are so close in time that it would be

unreasonable to expect a timely reply to a request for permission to copy from the copyright holder.

5. Examples of “cumulative effect” are:

- a. The copying is for only one course in the school.
- b. Not more than one short article, story or essay or two excerpts is copied from the same author, nor more than three from the same collective work or periodical volume during one class semester.

The limitations in **a** and **b** above shall not apply to current news periodicals, newspapers and current news sections of other periodicals.

- c. There are not more than nine instances of such multiple copying for one course during one class semester.

6. Examples of **prohibitions** based on brevity and spontaneity are:

- a. copying used to create, replace or substitute for anthologies, compilations or collective works, regardless of whether copies of various works or excerpts therefrom are accumulated or are reproduced and used separately;
- b. copying of or from works intended to be “consumable” in the course of study or of teaching. These include workbooks, exercises, standardized tests, test booklets, answer sheets and similar consumable materials.

c. Copying:

- (1) to substitute for the purchase of books, publishers’ reprints or periodicals;
- (2) that is directed by higher authority (e.g., a faculty member directing his/her students to copy an article);
- (3) which is repeated with respect to the same item by the same faculty member from semester to semester.
- (4) where costs and charges for copying are charged to the student beyond the actual cost of the photocopying.

B. Music and Audiovisual Use in the Face-to-Face Classroom:

If copyrighted music or audiovisuals are used in a face-to-face conventional class, some utilization may be made under "Fair Use." No more than ten percent of a copyrighted work of music may be used, but not repeated for the course in the next semester, unless permissions have been obtained from the copyright holder. Under provisions of Section 110 of the Copyright Act, a lawfully obtained

copyrighted film or videocassette not labeled “Home Use Only” may be aired in a face-to-face class, provided that such airing is within the scope of the educational intent of the course. No copy of such a film or videocassette may be made without first securing the permission of the copyright holder.

- C. Individual (and Student) Copying of Copyrighted Material:
MSM has no mechanisms to monitor photocopying. For this reason, MSM photocopy machines (including self-services machines) have posted warnings that the copying of copyrighted materials is subject to the Copyright Act.
- D. Copy-Center Copying of Copyrighted Material:
MSM Department of Administrative Services may legally provide faculty and staff with single or multiple copies of copyrighted materials that meet the guidelines outlined in Section V.A above. The Department Administrative Services reserves the right to refuse to make copies of materials when such copying, in its judgment, is not in compliance with the Copyright Act. MSM faculty, staff and students are also advised that they, as individuals, remain responsible for compliance with the Copyright Act when they make use of off-campus copy vendors.

E. Library Copying of Copyrighted Material

1. Internal library copying

The MSM Library may legally provide faculty, staff, students and the general public with single copies of copyrighted materials that meet the guidelines outlined in Section V.A above. Each copy thus made must include either the copyright notice from the material provided or shall be stamped with the following notice:

“This material may be protected by copyright law (Title 17, U.S. Code).”
The MSM Library will not make multiple copies under any circumstances.
The Library may make one copy of a copyrighted journal article for placement on reserve for class use upon receipt of a written request of the course instructor.
Each copy thus made shall bear the following notice:

“This material may be protected by copyright law (Title 17, U.S. Code).”
The MSM Library will not make multiple copies of articles for placement in the Reserve Collection. The Library reserves the right to refuse to make copies of copyrighted materials which are not in compliance with the Copyright Act.

2. Inter-library loan

The MSM Library may also be liable under the law for acquisition of copyrighted materials obtained via inter- library loan from other libraries. The inter-library loan convention permits the securing of, for example, photocopied journal articles from other libraries. This convention, set forth by the Commission on

New Technological Uses of Copyrighted Works (CONTU), permits as "Fair Use" the annual request of a maximum of five journal articles per journal title for the then-current five-year period. Paper records and computerized records of inter-library loan requests shall be retained by the MSM Library for a period of three years.

E. Copying for Broadcast

Copying of copyrighted materials for broadcast purposes, including broadcasts utilizing copyrighted printed works, video, music or other recordings, whether for "live" video broadcasts or pre-recorded video programs, presents a special set of problems with regard to copyright compliance. The MSM environment has at least four specific areas of broadcast activity which must be considered: closed-circuit, interactive, distance-learning classes; closed-circuit medical consultations and peer conferences; educational offerings or conferences which are broadcast to the external environment by satellite or other broadcast means; and Web-based, distance-learning courses. In the case of closed-circuit broadcasts, it is assumed that such broadcasts are not-for-profit and are aired from a specific classroom, conference room or consultation room at a specific site (e.g., MSM Campus). If programs containing copyrighted materials are aired for commercial gain by MSM, "Fair Use" may not be invoked and permissions from all copyright holders must be obtained. The guidelines below refer to only those airings that incorporate copyrighted material.

