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Preface

New York Medical College is a private health sciences university comprised of three schools. This Faculty Handbook contains institutional information and policies and procedures pertinent to university governance.

The School of Medicine, founded in 1860, is the oldest academic division of the university. The faculty in the basic science departments (who comprise the faculty of the GSBMS), as well as the faculty in the clinical departments, hold their appointments through the School of Medicine. Because of this unity of structure, a single Faculty Senate is representative of both schools and has evolved to become the major avenue for faculty participation in institutional governance.

The Graduate School of Basic Medical Sciences (GSBMS), with origins in the College’s 1938 Certificate of Incorporation, established graduate education within a school separate from the medical curriculum in 1963. The 1969 by-laws of the GSBMS govern the operation of various graduate degree programs offered through this school. Faculty of the College who hold primary, secondary or adjunct appointments in one or more of the basic science departments may also be credentialed as graduate faculty under the by-laws of the GSBMS. These faculty, then, are also subject to the by-laws of that school.

The School of Health Sciences and Practice, established in 1980, has a governance structure under by-laws constituted in 1994 and amended in 2006.

The Faculty Constitution and By-Laws in this Faculty Handbook was amended in 1997. It is periodically reviewed and revised to reflect changes in College policies, new regulations from government institutions and various matters as advanced by the faculty. Responsibility for the contents and accuracy of the Faculty Handbook resides with the president of the Faculty Senate and the deans of the School of Medicine and the GSBMS, and SHSP, respectively.

The effort has been made to compile a Faculty Handbook that is as accurate and up-to-date as possible. This Faculty Handbook and revisions to it are placed on the College Network. However, at all times the official and applicable College policies shall be those as maintained by and in the Office of the President and of those immediately under the direction of the President.

DISCLAIMER

THIS FACULTY HANDBOOK IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. IT IS INTENDED TO GIVE YOU A GENERAL OVERVIEW OF THE COLLEGE’S PRESENT POLICIES AND PROCEDURES. THE COLLEGE RESERVES THE ABSOLUTE RIGHT AND AUTHORITY TO MODIFY, REVOKE, SUSPEND, OR TERMINATE, AT ANY TIME AND IN ITS SOLE DISCRETION, ANY POLICY, PROCEDURE, TERM OR THE CONTENT OF THIS FACULTY HANDBOOK, IN WHOLE OR IN PART, WITH OR WITHOUT ADVANCE NOTICE. THIS FACULTY HANDBOOK IS NOT AND SHALL NOT BE IMPLIED, INTERPRETED OR CONSTRUED IN ANY MANNER TO CREATE OR CONSTITUTE A LEGALLY BINDING AGREEMENT OR CONTRACT BETWEEN THE COLLEGE AND YOU, OR TO CONTAIN A CONTRACTUAL OR LEGAL COMMITMENT, OBLIGATION, ASSURANCE OR PROMISE OF ANY KIND ABOUT ANY RIGHT TO OR GUARANTEE OF EMPLOYMENT WITH THE COLLEGE OR TO ANY BENEFIT OR POLICY. FINALLY, WHERE THE PROVISIONS OF THIS FACULTY HANDBOOK CONFLICT WITH A SPECIFIC OFFICIAL, WRITTEN POLICY, DOCUMENT OR AGREEMENT, THE PROVISIONS OF THE SPECIFIC WRITTEN POLICY, DOCUMENT OR AGREEMENT SHALL PREVAIL.
Statement of Academic Freedom

Cognizant of its responsibility as an institution of higher learning, the university encourages its faculty and students to pursue the search for knowledge in academic freedom. A commitment to academic freedom that preserves the rights of individuals recognizes the university's public trust and is respectful and sensitive to all faiths but is in keeping with Jewish tradition, is a core value of New York Medical College. The university strives to create an atmosphere in which knowledge is valued both for itself and for how it will improve human life. Those who conduct research or who teach may, in their search for truth within their specific disciplines, reach whatever conclusions are presented by evidence and analysis. The academic community is encouraged to teach and to publish the results of scholarly research. The individual's rights, the public trust, respect and sensitivity to all faiths, and adherence to Jewish tradition are respected.
STATEMENT OF MISSION AND VISION

New York Medical College (NYMC) is a health sciences university whose purpose is to educate scientists, and other health care professionals, provide health care and to conduct biomedical and population-based research. Through its faculty and affiliated clinical partners, the College provides service to its community in an atmosphere of excellence, scholarship and professionalism. NYMC believes that the diversity of its student body and faculty is important to its missions in a multicultural world.

The School of Medicine will be one of the foremost medical schools in the nation accredited by the Liaison Committee on Medical Education. The university will offer masters and doctoral programs in public health, the biomedical sciences and allied health professions. Together with its hospital partner, the College will be the leading academic medical center in the region, providing the best tertiary and quaternary specialized medical care, health care education and biomedical research. The College, with its spectrum of university hospitals and other teaching affiliates, will provide excellent educational, research and service opportunities throughout the New York metropolitan and tristate area.

Education

The College will:
- educate scientists and health care professionals;
- sponsor residency and fellowship programs accredited by the Accreditation Council on Graduate Medical Education and commission on Dental Accreditation;
- sponsor continuing medical education programs accredited by the Accreditation Council on Continuing Medical Education. These will be available to all physicians of its affiliated hospitals and other practitioners in the region;
- educate the public with innovative programs that integrate the latest research advances with the best clinical practices;
Research

The College will:
- improve health through cutting edge basic, clinical, and population based research leading to improved scientific knowledge;
- be a leader in translational research to improve treatment and prevention of disease;
- promote excellence through research in medical education.

Clinical Care

The College will:
- with its clinical affiliates, provide outstanding clinical care;
- incorporate the latest advances in medical knowledge into health care practices;
- improve patient through advances in education and research.

A BRIEF HISTORY OF THE COLLEGE

NYMC was founded in 1860 in New York City by a group of visionary civic leaders who believed that medicine should be practiced with more sensitivity to the needs of patients. They were led by William Cullen Bryant, the noted poet and editor. Bryant, the son of a physician, was particularly concerned about the condition of hospitals and medical education. The city during those pre-Civil War days was plagued by garbage-laden streets, a constant threat of epidemics, and a lack of running water. Bryant especially disliked current medical practices such as bleedings, purges, and the administering of unpalatable drugs in enormous doses. He was zealously devoted to a branch of medicine known as homeopathy, which, among its tenets, advocated moderation in medicinal dosage, exercise, a good diet, fresh air, and rest. Through Bryant’s efforts, the New York Homeopathic Medical College opened its doors in 1860 on the corner of 20th Street and Third Avenue. At the College’s first session, there were 59 students and 8 faculty members. Bryant served as the medical school’s first president and was president of the Board of Trustees for 10 years.

Advancing Women in Medicine

In 1863, a separate but related institution known as the New York Medical College for Women was founded by Dr. Clemence Sophia Lozier, staffed by many of the College’s male personnel.

This institution graduated the first female physician in the country, Dr. Emily Stowe, in 1867. Dr. Susan McKinney, the first African-American female physician in New York State and the third in the nation, graduated from NYMC for Women in 1870 with the highest grade in the class. When the institution closed in 1918, students transferred to NYMC. Thus, NYMC was among the first medical schools in the nation to admit women.
Expansion and Growth of the College

The medical school moved in 1872 to larger quarters made available by the New York Ophthalmic Hospital, then one of only two institutions in New York City for the treatment of ophthalmic diseases. The hospital had been placed under the College’s supervision five years earlier. Graduate study in ophthalmology and the Oculi et Auri degree became available. In 1875, Metropolitan Hospital opened as a municipal facility on Ward’s Island, staffed largely by NYMC faculty. Physicians were rowed across the sometimes hazardous East River to care for patients. The relationship between the College and Metropolitan is among the nation’s oldest continuing affiliations between a private medical school and a public hospital. Faculty often expressed a need for patients to be closer in proximity to the College. In 1889, the Flower Free Surgical Hospital was built by NYMC, the first teaching hospital in the country owned by a medical school. It was constructed at York Avenue and 63rd Street with funds donated by Congressman Roswell P. Flower, later governor of New York. The institution’s noble purpose was “to embrace under its jurisdiction a free hospital for treatment of the poor and for clinical instruction of its students” as minutes of the Board of Trustees duly recorded.

A Reputation for Training Clinicians

By 1896, the College’s reputation for producing superb clinicians and scholars was recognized by the Board of Regents of the State of New York. The College ranked first in the state in the percentage of its graduates who passed the examination for licensure. Skilled and enthusiastic voluntary faculty gave students an excellent combination of theoretical and practical instruction.

The Nation’s First Minority Scholarship Program

Walter Gray Crump, Sr., M.D., led the College’s effort to become the first medical school in the country to establish a minority scholarship program in 1928. Dr. Crump, an alumnus and faculty member, taught surgery and achieved emeritus professor rank, served as staff surgeon at several hospitals, was a founder of the NYMC for Women and was a trustee of Tuskegee Institute and Howard University. By 1935, the College had transferred its outpatient activities to Fifth Avenue Hospital at Fifth Avenue and 106th Street. The College (including Flower Hospital) and Fifth Avenue Hospital merged in 1938 to become New York Medical College, Flower and Fifth Avenue Hospitals. Fiorello H. LaGuardia, mayor of the City of New York, helped lay the cornerstone for the College’s new $1.2 million building adjoining Fifth Avenue Hospital in 1939.

Growth of Graduate Education

The College’s Certificate of Incorporation was amended in 1938 to include authority to award graduate degrees in addition to the M.D., specifically, a master of science in medicine, a doctorate in medical science and a doctorate in public health. College archives, however, record scheduling of advanced courses and research activity as early as 1910 and offerings of graduate courses in surgery and medicine to residents in the 1920s. In 1963, the
Graduate School of Medical Sciences was founded, establishing for the first time graduate education within a school separate from the medical curriculum. The Board of Trustees renamed the school the Graduate School of Basic Medical Sciences in 1969.

**Fiscal Concerns**

The advent of new technologies in the 1960s-70s made it increasingly expensive to operate Flower and Fifth Avenue Hospitals. In addition, the College was subsidizing faculty salaries to supplement private practice income. Around the mid-1960s, NYMC began to consider relocating its campus. After reviewing several options, the Board of Trustees voted to accept a proposal from Westchester County and to apply for a federal grant that would fund nearly half the expense of creating a new medical center. When the government discontinued the funding program, however, the College was unable to secure its share. The County raised the necessary funds and proceeded to manage the medical center in entirety. Meanwhile, financial difficulties at Flower and Fifth Avenue Hospitals continued. Toward the late 1970s, it was estimated that the College was subsidizing hospital operations at a rate of more than $1 million a month. The College was on the brink of bankruptcy. The Board of Trustees considered many options, but most required a takeover by another institution – an unacceptable course.

**The Relationship with the Archdiocese of New York**

At this critical time in the College’s history, the Board of Trustees attempted to interest the Archdiocese of New York in College affairs. In 1978, Terence Cardinal Cooke, Archbishop of New York, agreed to foster a relationship. He perceived that affiliation with a medical college would be important to the continued excellence of an extensive Catholic hospital system. The Archdiocese helped the College restructure its debt on more favorable terms, strengthened the Board of Trustees and added many Catholic hospitals to the College’s affiliations. It also assumed operation of Flower and Fifth Avenue Hospitals, converting the facility into a specialty hospital serving the developmentally disabled. (It is presently known as Terence Cardinal Cooke Health Care Center.) In 1980, intercession by the Archdiocese was critical in preventing the city from closing Metropolitan Hospital.

**Decade of Achievement**

During the “Decade of Achievement” (1978-1988), the size and stature of faculty, quality and amount of funded research, caliber of students and improvements in medical care afforded to people in communities served by the College increased significantly. Hospital affiliations grew to 34 in number, affording medical students a wide range of clinical training opportunities. National Institutes of Health research grant and contract awards more than doubled; sponsored programs (research, training and service) and New York State appropriations grew to a record level of $23 million. The Graduate School of Health Sciences, now known as the School of Health Sciences and Practice (SHS&P) was founded in 1980 to respond to the growing regional and national need for healthcare professionals. In 1984, the New York State Department of Education recognized NYMC as a university. By the end of the 1980s, the university was thriving once again.
New Directions

The university’s progress, distinguished by a marked increase in the academic quality of the student body, continued. In 1992 the College launched a strategic planning initiative. For almost three years, the academic community engaged in intensive committee meetings, retreats, focus groups, and surveys intended to clarify the institution’s strategic vision and direction. The resulting strategic plan, approved by the Board of Trustees, served as the foundation for the university’s reengineering efforts, program planning, and resource allocation. Early in the decade, the Board of Trustees recognized that the nation’s demand for healthcare professionals would soon exceed supply and began to focus attention on the School of Public Health. The College charged the dean with responsibility for revitalizing the SPH and expanding program offerings. Within a few years, enrollment increased by more than 50 percent and currently exceeds 600 students. In 1997, the school’s new physical therapy program was accredited by the Commission on Accreditation in Physical Therapy Education. Subsequently, a program in health informatics was introduced to educate students about computer applications designed to improve the management of medical information while integrating traditional tools of healthcare administration. A master of science program in speech-language pathology began in 1999.

Leading the nation in response to a shortage of primary care physicians, the School of Medicine developed a program with the goal of doubling the number of medical school graduates who, after completing their residencies, enter generalist practices. The program, known as the generalist physician initiative, was awarded major funding from The Robert Wood Johnson Foundation, one of only 14 nationwide so designated. One innovative aspect of the generalist physician initiative, offered in conjunction with academic health center partner Saint Vincent’s Hospital and Medical Center of New York, afforded eligible fourth-year medical students an opportunity to begin a residency program in Internal Medicine and thereby complete training in six years rather than the traditional seven.

By the middle of the 1990’s, the university had secured its first accreditation by the Commission on Higher Education of the Middle States Association of Colleges and Schools, concurrent with the School of Medicine’s re-accreditation by the Liaison Committee on Medical Education. This was followed a few years later with Accreditation as a School of Public Health. A longtime student concern – on-campus housing – was addressed with the completion of new construction to accommodate an additional 300 students. A renovation of a campus building into a state-of-the-art Learning Center comprising classrooms, a computer laboratory and small group study rooms was also completed.

As the university strengthened, the need for a chief academic officer became more apparent. In 1995, the university appointed a provost to serve in this capacity.

The School of Medicine recorded large research grants during this period for the study of endothelial cells, cellular immune reactions in cancer, hypertension and hormones relevant to the regulation of blood pressure, cardiovascular and renal disease, the neurosciences, and infectious diseases. In 2001, the university completed construction of a new $24 million Medical Education Center and renovation of the Basic Sciences Building, the hub of campus research activity.
The Change in Sponsor and the New Relationship with Touro College and University System

As a result of several years of operating deficits and the increasing recognition that as a freestanding medical institution there was a need for a university or health system sponsor to achieve positive synergies in education and medical research, the College actively sought a sponsor able to make a significant investment in the institution and actively offer expanded educational opportunities. The Archdiocese of New York, the sponsor of the College since 1978, had moved its health care ministry away from acute care hospitals, and as a result of this change in Archdiocesan mission, joined the College in seeking a nonprofit sponsor to take its place.

After engaging in extensive negotiations and due diligence, the Archdiocese of New York and Touro College reached an agreement in late December 2009 for Touro College to replace the Archdiocese as the sponsor of NYMC. The transaction was completed in May 2011. According to the terms of the transaction agreement, the College will continue to operate as a separate institution, with the authority to appoint the College’s Board of Trustees being transferred from the Archdiocese to a new entity organized by Touro (NYMC, LLC).

Touro College

Touro College is a Jewish-sponsored independent institution of higher and professional education. The College was established primarily to both enrich the Jewish heritage, and serve the larger American community in the spirit of Jewish values and the tradition of tikkun olam, enhancing the world in which we live.

Touro College was originally chartered by the Board of Regents of the State of New York in 1970. Under the leadership of its founding president, Dr. Bernard Lander, the College opened with a class of 35 Liberal Arts and Sciences students in 1971. Since the school has grown to nearly 18,000 students in 29 campuses around the United States and the world. Touro has long had a focus on healthcare education, and today it has over 3,000 students in its three schools of osteopathic medicine, two schools of pharmacy, two schools of nursing, and several schools in the allied sciences. Dr. Lander passed away in 2010 at the age of 94. He has been succeeded by Alan Kadish, M.D., a world renowned researcher in cardiovascular and internal medicine.

Touro College in New York is accredited by the Middle States Commission on Higher Education. Touro University of California, Touro University of Nevada, Touro College Los Angeles, and Touro University Worldwide (an online higher educational school) are also part of the Touro college and university system. These institutions are accredited by the Western Association of Schools and Colleges (WASC), Middle States’ West Coast counterpart
New York Medical College Today

NYMC is a health sciences university committed to educating individuals for careers in medicine, science and the health professions. Located in suburban Westchester County, about 20 miles north of New York City, the university comprises three schools with 1,500 students, 833 residents and fellows, 2,500 faculty members, more than 12,000 alumni. The school sponsors more than 50 ACGME approved graduate medical education programs.

The College awards advanced degrees from its School of Medicine (MD), Graduate School of Basic Medical Sciences (MS, PhD), School of Health Sciences and Practice (MS, MPH, DPT, and Dr.PH), and, in collaboration with Touro’s College of Education, the MS in Biology Education. Plans are under consideration to offer the BS in Nursing, MS in Biomedical Ethics, Doctor of Dental Medicine, and Physician Assistant degrees. The institution is chartered by the Regents of the State of New York, and is accredited by the Middle States Commission on Higher Education, (MSCHE), the Liaison Committee on Medical Education (LCME), the Council on Education Public Health (CEPH), the American Speech-Language Hearing Association (ASHA), and the Commission on Dental Accreditation of the American Dental Association.

The total value of sponsored research and other programs under management at the College is more than $35 million. More than 200 scientists are engaged in vital research activities, funded by the National Institutes of Health, corporations and other sources. Research strengths are in cardiovascular disease, cancer, disaster medicine, kidney disease, the neurosciences and infectious diseases. In the public health arena, researchers contribute expertise and leadership in environmental health sciences, and in disaster management, including psychiatric illnesses and stress related to trauma, mass casualty events, and terrorism.

The university is affiliated with a network of hospitals and healthcare facilities in the New York metropolitan area and Hudson Valley region and New Jersey ranging from large urban medical centers and regional tertiary care facilities to community hospitals. This broad network affords students, residents and fellows a diversity of experiences and educational opportunities, and gives physicians at affiliated hospitals access to the university's distinguished faculty, enabling them to enhance their knowledge of the latest technologies and treatments.

The College serves as the academic health sciences center and principal academic public health resource for seven county health departments in New York Hudson Valley region, and in central New York and Connecticut, a catchment area more populous than twenty states.

Of the university's 1,685 employees, 1,311 work in Westchester County representing some $88 million dollars in annual compensation, making the university a significant factor in the local economy. Economic impact of NYMC and affiliates was $2.6 billion in 2019 (per AAMC Tripp Umbach survey).
NYMC Governance and Administration

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Chairman of the Board

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Mr. Joseph Popack
Mr. Stephen Rosenberg
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Joseph Schwartz, M.D.
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Senior Associate Dean for Medical Education

Kathryn Spanknebel, M.D.
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Associate Dean for Diversity and Inclusion (Interim)

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Joseph Dursi, M.D.
Associate Dean for Continuing Medical Education

Andrew Mutnick, M.D.
Associate Dean for Student Affairs

Leonard J. Newman, M.D.
Associate Dean for Clinical Practice

Christos Paras, D.O.
Associate Dean for Medical Education at Brookdale University Hospital & Medical Center

John T. Pellicone, M.D.
Associate Dean for Medical Education at Metropolitan Hospital Center
Medical Director and Chief Medical Officer
Metropolitan Hospital Center

Susan Rachlin, M.D.
Associate Dean for Student Affairs

Randi D. Schwartz, M.B.A.
Associate Dean for Academic Administration
Director BioInc@NYMC

Lori Weir Solomon, M.D., M.P.H., FAAFP
Associate Dean for Community Health Affairs

Anthony M. Sozzo, M.Ed., M.A.
Associate Dean for Student Affairs
Director of Student Activities and Financial Planning

Charles B. Hathaway, Ph.D.
Assistant Dean for Research Administration

Matthew A. Pravetz, Ph.D.
Assistant Dean for Pre-Clinical Education

Donald Risucci, Ph.D.
Assistant Dean for Assessment and Evaluation

Sally Schwab, Ph.D., M.S.W.
Assistant Dean for Faculty Development

Gary W. Stallings, M.D., M.P.H.
Assistant Dean for Clinical Sciences

Jennifer Whikehart
Assistant Dean for Continuous Quality Improvement (CQI)
### School of Medicine Department Chairs

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<td>John Andrew Cooley, M.D.</td>
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<td>Biochemistry and Molecular Biology</td>
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<td>Joseph D. Etlinger, Ph.D.</td>
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<td>Bijan Safai, M.D.</td>
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<td>Gregory L. Almond, M.D., M.P.H., M.S.</td>
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<td>Sonia A. Velez, M.D., J.D.</td>
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<td>William H. Frishman, M.D.</td>
<td>Medicine</td>
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<td>Ira Schwartz, Ph.D.</td>
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<td>Brij Singh Ahluwalia, M.D.</td>
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<td>Meic Schmidt, M.D., M.B.A., FAANS, FACS</td>
<td>Neurosurgery</td>
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<td>Howard Blanchette, M.D.</td>
<td>Obstetrics and Gynecology</td>
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<td>Raymond F. Wong, M.D.</td>
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<td>Stephen Ferrando, M.D.</td>
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<td>Chitti R. Moorthy, M.D.</td>
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<td>Zvi Lefkovitz, M.D.</td>
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<td>John A. Savino, M.D.</td>
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<td>Muhammad Choudhury, M.D.</td>
<td>Urology</td>
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**Affiliations**

**Major Clinical Affiliated Sites**

Westchester Medical Center, Valhalla, NY  
St. Joseph’s Healthcare System, Paterson, NJ  
Metropolitan Hospital Center, New York, NY  
Brookdale University Hospital and Medical Center, Brooklyn, NY

**Affiliated Clinical Sites**

Beckley VA Medical Center, Beckley, WV  
Bronx-Lebanon Hospital Center, Bronx, NY  
Calvary Hospital, Bronx, NY  
Good Samaritan Regional Medical Center, Suffern, NY  
Greenwich Hospital, Greenwich, CT  
Jamaica Hospital Medical Center, Jamaica, NY  
Hoboken University Medical Center, Hoboken, NJ  
Keller Army Community Hospital, West Point, NY  
Lenox Hill Hospital, New York, NY  
Phelps Memorial Hospital Center, Sleepy Hollow, NY  
Richmond University Medical Center, Staten Island, NY  
Saint Joseph’s Medical Center, Yonkers, NY  
Saint Michael’s Medical Center, Newark, NJ  
Terence Cardinal Cooke Health Care Center, New York, NY  
VA Hudson Valley Health Care System, Montrose, NY  
Wyckoff Heights Medical Center, Brooklyn, NY

**Ambulatory Care Programs**

Open Door Family Medical Centers, Ossining, NY  
Westchester Institutes for Human Development, Valhalla, NY
**School of Medicine Statement on Optimal Learning Environment**

New York Medical College (NYMC) School of Medicine is confident that safe and effective care of patients is shaped by an environment of quality medical education that is rooted in human dignity.

NYMC School of Medicine embraces our responsibility to create, support, and facilitate a learning environment in which our patients witness and experience a sense of respect, collegiality, kindness, and cooperation among our students and teachers. This same sense is expected of all who impact the environment of patient care: administrators, advanced learners, other health professionals and staff.

NYMC School of Medicine affirms our responsibility to create, support, and facilitate a challenging learning environment that empowers both educators and students. We affirm our commitment to excellence in shaping a culture of teaching, learning, research, and patient care that is rooted in collaboration, empathy, compassion, and respect for human dignity of all involved.

**School of Medicine Graduation Competencies for the Degree of Doctor of Medicine**

In the spring and summer of 1998, the Medical School Objectives Committee, department chairmen, and the Curriculum Committee adopted educational objectives for the program leading to the M.D. degree. These were very similar to those adopted by the Medical School Objectives Project of the Association of American Medical Colleges and described the knowledge, skills, values and attitudes believed necessary for the practice of medicine in the 21st century.

This document underwent several revisions in the last decade (2006, 2011, and 2013) by appointed task forces of the Education Curriculum Committee in order to improve alignment with the ACGME core competencies and most recently the AAMC paper, Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians and accompanying Reference List of General Physician Competencies.

The current version of the Graduation Competencies was approved by the Education Curriculum Committee on January 15, 2014 for full adaptation beginning in July 2014.

**Patient Care:** Students must provide patient-centered care that is respectful, compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
• G1.1 Establish and maintain therapeutic relationships with diverse populations and with both patients and families
  o Paying attention to age, culture, gender identity, sexual orientation, race, religion, and socioeconomic status.
• G1.2 Gather essential and accurate information from patient history and physical examination in a logical and organized manner and properly interpret that data to generate both a prioritized differential diagnosis and a problem list
  o Elicit both a complete and focused history appropriate to the clinical setting, for both acute and chronic diseases.
  o Perform both a complete and focused physical and psychiatric exam appropriate to the clinical setting.
• G1.3 Perform routine procedures
  o Understand the risks, benefits, and issues related to informed consent. Interpret patient data, including laboratory and imaging studies.
• G1.4 Formulate a patient care plan that includes appropriate diagnostic and therapeutic interventions based on patient information, patient preference, and up-to-date evidence
• G1.5 Ensure continuity throughout transitions of care and follow up on patient progress and outcomes
• G1.6 Address and ameliorate patient pain and suffering
• G1.7 Assess and address health care maintenance as well as disease and injury prevention
  o Identify, prioritize, and develop a plan to decrease risk factors for diseases.

Medical Knowledge: Students must demonstrate and apply knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences.
• G2.1 Demonstrate knowledge of the normal structure and function of the body on the organ, cellular, molecular, and biochemical level
• G2.2 Recognize altered structure and function of the body that are seen in common diseases, illnesses, and conditions
• G2.3 Recognize and interpret the most frequent clinical, laboratory, radiologic and pathologic manifestations of illnesses
• G2.4 Apply principles of epidemiologic sciences to the care of the patient and populations
  o Use epidemiologic information to identify risk factors and to develop
prevention strategies.

- G2.5 Apply the biopsychosocial model to the care of the patients
- G2.6 Demonstrate an investigatory and analytical approach to clinical situations
  - Apply established and emerging principles to diagnostic and therapeutic decision-making, clinical problem solving, and other aspects of evidence-based health care. Understand and critique hypothesis-driven research.
- G2.7 Apply knowledge to modify diagnostic and therapeutic plans; anticipate interactions, complications, and side effects of treatment; and identify the need for rehabilitative, palliative, and end-of-life care
  - Apply knowledge of contraindications of treatment. Develop management strategies for patients with acute or chronic medical conditions. Outline initial course of therapy and recommend appropriate consultation.

**Interpersonal and Communication Skills:** Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and families of various backgrounds, beliefs, and values.