1. Closed-circuit, live, interactive, distance- learning classes

- a. Display or copying of copyrighted materials for closed-circuit, live, interactive, distance-learning classes shall closely follow "Fair Use" guidelines for print materials as described in Sections V.A.1 and 2 above. Each such class shall begin with a text screen that states:

"This class session may contain copyrighted material legally available to this class session as set forth in Title 17 of the United States Code." Copies of such a broadcast may not be made by the host nor by the receiving site unless permission to do so has been granted by the copyright holder.

- b. A teacher having used a specific copyrighted item under terms of "Fair Use" in a closed-circuit, live, interactive, distance-learning class session may not use that item in a following class session, nor from semester to semester, unless specific permission to do so has been granted by the copyright holder.
- c. As in the case with face-to-face conventional classroom use of copyrighted material, students at both the host classroom and the receiving classroom in a closed-circuit, interactive, distance-learning class may be provided with copies of printed or graphic (but not music nor audiovisual) copyrighted material (one copy per student). Each copy provided must bear the following copyright statement:

“This material may be protected by copyright law (Title 17, U.S. Code).”

- d. If copyrighted music or audiovisuals are used in a closed-circuit, interactive, distance-learning class, some utilization may be made under "Fair Use." No more than 10 percent of a copyrighted work of music may be used, but may not be repeated for the course in the next semester unless permission has been obtained from the copyright holder (see Section V.B above). Under provisions of Section 110 of the Copyright Act, a lawfully obtained copyrighted film or videocassette not labeled “Home Use Only” may be aired to a closed-circuit, interactive, distance-learning class, provided that such airing is within the scope of the educational intent of the course. No copy of a closed-circuit, live, interactive, distance-learning class containing such a film or videocassette may be made without first securing permission of the copyright holder.
- e. In any closed-circuit, live, interactive, distance-learning class session which utilizes copyrighted material, it is the responsibility of the faculty member to assure that such utilization is lawful.

2. Closed-circuit, live, medical consultations and peer conferences

- a. Closed circuit, live, peer conferences or medical consultations may make use of print or graphic (but not music or audiovisual) copies (one copy per conference attendee) of copyrighted material. Each copy provided must bear the following copyright statement:

“This material may be protected by copyright law (Title 17, U.S. Code).”

- b. Assurance of copyright compliance is the responsibility of the moderator of such closed circuit, live consultations or conferences.
- c. If copies are to be made of such live consultations and peer conferences which include copyrighted material, permission must be obtained from the copyright holder.

3. Broadcasts to the external environment

Broadcasts to the external environment (non-MSM or non-MSM-related) which make use of satellite or other broadcasting technology may fall into two general categories: not-for-profit educational and for-profit commercial (which might be educational).

- a. In the case of all external-environment, for-profit, live or for-profit, pre-recorded broadcasts, regardless of educational intent, all uses of copyrighted material must be accompanied by permission from the copyright

holder or his/her/its royalty-and-permissions agent. Additionally, if copies are to be made of such broadcasts, permission to copy must be obtained. Non- authorized copying of such broadcasts is illegal.

- b. In the case of external-environment, not-for-profit, educational, live broadcasts that use of copyrighted material, the same rights and prohibitions as outlined in Section V.F.1 above may apply. If subscription and/or licensing fees are assessed to the recipient of such broadcasts, the broadcasts are for-profit and thus subject to permission and the payment of royalties. In any event, copies may not be made of such broadcasts without the permission of the copyright holder or his/her/its royalty-and-permissions agent.
 - c. In the case of all external-environment, pre-recorded broadcasts, permission must be obtained for use of all copyrighted material. A pre-recorded broadcast must include a list of all copyrighted material and the statement of permission for that material. Additionally, copies may not be made of such broadcasts without the permission of the copyright holder or the royalty- and-permissions agent.
3. Web-based, distance-learning courses
- a. All uses of copyrighted material must be accompanied by permission from the copyright holder or the appropriate royalty-and-permissions agent. Copyright material may include printed works, videos, music or graphics. The document should include a list of all copyrighted material and the statement of permissions for that material.
 - b. If the students involved in the Web-based, distance-learning courses are provided with copies of printed or graphic material, permission to copy must be obtained.
 - c. Permission must be obtained for copying of the digitalized material and any distribution to others.
 - d. Links may be made to other Web sites. However the material on other Web sites may not be copied without permission.
 - e. If the course is given only once, if the copy meets the tests for brevity and cumulative effect, and if each copy has a notice of copyright, then the material may be used without obtaining permission.