- G3.1 Communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds
  - Identify and respond to nonverbal cues and patient concerns.
- G3.2 Demonstrate sensitivity, honesty, and compassion in difficult conversations
  - Demonstrate sensitivity in conversations including those about death, end-of-life, adverse events, bad news, and disclosure of errors.
- G3.3 Recognize and respect the patient's right to choose care options based on his/her personal values or preferences while acknowledging potential barriers to treatment
- G3.4 Educate and counsel patients with respect to their conditions and engage them in decision making while ensuring their understanding
  - Utilize translator services appropriately and effectively.
  - Identify the patient's level of health literacy in order to appropriately engage him/her in the decision-making process.
- G3.5 Integrate patient information and data into a clear and concise report that demonstrates clinical reasoning skills
• G3.6 Record a timely, legible and accurate medical record
  o Communicate patient information and care plan effectively.
  o Use relevant medical language appropriate to the healthcare setting
    (admission notes; progress notes; transfer notes; discharge notes;
    pre and post-operative notes).
  o Become proficient with electronic records.

**Interprofessional Collaboration:** The student must demonstrate the ability to engage with an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care.

• G4.1 Recognize and respect the roles of all members of a healthcare team
  o Maintains respect, dignity, ethical integrity, and trust with all members of the healthcare team.

• G4.2 Engage in active and collaborative working relationships with all members of a healthcare team
  o Communicates effectively with colleagues.
  o Nurtures, teaches, and promotes professional development of others.

• G4.3 Provide effective and respectful professional feedback

**Practice-Based Learning and Improvement:** The student must demonstrate the ability to evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on that knowledge.

• G5.1 Demonstrate initiative and self-direction in learning
  o Sets meaningful learning and improvement goals.
  o Continually utilizes clinical environments for the purpose of expanding clinical knowledge.
  o Commits to lifelong learning and the scholarly practice of medicine.

• G5.2 Demonstrate a commitment to reflection, self-improvement and responsiveness to feedback
  o Critically appraises one's own work; accepts responsibility for mistakes.
  o Identifies strengths, deficiencies, and limits in one's knowledge, skills and attitudes and implements changes with the goal to improve.
  o Incorporates feedback into daily practice.
  o Demonstrates healthy coping mechanisms to respond to stress. Manages conflict between personal and professional responsibilities. Demonstrates mature and flexible responses to change.
• G5.3 Demonstrate knowledge, skills, and attitudes that provide leadership and enhance team functioning, the learning environment and the health care delivery system
  o Demonstrates trustworthiness that enables colleagues to feel secure when one is responsible for the care of patients.
  o Demonstrates self-confidence that puts patients, families, and the health care team at ease.
  o Recognizes that ambiguity is part of clinical health care.
• G5.4 Apply the principles of evidence-based medicine to patient care and practice improvement
  o Recognizes the importance and demonstrates understanding of the scientific foundation upon which medicine is based.
  o Locates, appraises, and assimilates the best available evidence for the care of individual patients and populations.
  o Systematically analyzes practice using quality improvement methods and implements changes with the goal of practice improvement.
  o Implements new knowledge, guidelines, standards, technologies, products and services that have been demonstrated to improve outcomes.
  o Optimally utilizes information technology for learning.

Systems-Based Practice: The student must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to effectively utilize other resources in the system to provide optimal health care.
• G6.1 Recognize the roles of members of the healthcare team
  o Participates in collective responsibility for patients as well as shared decision making with the team.
• G6.2 Recognize cost-effective care and health systems
  o Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
  o Recognizes the importance of using diagnostic/therapeutic modalities in a cost-effective manner.
  o Demonstrates knowledge of various approaches to the organization, financing and delivery of health care.
• G6.3 Identify the principles of quality improvement, patient safety, and barriers to care and advocate for quality patient care
  o Demonstrates awareness of issues regarding health care and the health-care system that might improve or obstruct the quality of patient care.
  o Recognizes the elements of coordinated patient care.
o Summarizes knowledge of the important non-biological determinants of poor health and the economic, psychological, social and cultural factors that contribute to the development and/or continuation of illness.

o Demonstrates awareness of the need to provide care to patients who are unable to pay and advocate for access to health care for members of traditionally underserved populations.

o Participates in identifying system errors and implementing potential systems solutions. Understands the medical, legal, and ethical issues in care.

**Professionalism**: The student must demonstrate a commitment to carrying out professional responsibilities in a responsive and compassionate manner as well as in adherence to ethical principles.

- G7.1 Demonstrate responsiveness to patient needs and advocate for those needs over his or her own interests
- G7.2 Relate to others with respect, care, and compassion
- G7.3 Respond to colleagues’ needs, expectations, and concerns, including solicitation of other clinical opinions
- G7.4 Demonstrate cultural sensitivity and responsiveness to a diverse patient population
  - The population includes, but is not limited to, diversity in sex, age, culture, race, religion, disability, gender identity, and sexual orientation
- G7.5 Demonstrate honesty, integrity, and trustworthiness with patients, documentation, family members, and colleagues
- G7.6 Demonstrate respect for patient privacy and autonomy
- G7.7 Demonstrate responsibility, leadership, and accountability
  - Adheres to schedules and deadlines and is prepared to participate in required activities. Provides care in a timely manner.
  - Responds to communications in a timely manner. Dresses professionally.
  - Serves as an example for others.
  - Performs supervisory and administrative responsibilities commensurate with one’s roles and qualifications.
- G7.8 Demonstrate excellence and scholarship
  - Pursues academic and personal excellence; takes initiative and is self-directed in the pursuit of clinical excellence.
  - Contributes to the dissemination and application of new health care
knowledge and practices.
- G7.9 Demonstrate a commitment to ethical principles and compliance with relevant laws, policies, and regulations
PROGRAM OF STUDY

The Program of Study for the Degree of Doctor of Medicine

The curriculum of the School of Medicine is organized into educational blocks, which are integrated according to related content and unified horizontally and vertically with educational themes. The first two years of study provide a strong foundational science backbone and core clinical skills for the overlying clinical correlations and the practice of medicine. Interactive lectures are integrated with small group, case-based learning. Longitudinal themes emphasized throughout the curriculum include: communication skills, physical examination, humanism/professionalism, evidenced-based practice, community and preventive medicine and biomedical ethics.

The first-year curriculum is organized into three Blocks:

- **Block 1**: Gross Anatomy and Embryology / Histology and Cell Biology / Foundations of Clinical Medicine
- **Block 2**: Biochemistry / Medical Physiology / Foundations of Clinical Medicine
- **Block 3**: Neuroscience / Behavioral Science / Foundations of Clinical Medicine

Additional course requirements include Biostatistics and Epidemiology, a case-based course in Biomedical Ethics, and History of Medicine.

The second-year curriculum places an emphasis on small-group discussion and problem-based, active learning, with a smaller percentage of class time spent in large lectures. The second year curriculum is horizontally integrated into an organ-system model among the following courses: Foundations of Clinical Medicine, Pathology/Pathophysiology, Medical Pharmacology and Medical Microbiology. As in the first year, Biostatistics and Epidemiology and Biomedical Ethics are woven into related coursework.

While immersed in the foundational sciences, all first- and second-year students have the opportunity to work directly with patients in primary care settings, mentored directly by teaching faculty. This one-on-one experience provides students with an early exposure to clinical medicine. Further, in conjunction with small group seminars on campus, students learn basic interviewing, communication skills, and physical examination techniques. As of April, 2014, students now have the opportunity to practice these core skills in our new Clinical Skills Training Center using standardized patients and simulation mannequins. The Center boasts 20 state of the art patient examination rooms and 2 large simulation training classrooms. All training areas are wired through a central learning management system, so that students and faculty can review patient encounters and improve clinical practice through deliberate reflective activities.

The third-year curriculum includes the following educational requirements: Medicine/Translational Research (8 weeks), Surgery (8 weeks), Pediatrics (6 weeks), Obstetrics and Gynecology (6 weeks), Psychiatry (6 weeks), Clinical Neuroscience (4 weeks), Family Medicine (6 weeks), and an Elective block for career exploration (4 weeks total). The school's location and large hospital network afford clinical training opportunities in demographically and clinically diverse settings. In addition to Westchester Medical Center,
about one-third of the third year class trains at our affiliate hospitals in Manhattan. Another third spend at least six months training at our branch campus training facility, St. Joseph's Hospital, in Paterson, New Jersey.

In order to provide medical students with the best possible foundations for residency training, the SOM adopted the following requirements for fourth year medical students: Emergency Medicine, Radiology and Laboratory Medicine, Sub-internship (choice of Medicine/ Pediatrics/ Surgery), Critical Care (choice of Medicine/ Pediatrics/ Surgery), and a one-week Transition to Residency course. In addition, there are 16 weeks of electives rotations, which can be taken at affiliated or non-affiliated training centers. About 10 percent of students enroll in international electives each year.

With the exception of elective coursework, all major courses and clerkships are graded Honors/High Pass/Pass/Fail. Passing Step 1 and Step 2 CK and 2CS of the USMLE are all requirements for graduation.

**Detailed Course Descriptions:**

*Longitudinal Courses and Themes:*

**Foundations of Clinical Medicine (Year One and Two)**

The Foundations of Clinical Medicine is a longitudinal course that offers students the opportunity to learn basic principles required for the practice of medicine through interactive large and small group seminars, direct patient interaction, one-on-one mentorship by practicing clinicians, and standardized patient/simulation training sessions. Topics covered in this course include medical interviewing, the screening physical examination, doctor-patient relationship, clinical reasoning, humanism and professionalism, and health promotion/disease prevention. Coursework is delivered by faculty in a variety of manners including: interactive lectures, skill-building small group sessions, clinical reasoning exercises, role-play, and directly supervised patient interaction. Students also have the ability to enhance clinical skills using standardized patients—trained actors playing the part of patients—and patient simulators in our new Clinical Skills Training Center. Another unique feature of this course is the direct mentorship offered to all students through a longitudinal clinical training preceptorship. Beginning in year one of training, all students are assigned to a primary care physician for the academic year.

**Biomedical Ethics (Years One and Two)**

New York Medical College has a comprehensive program in ethics education. Ethics begins in year one with an introduction to ethical principles, focusing on an examination of the moral bases of decision-making and self-understanding in medicine. As students mature, small group sessions review case studies with increasing complexity under the guidance of trained faculty experts.
**Biostatistics and Epidemiology (Years One and Two)**

This introductory course for medical students introduces students to the common vocabulary utilized in research and evidence-based practice, and teaches students how to critically appraise medical literature. Students are introduced to the concepts of measurements of frequency and association, interpreting screening tests, evaluating guidelines and evidence, explaining levels of risk to patients, conducting observational and experimental research studies as well as reviewing and evaluating medical and medical marketing literature. Emphasis is placed on clinical problem-solving and evidence-based practice. Every effort is made to directly apply the material in this course into foundational science coursework and clerkships.

**Medical Humanities**

The college is proud to offer students coursework in the Medical Humanities to help enhance a students' ability to listen, communicate and interpret, and develop critical and reflective thinking skills. We believe that these skills are essential to the practice of medicine and help to promote the development of compassionate, sensitive caregivers. Programs in this area include: The History of Medicine Course (required for year one medical students), The Intersection of Religion in Medicine elective, a Medicine in Film Series, and a Medicine in History Series, where students travel to local museums to discuss medical artifacts and historic exhibits with clinical experts.

**Foundational Science Courses:**

**Year One**

*Block One: Gross Anatomy and Embryology/ Histology and Cell Biology/ Foundations of Clinical Medicine/ Medical Ethics*

**Gross Anatomy & Embryology**

Among the requisites for modern practice of medicine is a broad based knowledge of human anatomy. This course is designed to provide medical student's with clinically oriented learning experiences to help understand structural and functional relations of organs and systems. Through large group instruction, small group discussion and experiences of a variety of diagnostic imaging platforms, the gross structure and embryology of the human is explored. Students participate in a comprehensive cadaveric dissection, in which each student participates in the dissection of an entire human body.

**Histology and Cell Biology**

The course in histology allows first-year students to explore the microscopic anatomy of the human body. Lectures correlate morphology and function at the molecular, cellular, tissue and organ levels, and relate cell biology and histology to disease processes. Complementing
lectures are small group interactive learning modules that allow students to explore content areas more deeply while viewing prepared slides of tissues and organs microscopically. Modules are equipped to allow students and instructors to scan a section and demonstrate pertinent details to two or four students, or to the entire group with a camera-mounted microscope connected to a monitor or LCD projector. Further demonstration of light or electron micrographs of structures related to the topics being studied can be visualized online and using virtual microscopy.

**Block Two: Biochemistry/ Medical Physiology/ Foundations of Clinical Medicine/ Medical Ethics**

**Biochemistry**

Biochemistry involves learning about the structures and reactions of the cellular and tissue components and provides the basis for understanding physiological and pathological conditions encountered in clinical medicine. The subject matter includes the metabolism of major body constituents, enzymatic and hormonal control mechanisms, nucleic acids and protein synthesis, genetics, and nutrition. Material is taught using a combination of lecture and small group activities and includes small group review and critical analysis of relevant scientific literature.

**Medical Physiology**

Medical Physiology provides a fundamental knowledge of physiological processes and their relationships to body function and disease states. As a supplement to lectures, laboratories and conferences, small group tutorials are used to expose students to the scientific basis of physiological concepts and to foster cooperation between students and faculty. At the end of each major section of the course, clinical information is used to integrate physiological principles with medicine in special small group Clinical Correlation sessions co-taught by primary care clinicians and faculty from the department of physiology.

**The History of Medicine**

As healthcare is fundamentally a social activity that takes place in the context of its time and place, this course introduces students to the history of medicine from the ancient world to modern times. The course structure and content allows students to examine the interplay of time, gender, culture, religion and science over time.

**Block Three: Neuroscience/ Behavioral Science/ Foundations of Clinical Medicine/ Medical Ethics**

**Neuroscience**

This course presents the fundamental concepts in neurologic physiology and anatomy to students. It is taught in an interdisciplinary context by the faculty of several different departments, including faculty from the Departments of Anatomy, Physiology, Neurology, Pharmacology, Neurosurgery and Radiology. Lecturers from the clinical departments
introduce topics and treatment of neural disorders. Laboratory instructions in small groups allow students to appreciate different brain regions and their functions. Small group case sessions allow students to think critically about the course material using clinical cases and questions that foster clinical reasoning and problem solving.

**Behavioral Science**

Presented concurrently with the neuroscience course, behavioral science presents a clinically-oriented overview of psychopathology, the neurophysiologic basis of human behavior, the human life cycle (incorporating prenatal development through senescence), sociocultural determinants of behavior, human sexual behavior, doctor-patient relationships, and healthcare delivery. Morning lectures cover a wide range of material in the behavioral sciences and psychiatry, and afternoons are largely devoted to clinical interactions with patients in a variety of clinical training facilities.

**Year Two**

**Pathology/Pathophysiology**

The year-long Pathology/Pathophysiology course, is a multi-disciplinary teaching effort coordinated by the Department of Pathology in collaboration with the Departments of Internal Medicine, Medical Genetics, Family & Community Medicine, Neurology, Surgery and Dermatology. Serving as a bridge between the basic sciences and clinical medicine, this 2 semester course, which is horizontally and vertically integrated, is designed to foster (1) critical thinking in the approach to the diagnosis and treatment of disease and (2) the continued development of life-long learning skills necessary for a career in medicine. This is accomplished through a teaching program that consists of several integrated components, including lectures, scheduled self-study periods, computer-based learning materials, and engaged or active learning experiences in intermediate and small-sized group settings.

**Medical Microbiology**

The medical microbiology course is designed to provide the student with insight into the fundamentals of microbiology and immunology with emphasis on their relationship to human biology and disease. Coursework is scheduled so that the topics carefully align with relevant material in both Pathology/Pathophysiology and Medical Pharmacology. The orientation of the course is toward an understanding of the biology of pathogenic microorganisms. The principles of microbial pathogenicity are therefore presented from the perspective of the agents and the several strategies they utilize to colonize successfully and to establish infection. The subjects covered are the basic properties of microorganisms, their physiology and genetics, the mode of action of antibiotic and chemotherapeutic agents at the cellular level, and the biologic and immunologic responses of the host to infections. Emphasis is placed on emerging and re-emerging diseases and global health issues. Integration of lectures, laboratory work, visual aids, self-study, group discussions and clinical correlations help students learn the concepts and techniques essential to diagnose, treat and prevent infectious disease.
Medical Pharmacology

The Medical Pharmacology course stresses key principles of pharmacological science (pharmacokinetics, pharmacodynamics and toxicity) while describing the chemistry, mechanism of action, clinical uses, adverse effects, drugs of abuse and toxic agents. The primary goals are to provide future physicians with a strong foundation in pharmacological knowledge that will allow them to: obtain optimal benefit from their clinical years of instruction; build pharmacological expertise throughout their careers; and critically evaluate the merits of new and old drugs in the future.

Second Year Comprehensive Clinical Examination and Objective Structured Clinical Examination (OSCE)

All second year students are required to take and pass both a comprehensive standardized patient clinical examination and OSCE to ensure basic clinical competency for promotion into clinical clerkships. The examination affords a standardized method to assess students’ skills in both the cognitive and non-cognitive areas of medicine including patient-physician interaction, clinical reasoning, and diagnostic skills. Through the use of standardized patient checklists and digital video recordings of their encounters, students will be able to review their performances interacting with patients in order to identify strengths as well as deficiencies.

Year Three

Year three of training consists of required Clinical Clerkships in: Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry, Neurology, Family Medicine and a new elective program (as of July, 2014). The goal of third year clerkship experiences is to provide students with opportunities to develop their skills in the evaluation and care of patients. Students are assigned by lottery system for their clerkship placements.

Prior to beginning his/her clerkships, all medical students are required to participate in a Transition to Clerkship Course. This course facilitates the transition into the clinical realm with simulation-based procedural skills training, communication skills training with standardized patients, and small and large group didactic sessions to review critical concepts including Professionalism, Patient Safety, and Medical Errors.

During Clerkships, students function as members of the clinical team with attending physicians, residents, interns, nurses, and allied health professionals. Through a combination of supervised patient care, conferences, lectures, individual feedback and teaching rounds, students apply the knowledge and skills they acquired in their first and second year courses, students broaden their knowledge of the clinical manifestations of disease processes, and continue to develop their interviewing and physical examination techniques and their communication skills, and the evaluation and treatment of patients.

The rich variety of clinical sites from community hospitals and clinics, large and small urban medical centers to tertiary care trauma and transplant centers provide students with the opportunity to work with a diverse group of patients from various cultural and
socioeconomic backgrounds and to further appreciate the impact of a patient's personal social history on the physician-patient relationship and on the health behavior and health status of the patient.

**Third Year Comprehensive Clinical Examination**

During year three, all students are required to take a comprehensive, multi-station, standardized patient clinical examination. The purpose of this examination is to assess students' skills in both the cognitive and non-cognitive areas of medicine including patient-physician interaction, clinical reasoning, and diagnostic skills. It also serves as marker for success on Step 2CS. Through the use of standardized patient checklists and digital video recordings of their encounters, students will be able to review their performances interacting with patients in order to identify strengths as well as deficiencies.

A passing score on this examination is required for graduation. The examination is administered prior to the fourth year to permit students with unsatisfactory performance time to remediate their deficiency. The Senior Associate Dean for Undergraduate Medical Education, in consultation with the Clinical Skills Subcommittee of the Year Three and Four Curriculum Committee, will assign remediation to students, or will refer the situation to the Promotions Committee for review. If a student fails his/her remediation, the student will be referred to the Student Academic Performance Review Committee.

**Year Four**

The year four educational program consists of the following required clinical experiences: a sub-internship in medicine, pediatrics or surgery (4 weeks), radiology and diagnostic medicine (4 weeks), a critical care rotation in medicine, pediatrics or surgery (4 weeks), emergency medicine and an additional 16 weeks of electives. All students also participate in a one week transition to residency course after Match Day. Students plan their elective program with the advice of a faculty advisor and/or Advisory Dean.

The aim of the required rotations are to provide supervised experiences at a level above that of a third-year clerk and comparable in most aspects to that of an intern, but with closer supervision and similar volume of patients. In order to provide students with the best opportunities for success during fourth year rotations, all students are also required to participate in an on-line para-curricular program, hosted at NYMC, regardless of their assigned clinical site. Students complete self-assessment exercises and create an independent learning plan under faculty guidance to identify his/her own learning goals, methods to achieve these goals, and reflect on their progress as coursework progresses.

The Transition to Residency Course is an interactive “capstone” course that facilitates the transition from medical school into specialized residency programs. Students are organized into specialty tracts and engage in simulation-based procedural skills and team training, case-based problem solving sessions, and group didactic sessions to review strategies to enhance professional development and preparedness for residency training.
SCHOOL OF MEDICINE
POLICY ON STUDENT ATTENDANCE AND ABSENCE

The curriculum has been carefully designed to ensure that students attain the educational objectives of New York Medical College. Students should attend all academic activities scheduled for each course or clerkship. During the first two pre-clinical years, students are required to attend all small group conferences, laboratories, clinical preceptor sessions, and other teaching exercises specified by the course director. Lack of attendance for any reason does not relieve the student of responsibility for the material covered during his/her absence. In the third and fourth clinical years, students are required to attend all clerkship functions, including night and weekend duty, as specified by the clerkship director. Students with repeated absences may be required to make up the time missed and may be subject to review by the appropriate Promotions Committee.

Absences from required academic activities should be recorded by the course or clerkship director on the student’s record. Anticipated absences should be arranged with the appropriate course or clerkship director and the reason recorded on the student’s record. Unapproved absences for more than 2 days must be reported by the course or clerkship director to an Associate Dean for Student Affairs. The student must receive clearance from an Associate Dean of Student Affairs prior to returning to the course or clerkship. Clearance by the Student Health Service or Student Mental Health Service may also be required prior to the student’s return.

New York Medical College Graduate Medical Education Policy
Institutional Organization and Responsibilities

Introduction

1. Purpose: The purpose of Graduate Medical Education (GME) is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident’s ethical, professional and personal development while insuring safe and appropriate care for patients. GME is an extension of the undergraduate curriculum leading to the M.D. degree, and develops the clinical skills, knowledge and personal characteristics required for the practice of a medical specialty. GME programs must provide the faculty, clinical experience, and academic resources required to meet educational goals. Patient care is an essential component of GME, but there must be a proper balance between service and education.

2. Sponsoring Institution: Because GME is an essential component in the continuum of the education of physicians, New York Medical College (NYMC) sponsors GME programs and considers its sponsorship integral to the College’s primary mission of providing excellence in medical education. It is NYMC policy to sponsor at least one residency program in each major medical specialty to insure academic excellence and the availability of high quality health care to the community. Additional
residencies and subspecialty fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME) are sponsored at affiliated medical centers, hospitals and health care institutions based on an assessment of available faculty, clinical and educational resources, and the medical needs of the community. As the ACGME-designated sponsor of the GME programs, NYMC assumes the ultimate responsibility for all its programs. It is committed to excellence in both medical education and patient care.

3. Compliance: The College complies with the Institutional Requirements of the ACGME and insures that its GME programs are in substantial compliance with the Institutional, Common and specialty-specific Program Requirements. NYMC and its GME programs comply with the ACGME Manual of Policies and Procedures for GME Review Committees

Institutional Organization and Responsibilities

A. Commitment to GME: Commitment to GME: NYMC provides leadership, organizational structure, and resources that enable it to achieve substantial compliance with the Institutional Requirements and to enable its sponsored residencies to achieve substantial compliance with the Common and Program Requirements. This includes providing an ethical, professional, and educational environment in which the curricular requirements, the requirements for scholarly activity and the General Competencies can all be met. The regular assessment of the quality of the GME programs, the performance of the residents, and the use of outcome assessment results for program improvement are essential components of this commitment.

B. NYMC will provide graduate medical education (GME) that facilitates residents’ professional, ethical, and personal development. NYMC and its GME programs, through curricula, evaluation, and resident supervision will support safe and appropriate patient care.

C. NYMC developed a written statement that documents New York Medical College’s commitment to providing the necessary educational, financial, and human resources to support GME. This statement of commitment must be reviewed, dated, and signed by representatives of New York Medical College’s governing body, administration, and GME leadership within at least one year prior to the institutional site visit.

D. NYMC maintains a GME Office, led by the Vice Dean for GME, School of Medicine, who in collaboration with the Graduate Medical Education Committee (GMEC), oversees all NYMC GME programs. In addition to the Vice Dean, the GME office is staffed by a full-time Institutional Administrator for GME and a full-time Institutional Coordinator. The Vice Dean serves as the ACGME’s Designated Institutional Official (DIO), and the authority and the responsibility for the oversight and administration of the College-sponsored GME programs throughout the NYMC consortium of affiliated teaching hospitals and responsible for assuring compliance with ACGME Institutional Requirements.

E. The DIO and GMEC have authority and responsibility for the oversight and administration of New York Medical College’s programs and responsibility for
assuring compliance with ACGME Common, specialty/subspecialty-specific Program and Institutional Requirements.

1. The DIO will establish and implement procedures to ensure that he, or a designee in his absence, reviews and co-signs all program information forms and/or any documents or correspondence submitted by program directors to the ACGME.

2. The DIO presents an annual report to the GME Committee and the Chairs of the hospital-based GM Subcommittees present this information to the Organized Medical Staffs (OMS). The DIO presents and annual report to the NYMC Board of Trustees as the governing body of the College. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards, and resident participation in patient safety and quality of care education.

F. In addition to the NYMC GME Office staff, the Dean of the School of Medicine, in consultations with each hospital’s CEO, appoints Associate Dean for Education for each of the major affiliated hospitals. Depending upon the level of affiliation, Academic Health Center, University Hospital or major Hospital Affiliate, that person supports the academic programs at that site (hereafter in this policy, “hospital associate dean”).

G. The Dean, in consultation with the DIO, the NYMC department chair and the hospital associate dean, appoints all program directors. To qualify for appointment, program directors must demonstrate the aptitude and the willingness to take on the responsibilities described below.

1. Participation in the Institutional Governance of GME Programs
   a. Maintain current knowledge of and compliance with the NYMC Policy
   b. Maintain current knowledge of and compliance with ACGME Institutional, Common, and Program Requirements.
   c. Participate in the hospital’s GMES and serve on Internal Review Committees as requested.
   d. Cooperate promptly with requests by the DIO, the GME Office and/or the GMEC for information, documentation, etc.
   e. Maintain accurate and complete program files in compliance with institutional records retention policies.
   f. Insure that residents and faculty comply with periodic surveys by the ACGME.

2. ACGME Accreditation Matters
   a. Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for GME Review Committees
   b. Maintain current knowledge of and compliance with the ACGME requirements pertaining to his/her program.
   c. Respond promptly to any RRC request for information, and send a copy of any such request to the GME Office.
d. Maintain accurate and complete program files in compliance with ACGME requirements.

e. Prepare an accurate and complete Program Information Form (PIF) prior to an RRC site visit.

f. Insure that the DIO receives on time a draft for review prior to co-signing the PIF, and/or any correspondence or document to be submitted to the ACGME by the program director that either addresses program citations or request changes in the program that would have significant impact, including financial, on the program, the hospital or the College.

g. Prepare all required documentation for review by an Internal Review Committee (IRC) in accord with the Internal Review Protocol.

h. Develop written action plans in a timely manner for correction of areas of noncompliance as identified by an Internal Review, RRC site visit, Resident or Faculty Surveys, and/or other mechanism.

i. Provide the DIO and GME written updates on a periodic basis as requested on progress in implementing these actions.

j. Update annually both program and residents records through the ACGME’s Accreditation Data System and GME Track.

k. Prepare Program Letters of Agreement (PLOA) with all clinical sites to which residents are assigned outside of the primary teaching hospital, and review and revise any PLOA at least every five years.

l. Insure that current HIPAA Business Associate Agreement between any clinical site to which residents are assigned outside of the primary teaching hospital and the ACGME are in the program’s files and the NYMC GME Office file.