G. Computer-Related Copying

Computer-related copying may take many forms, such as copying of software, printing of items from computerized files, and downloading of computerized files or items from computerized files to hard disk or to diskette. Many items within computerized files are copyrighted or are subject to licensed control. Users of

computers must exercise care in the use of such materials. The following guidelines relate only to the copying of copyrighted or licensed materials.

1. Copying of software

Software operating systems and application programs should be considered copyrighted material unless they are termed “free-ware” or “public domain” by their producers and manufacturers. In most cases, a software program carries a license to which the purchaser agrees upon purchase or at the time of the software's installation. It is customary for software producers to permit the creation of one archival or “back-up” copy for each installation permitted by the license. A license may be for one installation or for multiple installations of a specific software program. Copies of licenses for software programs which are purchased by MSM departments or individuals shall be kept on file within the department or by the individual as long as the software is in use. Certain basic utility and applications programs are made available to MSM individuals and departments as “site license” programs. Such site- licensed programs will generally have only one license for the campus or for the institution as a whole. Licenses for such programs are kept on file centrally at the Campus in the Department of Information Technology.

- a. Copying, adapting and electronic transmission of computer software is strictly forbidden by MSM personnel and students, except:
 - (1) in strict compliance with Public Law 96-517, Section 10(b) which, in amending Section 117 of Title 17 (U.S. Code) to allow for the making of computer software back-up copies, states (in part) “...it is not an infringement of the owner (purchaser) of a copy of a computer program to make or authorize the making of another copy or adaptation of a computer program provided:
 - (a) “that such a new copy or adaptation is created as an essential step in the utilization of the computer program in conjunction with a machine and that it is used in no other manner, or
 - (b) “that such a new copy and adaptation is for archival purposes only and that all archival copies are destroyed in the event that continued possession of the computer program should cease to be rightful.”
 - (2) where appropriate, written consent from the copyright holder is obtained;
 - (3) where the software is in the public domain or is “free-ware,” and that fact can be verified.

- (a) Illegal copies of software may not be used on MSM computers.
- (b) Software (whether on tape or CD-ROM) may not be installed so as to permit multiple use or multiple-site use unless such permission is granted by the software license itself, or granted by the copyright holder or royalty-and-permissions agent.

2. Copying of computerized files and their contents

- a. Copies (to paper or downloaded to disk) may legally be made of computerized files and their contents, provided that the program license does not forbid such copying. Generally, a computerized file will carry an on-screen warning if copying is not permitted.
- b. Care must be exercised in the copying of material found in other home pages on the Internet. Some home pages may contain copyrighted materials but may neglect to inform visitors to their Web sites or home pages of the presence of such copyright protection material. It is the position of MSM that the presence of such copyrighted material is the responsibility of the owner of the Web site or home page, and liabilities for copyright non-compliance must rest with that owner. MSM home pages and Web sites may not include copyrighted material unless permission has been granted by the copyright holder or the royalty-and-permissions agent.
- c. Legally obtained copies of copyrighted materials may legally be scanned by use of telefacsimile equipment or by use of scanners attached to computers for purposes of transmission. Materials thus copied must bear the following statement:

“This material may be protected by copyright law (Title 17, U.S. Code).”
Such materials may not be scanned for storage in digital form unless permission to do so has been granted by the copyright holder. If such permission has been granted, the scanned and stored material must bear the following statement:

“This material may be protected by copyright law (Title 17, U.S. Code).”
- d. MSM faculty, staff and students may not incorporate copyrighted material into locally-created databases which are installed on MSM machines which are housed on MSM property unless specific written authorization and permission has been granted to do so by the copyright holder or the royalty-and-permissions agent. Any permitted copyrighted material shall be identified as such on a screen within a body of the

program or as a footnote where such display of copyrighted material normally occurs.

H. Copyrighted Material Incorporated into Articles, Books, Courseware, Videos
Faculty, staff and students shall carefully consider the use of copyrighted material in all works prepared by them. This includes any copyrighted work of others incorporated in journal articles, books, courseware, software, video and conference material created for academic research as well as educational purposes. Faculty and staff are required to obtain permission and/or licenses from the copyright owner in order to reproduce, publish, distribute or display the copyrighted work.

I. Legal Advice Regarding Copyright

Before any MSM faculty, staff or student takes action or causes action to be taken that could possibly infringe any “exclusive right in copyrighted works” that are not exempted under the law or are not clearly “Fair Use” under the guidelines delineated above, the matter must be submitted in writing to the MSM Office of Risk Management for legal advice. Submissions in writing must include:

1. the work (original, reasonable facsimile or reproduction) which could possibly be infringed;
2. a description of the use/action contemplated or anticipated that could possibly cause the infringement;
3. an explanation as to why the use/action is necessary and how it is of benefit to MSM; and
4. all related pertinent materials, including timelines and deadlines that have a bearing on the amount of time available for rendering the legal advice.