3. Educational Aspects of the Program

a. Develop a comprehensive written educational curriculum as defined in the RRC Program Requirements for the specialty or subspecialty.

b. Provide instruction and experiences with quality assurance/performance improvement and patient safety for patients cared for by the program’s residents.

c. Develop and use dependable measures to assess residents’ competence in the General Competencies of Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.

d. Implement a 360° evaluation system for the residency

e. Maintain learning portfolios for each residents

f. Use dependable measures to assess resident’s competence in other areas as defined in the RRC Program Requirements for the specialty.
Implement a process that links educational outcomes with program improvement.

h. Insure that each resident develops a personal program of learning to foster continued professional growth.

i. Facilitate residents’ participation in the educational and scholarly activities of the program, and insure that they are prepared for and assume responsibility for teaching and supervising other residents and students.

j. Assign residents to appropriate institutional or departmental committees and councils whose actions affect their education and/or patient care.

k. Procure confidential written evaluations by the residents of the faculty, of each rotation, of the program as a whole, and of the educational conferences, at least annually.

l. Insure residents’ attendance at all educational offerings required by the institution and the program.

m. Insure at least annual review of the educational effectiveness of the program via a formal documented meeting for which written minutes are kept.

n. Complete and submit milestone evaluations for each resident as required by the ACGME.

4. Administrative and Oversight Aspects of the Program
   a. Provide oversight and liaison with appropriate personnel of other institutions participating in the residency training.
   b. Insure current and continuous malpractice coverage of all residents with clinical responsibilities at all program sites.
   c. Create, implement, and review periodically program-specific policies consistent with the NYMC GME policy for the following
      i. Resident selection
      ii. Resident evaluation
      iii. Resident promotion
      iv. Resident dismissal
      v. Resident duty hours
      vi. Moonlighting policy
      vii. Written documentation for any resident participating in moonlighting

5. Monitor residents’ duty hours and report findings to the appropriate GME and hospital authorities.

6. Facilitate institutional monitoring of resident duty hours

7. Insure that non-eligible residents are not enrolled in the program

8. Insure that all interviewed residency candidates are provided, at a minimum, with either a hard copy or a written information sheet containing the URL at which all terms and conditions of employment, visa policies, and the resident contract and benefits may be found.
9. Insure that written notice of intent not to review a resident's contract is provided in accordance with NYMC, and if applicable, CIR regulations, no later than six (6) months prior to the end of the resident's current appointment agreement, unless there are extenuating circumstances.

10. Provide appropriate supervision of residents (via the program faculty) so as to allow progressively increasing responsibility by the residents according to their level of education, ability, and experience.

11. Manage clinical scheduling of residency including, but not limited to:
   a. Creating clinical rotation and on-call schedules and providing these, as requested to hospital reimbursement officials.
   b. Revising schedules at each cycle completion (e.g. monthly), and communicating the revised schedule to the hospital reimbursement official to enable accurate IRIS reporting.
   c. Structuring on-call scheduled to provide readily available supervision to resident on duty, and that appropriate back-up support is available when patient care responsibilities are especially difficult or prolonged.
   d. Structuring duty hours and on-call time periods as to focus on the needs of the patient, continuity of care, and the educational needs of the resident, and to comply with requirements as set by the institution, ACGME, and the appropriate RRC.

H. The College and its major participating hospitals provide sufficient institutional resources, including GME staff, space, equipment, supplies, and time to allow for effective oversight of their GME programs. There are resources to insure the effective implementation and development of the specialty and subspecialty programs in compliance with the Program and Institutional Requirements. The DIO, GME staff, personnel, program directors, faculty, and residents have access to adequate communication resources and technological supports, including computer and access to the Internet.

I. In compliance with the requirements and to assist the College in overseeing GME programs it sponsors, NYMC has a Graduate Medical Education Committee (GMEC), chaired by the DIO, which monitors and advises on all aspects of residency education. To assist the Committee in carrying out specific required functions, the GMEC designates GME Subcommittees (GMES) at each major affiliated hospital. Members of the GMEC are appointed by the Dean upon the recommendation of the GME Vice Dean, and include the hospital associate deans, the chairs of the GMES's, representative peer-selected residents, program directors, and other faculty.

J. Institutional Agreements: NYMC retains responsibility for the quality of GME even when resident education occurs in other institutions. Affiliation agreements exist between NYMC and all of its major participating hospitals. The College requires that each of its programs has established program letters of agreement with it participating site in compliance with ACGME requirements.
K. Accreditation for Patient Care: All NYMC participating hospitals must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or a comparable accreditation agency, such as DNV. If one of the hospitals were to lose its JCAHO accreditation, the ACGME Institutional Review Committee must be notified in writing with an explanation.

L. Quality Assurance and Patient Safety: NYMC insures that each hospital conducts a formal quality-assurance and patient safety program and that there is a review of complications and deaths. To the degree possible and in conformance with New York state law. Residents should participate in appropriate components of the hospital's performance improvement and patient safety programs.

M. New York Medical College will provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements.
   1. New York Medical College will ensure that the DIO has sufficient financial support and protected time to effectively carry out his educational and administrative responsibilities to NYMC.
   2. New York Medical College will ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.
   3. New York Medical College will provide sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the New York Medical College, GME Office and all of its programs.

N. Faculty and residents will have ready access to adequate communication resources and technological support.

O. Residents will have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

P. New York Medical College has an institution-wide policy that addresses continuation of GME financial and administrative support for programs to continue the education of all residents in the event of a disaster or interruption in patient care. This policy includes assistance for continuation of resident assignments.

Institutional Responsibilities for Residents

A. Eligibility and Selection

   A. All residents in NYMC-sponsored accredited programs must meet the ACGME Institutional and Program Requirements for training. Applicants for residency
training in a NYMC-sponsored program must meet one of the following qualifications:

1. Graduate of medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA)

2. Graduate of an international medical school, meeting one of the following qualifications:
   i. have a currently valid ECFMG certificate
   ii. have a full and unrestricted license to practice medicine in New York
   iii. have completed a Fifth Pathway program provided by an LCME-accredited school

B. Selection: Programs are required to select from among eligible applicants on the basis of residency program-related criteria, such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status. Programs are encouraged to participate in the National Resident Matching Program (NRMP) or another organized matching program. All programs that participate in the NRMP or other similar matching programs are required to comply with all applicable policies, procedures, and conditions of participation established by the matching program.

C. Credentials for the Appointment of Residents

a. All credentials must be reviewed and approved before the resident delivers care. Each resident's credentials file shall be assembled by the program director. All copies of documents shall have a notation attesting that the original or a notarized copy of the document was seen, the date, and by whom.

b. For all residents, each credentials file shall contain
   i. Application
   ii. Medical school diploma, with a notarized English translation where appropriate
   iii. Medical school transcript, with a notarized English translation where appropriate
   iv. Transcript from medical school register verifying date of graduation and the Medical School Performance Evaluation (MSPE)
   v. Three recent letters of recommendation, one of which should be from the applicant's medical school
   vi. Proof of identity and citizenship or immigration status
   vii. Documentation of annual medical assessment as required by law or regulations
   viii. Delineation of privileges
   ix. Signed and dated authorization of release of information
c. When applicable, the file also shall contain
   i. ECFMG certificate
   ii. a written statement from the ECFMG verifying validity of the certificate
   iii. a "dean’s letter" from the medical school, or
   iv. Medical School Performance Evaluation (MSPE)
   v. documented evidence that the trainee meets the minimum requirements
      of the ACGME and Residency Review Committee for acceptance into the
      specialty or subspecialty program
   vi. documented evidence of prior medical training (clerkships and
       residencies, if applicable), including the name of each institution,
       program completed, dates attended, and name of practitioner
       responsible for monitoring the trainee’s experience
   vii. letters of recommendation from the program directors of prior medical
        residency training
   viii. current licensure registration or limited permit
   ix. record of verification of licensure registration or limited permit
   x. current DEA registration

d. The program director shall send a duplicate copy of each credentials file to
   the appropriate hospital office. For each resident beginning a program, the
   duplicate credentials file shall be received within 30 days of starting in the
   program. For residents continuing in programs, the duplicate updating
   materials shall be received 45 days prior to the commencement of the
   academic year. Each duplicate credentials file shall contain a statement
   signed by the program director that it is a true and accurate copy of all
   documents in the original credentials file.

e. For residents in integrated programs, duplicate credentials files for all
   residents in the program shall be sent by the program director to the
   participating institutions, following the time schedule above. For each
   resident who is not in an integrated program, the program director
   accepting the resident for a rotation shall assemble a credentials file or
   obtain a duplicate file as described above. For residents whose rotation
   schedule is known before the beginning of an academic year, files shall be
   received following the time schedule above. When the schedule is not
   known before the beginning of the year, duplicate files shall be received 45
   days prior to the commencement of the rotation.

D. Resident Support

   Participating hospitals are required to provide all residents with appropriate
   financial support and benefits. Compensation of residents and distribution of
   resources for the support of education shall be carried out with the advice of the
   GMEC.

E. Benefits and Conditions of Appointment
Candidates for GME programs must be informed in writing or electronically of the terms, conditions and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability, and other insurance provided for the residents and their families, and the conditions under which living quarters, meals, laundry services or their equivalents are to be provided; and having a satisfactory result from a pre-employment drug screening and clinical background check.

Candidates, defined as applicants who are invited for an interview, must be informed in writing or electronically of the terms, benefits, and conditions of their appointment. This must include informing them of the following:

A. All accepted residents must have a satisfactory result from a pre-employment physical examination and drug screening, and criminal background check;
B. Their benefits, including: financial support, vacations, parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability, and other insurance provided for the residents and their families; and
C. The conditions under which call rooms, meals, laundry services or their equivalents are to be provided.

F. Appointment Agreements

Hospitals that serve as primary clinical education sites are required to provide residents with a written agreement of appointment/contract outlining the terms and conditions of their appointment to the educational program. On behalf of the College, the hospital associate dean must monitor the implementation of these terms and conditions by the program directors. Hospital associate deans and program directors must ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all institutions to which residents are assigned. The agreement must contain or reference at least the following hospital policies:

A. Residents’ responsibilities;
B. Duration of appointment;
C. Financial support;
D. Conditions for reappointment:
   (1) Nonrenewal of appointment or non-promotion: In instances where a resident’s agreement is not going to be renewed, or when a resident will not be promoted to the next level of training, programs must provide the resident(s) with a written notice of intent not to renew a resident’s agreement no later than six months prior to the end of the resident’s current agreement. However, if the primary reason(s) for the nonrenewal occurs within the six months prior to the end of the agreement, programs must provide the resident with as much written notice of the intent not to renew as the circumstances will demand.

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1 Candidates are defined by the ACGME as those applicants who are invited for interview.
reasonably allow, prior to the end of the agreement. For residents who are members of the Committee of Interns and Residents (CIR), the non-renewal notice must be given no later than November 15th of the preceding year.

(2) Residents must be allowed to implement the hospital’s grievance procedures as addressed below if they have received a written notice of intent not to renew their agreements or of intent to renew their agreement(s) but not to promote them to the next level of training.

E. Grievance procedures and due process: The hospital must provide residents with fair, reasonable, and readily available written hospital policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:

1. Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of the resident’s contract, non-promotion to the next level of training, denial of credit for periods of training, or other actions that could significantly threaten a resident’s intended career development; and

2. Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

3. In all cases of dismissal of residents, before dismissing a resident, the program director must consult with the hospital associate dean and the NYMC DIO. Policies outlining potential grounds or causes for dismissal must be provided at the beginning of their training to all residents. The rights to due process embodied in hospital grievance procedures shall be preeminent. The hospital associate dean will report to the GME Committee any instance of a resident instituting a grievance procedure, the current status of the proceedings and the final outcome.

F. Professional liability insurance: Residents must be provided with professional liability insurance coverage for the duration of training and with a summary of pertinent information regarding this coverage. Such coverage must provide legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the residents are within the scope of the education program(s). The coverage to be provided should be consistent with the institution’s coverage for other medical/professional practitioners. Each institution must provide current residents and candidates for residency with the details of the institution’s professional liability coverage for residents.

G. Health and disability insurance: The appointing hospital must provide hospital and health insurance benefits for the residents and their families. Coverage for such benefits should begin upon the first recognized day of their respective programs. Contracting institutions must provide access to all residents for disabilities resulting from activities that are part of the educational program.
H. Leaves of absence: The appointing hospital must provide written hospital policies on residents’ vacation and other leaves of absence (with or without pay), to include parental and sick leave, that comply with applicable laws. The program must provide residents with:
   1. A written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of a residency program, and
   2. Information relating to access to eligibility for certification by the relevant certifying board.

I. Resident Duty Hours: Each hospital must establish formal written policies and procedures governing resident duty hours that foster resident education and facilitate the care of patients. These policies and procedures must include a statement that programs must comply with New York State Department of Health Regulation 405 and ACGME requirements regarding resident duty hours. These policies and procedures should support the physical and emotional well-being of each resident. Program directors must ensure that duty-hour schedules and faculty assignments provide at all times a work environment that promotes patient safety and meets the educational needs of residents. Faculty supervision must be readily available to residents at all times. To minimize the work of residents that is extraneous to their educational programs, training sites must provide patient support services. Residents must be provided with adequate and appropriate food services, sleeping quarters, and security measures.

J. Moonlighting: Programs must have a program specific moonlighting policy and must closely monitor all moonlighting activities. In addition to insuring that any moonlighting hours are included in the count of each resident’s duty hours, the policy must:
   (1) Specify that residents must not be required to engage in moonlighting;
   (2) Require a prospective, written statement of permission from the program director that is made part of the resident’s file;
   (3) State that the residents’ performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.
   (4) State that the resident must obtain their own malpractice insurance for the moonlighting.

K. Counseling services: The appointing hospital should facilitate residents’ access to confidential counseling, medical and psychological support services.

L. Physician impairment: Each training site must have formal written institutional policies that describe how it will address physician impairment, including that due to substance abuse, will be handled. In addition, each program should provide an educational program for residents regarding physician impairment, including substance abuse.
M. Sexual harassment: Each training site must have written institutional policies covering sexual and other forms of harassment.

N. Accommodation for disabilities: Each hospital must have a written policy regarding accommodation, which would apply to residents with disabilities. This policy need not be GME-specific.

A. Residency Closure/Reduction: If a hospital intends to eliminate positions through a reduction in the size of a residency program or to close a residency program, the hospital must give affected residents at least six months advance notice prior to taking such action. Additionally, in the event of such a reduction or closure, hospitals must make every effort to allow residents already in the program to complete their education. If not feasible for residents to complete their program at the hospital, residents must be assisted in enrolling in an ACGME accredited program in order to complete their training program.

B. Restrictive covenants: Restrictive covenants are not permitted in resident appointment agreements. Hospitals must not require residents to sign a non-competition guarantee.

G. **Resident Participation in Educational and Professional Activities**

A. NYMC insures that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies as identified below and specialty/subspecialty-specific Program Requirements. Each program must provide educational experiences for their residents to demonstrate the following competencies:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. Practice-based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. Systems-based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system
resources to provide care that is of optimal value

B. In addition, NYMC insures that residents
1. Participate on committees and councils whose actions affect their education and/or patient care.
2. Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.
3. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
4. Participate fully in the educational and scholarly activities of their programs and, as required, assume responsibility for teaching and supervision of other residents and students.
5. Have the opportunity to participate on appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care;
6. Receive training in their roles as teachers of medical students.

H. Resident Educational and Work Environment

A. NYMC insures that its affiliate hospitals provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation and/or retaliation. Mechanisms to insure this environment must include:
1. An organizational or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.
2. A process by which individual residents can address concerns in a confidential and protected manner.

B. NYMC insures that its affiliate hospitals provide services and develop health care delivery systems to minimize resident’s work that is extraneous to their GME programs’ educational goals and objectives. These services and systems must include:
1. Patient support services: peripheral intravenous access placement, phlebotomy, and laboratory and transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.
2. Laboratory/Pathology/Radiology Services: Laboratory, pathology, and radiology services must be in place to support timely and quality patient care.
3. Medical Records: A medical records system that documents the course of each patient’s illness and care must be available at all times and must be adequate to support quality patient care, residents’ education, quality assurance activities, and provide a resource for scholarly activity.

C. NYMC insures a healthy and safe work environment that provides for:
1. Food services: Residents must have access to appropriate food services 24 hours a day while on duty in all institutions.
2. Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.
3. Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

**Graduate Medical Education Committee (GMEC)**

**A. GMEC Composition and Meetings:** New York Medical College has a GMEC. Voting membership on the committee includes the DIO, residents nominated by their peers, representative program directors, and administrators. It also includes other members of the faculty, including faculty from the School of Public Health and the Graduate School of Basic Medical Sciences. The GMEC meets six times a year and maintains written minutes.

**B. GMEC Responsibilities:** The GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for the residents in all NYMC-sponsored GME programs. These policies and procedures include:

1. **Stipends and Position Allocation:** Every year the GMEC reviews the stipends at each of the affiliated hospitals and compares them to the AAMC data of COTH members for the Northeast. All residents must receive the hospital's established stipend and benefits for residents training at their postgraduate level. Voluntary or unpaid resident positions are not permitted.

2. **Communication Mechanisms:** The GMEC ensures that communication mechanisms exist between the GMEC and all program directors within each hospital through the following:
   
   A. The establishment of hospital-based GME Subcommittees (GMES) that meet regularly and include specialty and subspecialty program directors;
   
   B. The requirement that all program directors provide a formal written annual report to the GMEC;
   
   C. The requirement that program directors maintain effective communication mechanisms with the site directors at each participating site for their respective programs to maintain proper oversight at all clinical sites
   
   D. Associate Deans in each hospital serve as liaison with program directors for oversight and implementation of NYMC GME policies;
   
   E. NYMC clinical department chairmen oversee all GME programs in their respective departments.

3. **Resident Duty Hours:** The GMEC develops and implements written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements and the New York State Department of Health Code 405. Wherever these standards differ, the more restrictive standard will apply. Each program must:

   A. Establish a formal written duty hour policy that complies with the standards and that fosters resident education and facilitates the care of patients. The policy must apply to all participating training sites used by the program. Each policy must state that the program will maintain an appropriate balance between service and education. However, the policy should state that responsibilities for continuing patient care are not automatically discharged at specific times. The policy should state that duty hours and call schedules focus
on the needs of the patient, continuity of care and the educational needs of the resident. The policy must state that residents are scheduled as follows:

i. Maximum of 80 hours on duty in the hospital or other program site per week

ii. Maximum assigned in house call of every third night

iii. Maximum continuous time worked of 24 hours with a maximum allowable 3-hour transition period. Maximum continuous time worked of 16 hours for PGY-1’s

iv. One day (a complete 24 hour period) out of seven completely free from all program related responsibilities

v. A minimum of 10 hour rest period between regular duty shifts

vi. No more than 12 consecutive work hours in the ER

vii. Any permitted moonlighting must be counted in duty hours and cannot violate any of the other standards.

4. Resident Supervision: The GMEC monitors programs’ supervision of residents and ensures that supervision is consistent with:

5. Provision of safe and effective patient care;

6. Educational needs of residents

7. Progressive responsibility appropriate to residents’ level of education, competence, and experience; and

8. Other applicable Common and specialty/subspecialty-specific Program Requirements

9. Communication with Medical Staff: the GMEC maintains communication with the medical staff leadership of each hospital regarding the safety and quality of patient care that includes:

   i. The DIO/Chair’s annual report to the OMS.
   
   ii. Description of resident participation in patient safety and quality of care education; and

   iii. The accreditation status of programs and any citations regarding patient care issues

10. Curriculum and Evaluation: the GMEC assures that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement in the six ACGME General Competencies

11. Resident Status: The GMEC requires and insures that each NYMC-sponsored program has policies for the selection, evaluation, promotion, transfer discipline, and/or dismissal of residents in compliance with the ACGME Institutional and Common Program Requirements

12. Oversight of Program Accreditation: the GMEC reviews all ACGME program accreditation letters of notification. Each GMEC reviews and monitors each hospital’s action plans for correction of citations and areas of non-compliance.

13. Management of Institutional Accreditation: The GMEC regularly reviews and monitors NYMC’s ACGME letter of notification from the IRC and monitors the action plans for correction of citations and areas of non-compliance.

14. Oversight of Program Changes: The GMEC reviews the following for approval, prior to submission to the ACGME by program directors:

   a. All applications for ACGME accreditation of new programs;

   b. Changes in resident complement;
c. Major changes in program structure or length of training;
d. Additions and deletions of participating sites;
e. Appointments of new program directors;
f. Progress reports requested by any Review Committee;
g. Responses to all proposed adverse actions;
h. Voluntary withdrawals of program accreditation;
i. Requests for an appeal of an adverse action; and,
j. Appeal presentations to a Board of Appeal or the ACGME

15. Experimentation and Innovation: The GMEC maintains oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific program Requirements, including:
   a. Approval prior to submission to the ACGME and/or respective Review Committee
   b. Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects: in ACGME Policies and Procedures,” and
   c. Monitoring quality of education provided to residents for the duration of such a project.

16. Oversight of reductions and closures: Oversight of all processes related to reductions and/or closures of:
   a. Individual programs;
   b. Major participating sites; and
   c. The sponsoring institution

17. Vendor Interactions: NYMC will develop and provide an institutional policy that addresses interactions between vendor representatives/corporations and residents/GME programs

Internal Reviews
A. Process
1. The GMEC developed, implements, and oversees the internal review process as follows:
   a. An internal review committee (IRC) for each program is formed that includes at least one faculty member and at least one resident from within the hospital but not from within the GME program being reviewed. Additional internal or external reviewers may be included on the IRC, including administrators from outside the program.
   b. A written internal review protocol was developed that incorporates the requirements in Section IV of the Institutional Requirements, approved by the GMEC and then approved by the ACGME

2. Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. (The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.)

3. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances will apply:
a. The GMEC will demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.

b. After enrolling a resident, an internal review will be completed within the second six-month period of the resident's first year in the program.

4. The internal review shall assess each program's
   a. Compliance with the Common, specialty-specific Program, and Institutional Requirements:
   b. Educational objectives and effectiveness in meeting those objectives;
   c. Educational and financial resources;
   d. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal review reports;
   e. Effectiveness of educational outcomes in the general competencies;
   f. Effectiveness in using evaluation tools and outcome measures to assess resident's level of competence in each of the ACGME general competencies;
   g. Annual program improvement efforts in:
      (1) Resident performance using aggregated resident data;
      (2) Faculty development;
      (3) Graduate performance including performance of program graduate on the certification examination;
      (4) Program quality

5. Materials and data to be used in the review process must include:
   a. ACGME Common Program, specialty-specific Program and Institutional Requirements in effect at the time of the review
   b. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
   c. Reports from previous internal reviews of the program;
   d. Previous annual program evaluations;
   e. ACGME Resident and Faculty Survey Data Summary and the Program Director's Response
   f. Completed resident milestone evaluations;
   g. Completed Program Director Questionnaire (PDQ);
   h. Completed Document Assessment Form (DAF); AND
   i. Completed Program Information Form prepared for the last ACGME program survey.

6. The internal review committee will conduct interview with the program director, key faculty members, at least one peer selected resident from each level of training in the program, and other individuals deemed appropriate by the IRC.
B. **Areas to Evaluate**

The IRC assesses the following:

A. Compliance with the all ACGME and RRC Requirements;
B. Adequacy of the program’s organizational and administrative systems to support the program;
C. The program’s effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;
D. The program’s written curriculum, including the educational goals and learning objectives, and the program’s effectiveness in meeting them;
E. The adequacy of available educational and financial resources to meet the objectives, including such things as the faculty to resident ratio; faculty qualifications and academic productivity, adjunct hospital departments and services, clinical and teaching facilities, and adequacy of the volume and variety of the patient population;
F. The program’s effectiveness in defining, in accordance with the Program, Common and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following ACGME General Competencies:
   1. patient care,
   2. medical knowledge,
   3. practice-based learning and improvement,
   4. interpersonal and communication skills,
   5. professionalism, and
   6. systems-base practice;
G. The program’s effectiveness in using evaluation tools developed to assess a resident’s level of competence in each of the six General Competencies listed above;
H. The program’s effectiveness in using dependable outcome measures developed for each of the six General Competencies listed above;
I. The program’s effectiveness in implementing a process that links educational outcomes with program improvement.
J. Resident participation in safe, effective and compassionate patient care, under supervision, commensurate with their level and abilities;
K. Opportunity for residents to develop personal programs of learning;
L. Letters of agreement for all off-site rotations;
M. Resident selection process, including participation in an organized matching program;
N. Resident, faculty, rotation and program evaluation systems;
O. Resident awareness of promotion and dismissal criteria;
P. The resident work environment, including such things as duty hours, on-call facilities, food services, security and personal safety;
Q. Research and scholarly activities of both the residents and faculty;
R. Program director participation in the national society of program directors for his/her specialty;
S. Ancillary services at each training site, including phlebotomy, IV, and messenger and transport personnel;
T. Effectiveness of laboratory, medical records, and radiologic information retrieval systems;
U. Resident awareness of all program policies and procedures;
V. Resident awareness of the mechanism in place to raise and resolve issues without fear of intimidation or retaliation;
W. Board pass rate;
X. Resident and faculty morale, including attrition and grievances;
Y. Adequacy of required documentation.

C. Internal Review Report
1. The written report of the internal review for each program must contain, at a minimum:
   A. the name of the program and the date of the IRC's site visit;
   B. the date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint;
   C. the names and titles of the internal review committee members;
   D. a brief description of how the review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
   E. sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
   F. a list of the citations and areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and/or institution subsequently addressed each item.

2. The GMEC (chaired by the DIO) through the GNES will monitor the response by the program to the GMES-approved recommendations in the internal review report.

3. NYMC will submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program review at the same time as the institutional review, the internal review reports for those programs will not be shared with the site visitor.

D. Presentations and Actions
Based on their findings, the IRC produces a preliminary draft report for review by the hospital’s GMES. Following discussion of the preliminary draft report, the GMES may make recommendations to be included in the next draft, and it determines the monitoring schedule to be followed. That schedule determines when the program director must report to the hospital GMES the status of implementing the recommendations contained in the report. Depending upon the program's compliance with requirements, the reporting period can be as short as a monthly or as long as a year; the report may be written or oral.

A second draft that contains the actions taken by the GMES is then submitted for review and approval by the NYMC GMEC. If approved, the report becomes final and is distributed to the following:
A. program director
B. chair(s) of the GMES for each participating site
C. NYMC chair of the relevant department
D. hospital chief of service
E. hospital CEO
F. hospital medical director
G. hospital president of the medical staff
H. hospital-based vice/associate dean
I. NYMC executive vice dean for academic affairs
J. IRC members
K. NYMC GME Office file

New York Medical College
GME Policy
POLICY ON CONTINUING MEDICAL EDUCATION

Introduction

Physicians have a duty to their patients to keep pace with developments in science and medicine as the base of knowledge and technical application grows. This obligation is universally recognized by institutions with which academic physicians are affiliated and by many medical licensing authorities and specialty certifying boards.

Continuing medical education (CME) has evolved to serve this function. By participating in specific levels of CME, physicians fulfill their professional needs while meeting requirements of some licensing and specialty boards for continued licensure or certification. Accreditation of institutions and organizations to provide approved CME programs is conferred by the Accreditation Council for Continuing Medical Education (ACCME).