J. Seeking Permissions

Permissions for copyrighted materials may be obtained through a variety of mechanisms. For most of the journal literature, permissions information is available at the Copyright Clearance Center, Inc. (CCC), 222 Rosewood Drive, Danvers, MA 01923, telephone (508)750-8400, fax (508) 750-4744. Many book publication permissions may be obtained at CCC as well. Music permissions information may generally be obtained from ASCAP, One Lincoln Plaza, New York, NY 10023, telephone (212) 621-6000, or BMI, 320 W. 57th Street, New York, NY 10019, telephone (212) 586-2000. Information on intellectual property and related matters may be obtained from the International Confederation of Societies of Authors and Composers (CISAC) (home page <http://cisac.org>). Many book and software permissions may be obtained by writing directly to the author. Publishers of books frequently provide addresses for their authors.

VI. SANCTIONS

Non-compliance with this policy may result in disciplinary actions under MSM employee and student policies and procedures, civil litigation, and/or criminal prosecution.

- Sections of this policy are excerpted from the policies of the University of Medicine and Dentistry of New Jersey with permission.

LICENSURE POLICY

Morehouse School of Medicine
School Policy

Subject Academic Affairs **Coding** 01-20-30:00 **Page** 1 **Of** 1

Title Licensure Requirements – Clinical Staff **Effective** 01/07 **Revision** 00

PURPOSE:

To determine compliance with medical licensure requirements for all employees of the Morehouse School of Medicine (MSM) and its affiliates.

RESPONSIBILITY:

Under the Dean and Senior Vice President for Academic Affairs, all Department Chairs and the Executive Director of Morehouse Medical Associates (MMA) shall ensure compliance and implementation of this policy.

POLICY:

All Morehouse School of Medicine physicians must comply with Georgia Code # 43-34-26. Follow link to Georgia Code regarding Practicing Medicine without a License:

http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=1-1-1

(This link will automatically transfer to the LexisNexis site to search the Georgia State Code without a required login. Enter the code number (43-34-26) in the box, then click search)

The Code # 43-34-26 states, [in part], “If any person...shall attach the title ‘MD’, ...’Doctor’, ...alone or in connection with other words...and shall not in any of these cases then possess a valid license to practice medicine under the laws of this state, he shall be deemed to be practicing medicine without complying with this chapter and shall be deemed in violation of this chapter.”

MSM, its employees, faculty adjuncts and its affiliates in Georgia will comply with all applicable federal and state laws and the Medical Practice Act of the State of Georgia. It shall be the responsibility of the physician member to timely renew and maintain an active Georgia physician license.

State licensure or evidence of application for licensure shall be assured prior to being awarded a full time faculty appointment and shall be verified as a part of any subsequent reappointment process in conjunction with the policies established by the MSM Board of Trustees. Please follow the link below to the Composite State Board of Medical Examiners (CSBME) for General Information About the Application Process:

http://medicalboard.georgia.gov/00/channel_modifieddate/0,2096,26729866_27815308,00.html

All members of the physician faculty and clinical staff of the Morehouse School of Medicine who have responsibility for direct patient care in facilities operated by or affiliated with the

school of medicine must be properly licensed, certified or registered in the State of Georgia prior to performing any clinical duties as required by their discipline.

Official correspondence and signatures of all physician faculty members should reflect the medical degree conferred. (i.e., MD., D.O., MBBS, MBChB, etc.).

All centralized licensure information for MSM practicing physicians shall be maintained in the credentialing database of MMA. This information will be subject to review as required for the credentialing and verification processes associated with patient management.

Non-Physician Clinical Staff:

Non-physician clinical staff, including Psychologists, Social Workers, Physician Assistants, Nurse Practitioners, RN's, LVN/LPN's, and registered/licensed dietitians, must comply with the appropriate Georgia licensing agency for their respective disciplines, i.e. Georgia State Composite Board of Medical Examiners, Georgia Board of Nursing, Georgia Board of Examiners of Licensed Dietitians.

Exceptions

Exceptions to this policy must be requested and justified by the appropriate Chair and reported to the Dean and Senior Vice President for Academic Affairs. If approved, all exceptions must be corrected to the policy within 60 days.

There shall be no exceptions permitted regarding the licensure requirements as spelled out in the Georgia code.

By direction of the President: _____ Date _____
Dean and Senior Vice President for Academic Affairs