The ACCME puts forth Essentials and Guidelines for the Accreditation of Sponsors of Continuing Medical Education and conducts a voluntary accreditation program for institutions and organizations providing CME. By evaluating and granting recognition to an institution or organization whose CME program substantially complies with the standards or Essentials, the ACCME seeks to improve the quality of CME and to assist physicians in identifying CME programs which meet these standards.

Sponsoring Institution

New York Medical College School of Medicine (NYMC) is an accredited sponsor of CME activities Continuing Medical Education is an essential component in the continuum of the education of physicians. CME is integral to the College’s primary mission of excellence in medical education and in establishing NYMC as an educational hub—a center for lifelong learning in the health sciences. The Office of CME (consistent with the College’s mission) seeks to identify and teach advances in medical information, practice, and technology to physicians and to improve their skills and knowledge to enable them to provide superior medical care to their patients.

Design and implementation of CME activities implies systematic planning. Planning of any CME activity ranging from a one-hour conference to a multi-day symposium involves a sequence of tasks, with each successive step depending upon completion of the previous one. It is NYMC policy that all CME eligible activities at NYMC and each of its affiliates should be approved by and sponsored through the NYMC Office of Continuing Medical Education in order to ensure academic excellence and consistent quality, as well as to guarantee planning and implementation of CME activities in accordance with the Essentials, especially with respect to needs assessment, well-defined objectives, curricular design, and evaluation.
Educational Administration

The Office of Continuing Medical Education functions with the assistance of three major committees. These are described in the following paragraphs.

The **CME Committee** is comprised of representatives from the major clinical departments and/or services at affiliated hospitals of the University which offer CME accredited activities. Its function is to review and give final approval for all CME activities that have requested sponsorship. The Committee also is responsible for monitoring the educational quality of CME activities and for ensuring compliance with the Essentials and Guidelines set forth by the ACCME. This Committee meets monthly.

The **CME Ad Hoc Initiative Committee** is comprised of faculty members from specialty departments. Its function is to make planning decisions with respect to future activities in order to feature and promote NYMC faculty and the specialty services they offer. The target individuals for the activities of this committee are primary care physicians, particularly those located in the lower and mid-Hudson Valley, in order to develop referral sources. This committee meets one to two times annually.

The **CME Ad Hoc Advisory Committee** is comprised of representatives and Faculty from the major clinical departments and/or services at affiliated hospitals of the College which offer CME accredited activities. This Committee was formed upon recommendation by the ACCME in 1994, and advises the CME Office with respect to accreditation issues and other matters. Meetings are held approximately three times per year.

Institutional Agreements

NYMC is responsible for the quality of continuing medical education at affiliate institutions with their cooperation, and enters into an interinstitutional agreement with each affiliated academic medical center, hospital, health care center or other institution where CME takes place. Each agreement should specify a negotiated fee for CME accreditation of all grand rounds given at each institution. This fee is based on the approximate number of grand rounds to be presented throughout the institution (on an annual basis) multiplied by the prevailing fee for grand rounds accreditation. All other types of CME are subject to the prevailing rate for each activity.

CME Categories and Programs

Continuing Medical Education falls into a variety of different categories each involving varying degrees of complexity, planning, and need for CME Office staff involvement. The following is a description of such categories, the CME staff requirement, and the fee schedules. Fees are structured such that the cost of operating a CME program in good standing (which meets the objectives of the mission statement) is covered, and may be
maintained and improved to benefit participants.

**Grand Rounds**

These are weekly, biweekly, or monthly teaching activities usually utilizing in-house faculty and visiting professors and are typically one to two hours in length. Topics are established by the educational planning committee of each department and address current clinical issues which need to be included as part of approved residency and/or teaching programs. Grand rounds are departmentally planned and managed. The sponsorship fee for same is $100 per conference. In lieu of charging a fee for each conference, institutions (or individual departments in the case of the Westchester campus) will be assessed a fee based upon the estimated number of grand rounds to be presented annually.

**Major Conferences**

**Full Sponsorship and Management Activities**
These include half-day, full-day, two-day and longer than two-day events which are planned by the involved departments in conjunction with CME Office staff. The CME Office manages all activities including recommendation of site selection, targeting of appropriate audience, development of brochures, registration, and issuance of CME certificates. The CME Office also handles all financial aspects including collection of registration fees, management of commercial support monies, and payment of all expenses. A combination sponsorship/management fee is charged for each major conference which is managed by the CME Office, which covers the cost of program staff. This does not include the cost materials or other conference expenses.

**Commercial Support**
Commercial support monies procured for CME conferences (with the exception of grand rounds) at all sites are subject to a 20% withholding fee which is used to support the CME Office’s overall administrative costs. While commercial support may be used to defray certain expenses related to organization and execution of an event, appropriate registration fees are recommended to guarantee that all charges are covered. Management fees may be partially or fully waived at the discretion of the Dean of the Medical School if commercial support exceeds a certain level for any particular event.

**Registration Fees**
All major conferences should include a charge to participants of a registration fee in order to ensure coverage of conference expenses (exclusive of management fees for CME Office time) and to impart credibility to events. Any surplus of fees over expenses should be placed in a discrete departmental fund created to support CME and/or other educational activities.

**Sponsorship Activities Only**
These include half-day full-day, two-day and longer than two-day events which request CME
sponsorship and only require the oversight capabilities of the CME Office.

Faculty Development Courses
These are courses developed by NYMC clinical faculty designed to enhance or increase knowledge and teaching skills. These courses are generally offered as a benefit to voluntary faculty in recognition of their service as preceptors for resident, intern and/or medical student teaching. There are no registration fees associated with these courses, which provide CME credit as a benefit of participation.

Such courses may be repeatedly offered to faculty however, without multiple sponsorship fees being levied, so as to encourage faculty development and scholarly activity throughout the College.

Enduring Materials
These are educational instruments which provide the opportunity to earn CME credit through the attainment of self-learning standards. For example a clinical case presentation published in a juried journal with an associated quiz would provide CME credit to the reader who attains a score of 70% or better. Enduring materials must be reviewed by the CME Committee every one to two years.

Departments which produce enduring materials pay a sponsorship fee per instrument developed. Participants pay such departments a fee. The department is charged a fee per certificate issued by the CME Office.

Approved Board of Trustees 10/1/97
Faculty Affairs

A. Faculty Records

The Office of Faculty Records in the School of Medicine Office of Faculty Affairs is the principal source of information and files concerning all faculty appointments within the School of Medicine and the Graduate School of Basic Medical Sciences. It is responsible for maintaining complete and accurate records of all faculty appointments, promotions and terminations. (Note: Information concerning School of Health Sciences and Practice faculty is maintained separately. Please refer to the School of Health Sciences and Practice section of this handbook.)

The Office of Faculty Records responds to all internal requests for information concerning the faculty, compiles data in response to requests from external organizations and serves as the chief liaison between the Office of the Dean, School of Medicine and the Tenure, Appointments and Promotions Committee. It should be noted that inquiries concerning new appointments to the faculty, consideration for promotion or changes to one's faculty status should initially be directed to the relevant College department chairmen's office.

For additional information, please contact the Office of Faculty Records via telephone at 914-594-4523; via fax at 914-594-4565; via email at Faculty Records@nymc.edu; or via the College's homepage (access “Academics”, then “Faculty”).

B. Faculty Affairs

- Faculty Development (CME)
- Faculty Diversity and Inclusion
- Faculty Hiring (HR)
- Faculty Retention

C. Faculty Appointment, Promotion and Tenure

The School of Medicine Tenure, Appointments and Promotions (TAP) Committee establishes the standards, criteria and procedures for reviewing and recommending faculty appointments, promotions and tenure. The TAP Committee takes into consideration evidence of accomplishment in teaching, research, patient care, administration and other professional activities. The guidelines used by the TAP Committee are available through the Office of Faculty Records.

The academic ranks in the School of Medicine include instructor, assistant professor, associate professor, and professor in any of the academic departments. Academic appointments above the rank of instructor follow one of three tracks:
• The academic or unmodified track consists of appointments as assistant professor, associate professor and professor. These ranks may be awarded in any of the academic disciplines at the College. To be eligible for appointment in this track a faculty member must be employed or assigned full-time at New York Medical College or an affiliate and participate in the academic programs of the College. This track is eligible for tenure at the rank of associate professor and above. Appointment or promotion to the rank of associate professor and above requires review by the TAP Committee.

• The clinical track consists of the ranks of assistant professor of clinical, etc. in any of the clinical departments of the College, e.g. professor of clinical medicine. The clinical track differs from the academic track in that excellence in teaching and clinical service may be weighted more heavily than achievement in research. This track requires full time employment or assignment at the College or an affiliate and participation in the academic programs of the College. This track is eligible for tenure at the rank of associate professor and above. Appointment or promotion to the rank of associate professor of clinical and above requires review by the TAP Committee.

• The voluntary track consists of appointments to the ranks of clinical assistant professor etc. in any of the academic departments of the College. Progression through this track is based on achievement in teaching, clinical service and research. This track is not eligible for tenure. Appointment or promotion to the rank of clinical associate professor and above requires review by the TAP Committee.

Other modifiers of academic rank include those of research, adjunct and visiting. The research modifier, e.g. research associate professor, is reserved for faculty exclusively involved in research in any of the Colleges academic departments. The designation as adjunct is for individuals who maintain primary faculty appointments at other academic institutions. Faculty from other academic institutions may be designated with visiting rank at New York Medical College for a limited period of time.

Recommendations for faculty appointments or promotions are initiated when a department chairman proposes the actions to the Dean. Standard "Recommendation for Appointment/Promotion" forms are available in department chairmen offices. A faculty member may not maintain an appointment at another academic institution except in an adjunct or visiting capacity. The TAP Committee reviews all proposed appointments or promotions to the rank of professor, professor of clinical, research professor, clinical professor, associate professor, associate professor of clinical, research associate professor and clinical associate professor and makes recommendations to the Dean. If a faculty member feels that the department chairman has not proposed him or her for consideration of promotion or tenure in a timely and reasonable fashion, an alternative pathway mechanism may be employed as described in the Faculty Constitution and By-laws.

New York Medical College seeks to build and maintain an excellent faculty. It believes that justice and academic freedom as well as the College’s interests are assured by providing tenure to its foremost scholars. Tenure is awarded to a faculty member in order to protect the individual’s academic freedom and allow the faculty member to pursue his or her academic activities without worry of undue termination. The granting of tenure vests
responsibility on the faculty member to adhere to the continuing commitment to excellence. The TAP Committee reviews recommendations for tenure and makes recommendations to the Dean. New York Medical College’s policy on tenure is contained in the Faculty Constitution and By-laws.

D. Emeritus Professor Guidelines

Criteria for Consideration:

1. Professors and Clinical Professors who have served the University for at least ten (10) consecutive years.
2. Faculty who have distinguished themselves by their outstanding accomplishments in teaching, research and service.

Procedures:

1. The Dean of each school within the university shall prepare a list of faculty who will retire by the close of the academic year.
2. Each Dean shall request the Chair of the retiring professor’s department to provide a letter of recommendation; The appropriate Dean shall also request letters from two senior faculty that the retiree be recommended for Emeritus appointment by the Board of Trustees.
3. Once a year, each Dean will submit a recommendation with the nominees’ C.V., the Chair’s and senior faculty's recommendation to the President for review and final submission to the Board of Trustees.
4. Upon approval by the Board of Trustees, a citation designating the retiree as Emeritus will be written and awarded to the retiree.

Privileges of Emeriti

1. A university appointment of Emeritus Professor awarded by the Board of Trustees.
2. To be listed as "Professor Emeritus" in all faculty or departmental listings, Announcements, Bulletins and publications for the remainder of the Professor's life.
3. Full access to use the Medical Sciences Library, including inter-library loans and searches at no cost.
4. Lifetime continuation on all University invitation lists and to be invited to participate in Commencements, Convocations, etc.

Approved Board of Trustees 11/18/92
I. PURPOSE
To provide a mechanism through which the faculty can efficiently use its talents and resources to participate, in a collegial manner, in academic governance; and, thereby, counsel and assist the College in its mission of maintaining a scholarly environment in which to provide and develop excellence in teaching, research and clinical service.

II. ORGANIZATIONAL STRUCTURE
The faculty organization shall be composed of:

1. Elected Faculty Senate (see III)
   A. Officers of Faculty Senate (see IV) President, Executive Vice-President, Secretary and Regional Vice-Presidents for the Basic Sciences and for each of the Academic Medical Centers and University Hospitals.
   B. Committees of Faculty Committees (see VI) as set forth in this document pertaining to the School of Medicine.

III. FACULTY SENATE
A. The Faculty Senate shall meet at least twice yearly. Additional meetings may be called by the President of the Faculty Organization; a majority of the Executive Committee; on written petition to the Secretary of the Faculty Senate signed by twenty (20) members of the Senate; or, on written petition to the Secretary of the Faculty Senate signed by fifty (50) faculty members. In the latter two instances the specific agenda items must be included in the petition. Meetings requested by valid petition must be held within forty-five (45) days after receipt of the petition.

B. In addition to electing or approving membership appointments to committees as outlined in this document, the Senate may:
   1. Form such additional Ad Hoc Committees as it deems necessary;
   2. Direct the Executive Committee or other permanent committees to deliberate on and/or make policy recommendations in various areas as deemed necessary by the Senate.

C. Senators shall be elected for two (2) year terms by facility to ensure appropriate representation for all facilities and departments. Facilities shall be defined as institutions where New York Medical College faculty teach, such as hospitals and
the Basic Sciences Building and is not meant to include units of faculty organization such as individual academic departments. Representation shall be distributed in the following manner:

1. Facilities with less than 50 eligible voters: One at-large Senator for every seven eligible voters. Facilities with less than seven eligible voters shall elect one Senator.

2. Facilities with 50 or more eligible voters: One Senator for every seven eligible voters, except, each department with more than seven eligible voters shall have at least one Senator elected from that department.

3. Twenty (20) additional Senators shall be named from the part-time and voluntary faculty. Ten (10) of these Senators shall be chosen by the President of the Faculty Organization and ten (10) shall be chosen by the Dean of the College. An attempt shall be made to include voluntary and part-time faculty such that they represent the broad geographic range of the College's constituency.

4. The Basic Sciences Faculty shall hold a minimum of 20% of the elected Senate seats. If representation calculated on the basis of one seat for each seven eligible voters results in a lesser percentage, additional Basic Science Senators shall be elected.

D. Once a year a meeting of the entire faculty shall be called by the President of the Faculty Organization to report to the faculty. This meeting is for informational purposes only and is not a Faculty Senate meeting.

IV. OFFICERS OF THE FACULTY SENATE

A. The officers of the Faculty Organization shall be the President, Executive Vice-President, Secretary and the Regional Vice-Presidents as described in Section II-2.

B. The President shall preside over the Faculty Organization, meetings of the Faculty Senate and the Executive Committee as well as carry out the other duties assigned to that office in this document.

C. The Executive Vice-President shall assume the duties of the President in the President's absence.

D. The Regional Vice-Presidents shall be responsible for conveying the concerns of their respective constituencies to the Executive Committee of the Faculty Senate. They shall be empowered to call meetings of the Senators at the facilities they represent in order to convey or receive information and/or concerns.
E. The Secretary shall carry out the duties assigned to that office in this document plus those that are customarily performed by the Secretary of similar organizations.

F. The President, Executive Vice-President and the Secretary shall be elected for two (2) year terms in school-wide elections by a majority of voters.

G. The Regional Vice-Presidents shall be elected for two (2) year terms by a majority of voters at the facilities they will represent.

V. ELECTIONS

A. Persons eligible to vote in elections shall include:

1. Any person with a full-time faculty appointment.

2. In order to be considered full-time for purposes of voting in Senate elections the faculty member must:

   a) Hold one of the following faculty titles: Professor, Professor Clinical, Research Professor, Associate Professor, Associate Professor Clinical, Research Associate Professor, Assistant Professor, Assistant Professor Clinical, Research Assistant Professor, Instructor, Instructor Clinical, Research Instructor.

   and

   b) Provide twenty-hours per week or more of some combination of teaching, research, clinical service or administrative service at New York Medical College or one of the College’s affiliated institutions.

3. Part-time and voluntary faculty chosen as Senators under Section III-C-3 may also vote in Faculty Senate elections during their terms of office.

B. Any person eligible to vote in a Faculty Senate election shall be eligible to be elected an Officer or a Senator; except that department chairs, deans, medical directors, and other administrative personnel, although they may be eligible to vote in elections, shall not be eligible to become Officers of the Senate or Senators. Chiefs of service and departmental vice-chairs shall be eligible to hold elected positions.

C. Elections shall be conducted by the Nominating Committee as described in this document.
VI. COMMITTEES

A. There shall be three classes of Permanent Committees:

1. Committees of the Faculty Senate that shall include as members only Senators or Officers of the Faculty Organization. These committees are the Executive Committee, the Nominating Committee and the Grievance Committee.

2. Committees of the Faculty shall include the Student Admissions Committee; Education and Curriculum Committee; Tenure, Appointments and Promotions Committee; Faculty Compensation Committee; Advisory Committee on Graduate Medical Education. Appointments to these committees will be made by the Dean from a preferred list of faculty submitted by the Executive Committee of the Senate. Additional members may be appointed by the Dean in order to ensure an effective committee. The Executive Committee shall also forward to the Dean a list of suggested faculty to chair these respective committees.

3. Standing Committees of the Faculty shall include the Student Promotions Committees; Student Financial Aid Committee; Faculty-Student Relations Committee; Library and Academic Support Committee; Protection of Human Subjects Committee; Animal Care Committee; Radioisotope Committee; Biosafety Committee; Fellowship Review Committee and the Intellectual Property/Patent Committee.

Additional Committees may be formed as needed as described in the By-Laws to this Constitution. Appointments to these Standing Committees of the Faculty shall be in the manner described in the By-Laws.

B. Committees of the Faculty Senate:

1. The Executive Committee shall represent the faculty in regular communication with the Dean. It shall meet with the Dean on a regular basis or as often as it deems necessary in order to represent the interests of the faculty regarding major academic and personnel issues affecting the faculty. Periodic meetings of the committee, the Dean and Departmental Chairpersons shall also be held at the request of the Dean and/or the President of the Senate. The Committee shall serve as the coordinating body for recommendations or concerns received from the Faculty Senate, faculty committees, faculty at a given teaching affiliate, or member(s) of a particular academic department. The committee shall submit to the Dean a preferred list of names from which the Dean shall select members of the Committees of the Faculty. The Executive Committee shall also submit a list of suggested faculty to chair the Committees of the Faculty.
While the Executive Committee will have no standing committees, it shall be empowered to form ad hoc committees as needed. The Executive Committee may direct other permanent committees to deliberate on and/or make policy recommendations in various areas as it deems necessary.

The Executive Committee shall be composed of: the President, the Executive Vice-President, the Secretary, the Regional Vice-Presidents, the immediate Past President of the Faculty Organization and 10 other Senators. The 10 other members shall be elected by the Senate from among its membership for two years as described in the By-Laws to this Constitution. Among the 10 elected Executive Committee members there must be at least one from each of the Academic Medical Centers and University Hospitals. At least one member shall be from the Basic Sciences. One member shall be from the part-time and voluntary group. The President of the Organization shall serve as Chairperson.

2. The Nominating Committee shall be empowered to nominate two candidates for each of the following positions: President, Executive Vice-President, Secretary, Regional Vice-Presidents. Additional nominations shall be added to the ballot when petitions signed by 25 faculty members eligible to vote are received by the Committee. Any faculty member eligible to vote in an election except department chairpersons, assistant deans, deans and other administrative personnel, shall be eligible to be Senators or Officers.

The Nominating Committee may appoint local nominating committees at the various facilities. These committees shall seek candidates for Senator from the faculty according to the appropriate formula. In addition, the Committee shall be responsible for conducting the actual election by secret mailed ballot, ensuring that appropriate ballots have been mailed, receiving the return ballots and counting the votes.

The Nominating Committee shall have a minimum of 10 members appointed by the Executive Committee and approved by the Senate. All members of this Committee shall be Senators. One of them shall be designated Chairperson by the Officers prior to Senate approval. At least 2 members shall come from the Basic Sciences and at least one from each of the Academic Medical Centers and University Hospitals.

3. The Grievance Committee shall consist of 7 individuals elected by the Faculty Senate from among its members. The President of the Faculty Organization shall appoint a Chairman and a Vice-Chairman from among the elected members of the Grievance Committee. The Grievance Committee shall elect a Secretary from among its own members.

Election to the Grievance Committee shall be for two years but individuals may serve unlimited successive terms. If a vacancy occurs on the Grievance
Committee the Faculty Senate will elect one of its members to complete the term of the member who left.

Procedural details for the Grievance Committee shall be included in the By-Laws to this document. Confirmed grievances as found by the Grievance Committee shall be accorded a presumption of legitimacy by the Dean and the College Administration.

C. The purpose and composition of the various Committees of the Faculty and Standing Committees of the Faculty are described in the By-Laws to this document. Except as otherwise set forth in this document, the length of a faculty member’s service on a committee shall have no set limit; however, all appointments shall be reviewed annually. Every effort shall be made by the Dean and the Executive Committee of the Senate to ensure that interested members of the part-time and voluntary faculty group are represented.

Each of the committees shall meet at least twice a year. Periodic written reports shall be submitted to the Dean with copies to the Executive Committee of the Senate.

In making appointments to the five (5) Faculty Senate Committees, the Dean shall ensure that at least one member of each of these committees is a member of the Faculty Senate Executive Committee.

1. **Medical Student Admissions Committee** shall establish and maintain standards and criteria for the admission of students to New York Medical College. The Committee and the Associate Dean of Admissions, shall determine procedures for the review of applicant information and for interviewing candidates. It shall approve for selection qualified students to fill the requisite places in each entering class. The Committee shall also review the qualifications and authorize the appropriate selections for admission of transfer students from other medical schools.

The Student Admissions Committee shall have a minimum of eighteen (18) faculty members. Any faculty member is eligible to serve on this Committee. Medical students may also be selected to serve on the Admissions Committee at the discretion of the Dean and the Associate Dean of Admissions.

2. **Medical School Education and Curriculum Committee** shall give continuous study and review to the medical curriculum and teaching programs of New York Medical College School of Medicine. It shall pay particular attention to curriculum content and schedule, coordination of teaching activities, evaluation of teaching programs, and innovations in medical education. The Committee shall recommend to the Dean such changes in curriculum and teaching programs as it deems necessary. It shall be empowered to form subcommittees and consult with other members of the faculty as needed.

The Education and Curriculum Committee shall have a minimum of 26 members including 5 students. Any faculty member may be appointed to this Committee. It is preferable that as many teaching departments and institutions be represented on this Committee as possible.
3. **Tenure, Appointments and Promotions Committee** shall establish and maintain written standards, criteria and procedures for reviewing and recommending faculty appointments, promotions and tenure. It shall review all proposed appointments or promotions to the rank of professor, professor of clinical, research professor, clinical professor, associate professor, associate professor of clinical, research associate professor and clinical associate professor.

After careful review of the required applicant materials, the Committee shall recommend to the Dean the approval or disapproval of each proposed candidate for faculty appointment promotion or tenure. When tenure is being considered, the Committee may form a subcommittee of its tenured members to review the tenure application. This subcommittee shall only deal with tenure and not promotions or appointments.

The Tenure, Appointments and Promotions Committee shall have a minimum (16) faculty members. Any associate professor or professor shall be eligible for appointment to this committee. At least six appointees shall be from clinical departments and at least six appointees shall be from basic science departments.

4. **Faculty Compensation Committee** shall review faculty suggestions and related data concerning faculty salaries and fringe benefits. After such review, the Committee shall formulate recommendations on faculty salary and fringe benefit policies and communicate these recommendations to the Dean, the President of the College and the Executive Committee of the Faculty Senate.

The Faculty Compensation Committee shall be composed of a minimum of ten (10) members. The Committee should include appropriate representatives from administration in order to ensure that it functions efficiently and effectively.

5. **Student Advisory Committee on Graduate Medical Education** shall be concerned with counseling students on career choices, choice of institution for post-graduate education and, in general, developing an extensive advisory system to assist medical students in their professional development throughout their residence at New York Medical College. The size and composition of the Student Advisory Committee on Graduate Medical Education shall be determined by the Dean.

Standing Committees of the Faculty (11):

1. **Student Promotions Committees** shall be three in number-first year, second year and third/fourth years. Each Committee shall be composed of the department Chairperson (or his/her designee) and one additional member from each department recommended by each department that teaches during that year. The recommended members should be actively involved in that department's teaching program. The Committees shall evaluate the scholastic performance of individual students. Based on their evaluations, the Promotions Committees shall recommend to the Dean that students be promoted to the subsequent class, perform remedial work, repeat a year or be asked to withdraw from New York Medical College. The Dean shall appoint the Committees’ Chairpersons.
2. **Student Financial Aid Committee** shall formulate policies of New York Medical College as related to scholarships, bursaries and student loans. The Committee shall evaluate applications and requests submitted by the students and make recommendations as to funding based on merit, need and other factors, in accordance with guidelines of governmental agencies or private donors.

3. **Faculty-Student Relations Committee** shall promote communications (formal and informal), understanding and harmony between student and faculty to assure a friendly scholastic atmosphere that is conducive for work, learning and achievement.

4. **Library and Academic Support Committee** shall promote accessible and effective library and computer services. It shall recommend related policy changes and program initiatives to the Dean and other College Officials.

5. **Protection of Human Subjects Committee** shall formulate and maintain written policies that safeguard the rights and welfare of individuals who are involved as human subjects in research conducted by or under the supervision of faculty members at the College or its hospital affiliates. The Committee shall review and approve or disapprove, or state conditions for, the conduct of all research activities involving a human subject or subjects in accordance with these policies. It shall monitor all ongoing projects involving human subjects and render formal review no less than annually.

6. **Animal Care Committee** shall ensure the humane treatment of experimental animals at New York Medical College. The care of animals used in research or for student teaching shall meet the requirements of federal, state, county, and city regulations. Such care includes, but is not restricted to adequate analgesia, anesthesia, nutrition, exercise, ventilation and hygiene.

7. **Radioisotope Committee** shall promote safe practices in handling and using radioactive sources within the jurisdiction of New York Medical College and its affiliates. It shall promote adherence to the recommendations and safety standards as outlined in the radiation safety manual and by governmental and scientific regulatory agencies.

8. **Biosafety Committee** shall make recommendations which promote the highest standards of safe research. It shall develop policy regarding potential hazards related to research activities involving recombinant DNA technology, oncogenic viruses, chemical carcinogens, and other bio-hazards not under the jurisdiction of the Radioisotope Committee. It shall make recommendations of containment techniques, laboratory practices, waste handling, identification and control of hazardous areas, medical surveillance, training of personnel and other related practices.

9. **Fellowship Review Committee** shall review the proposals and the credentials of candidates for extramural or intramural career development awards, research scholar awards, fellowships or related prizes. It shall recommend to the Dean those
candidates best qualified based on scientific merit and sponsoring agency or institutional criteria.

10. **Intellectual Property/Patent Committee** shall be responsible for general oversight and advice concerning the College’s patent policy as it regards faculty, employees, students, or outside sponsors. It shall make recommendations to the President of the College regarding disposal of inventions, the manner of disclosure or publication of discoveries and the type of patent action that should be taken.

11. **Research Support Services Committee** shall ensure that administrative services, e.g. purchasing, accounting, research administration, etc., as well as the auxiliary support services (bookstore, photography, etc.) provide appropriate service to the faculty. This committee shall be empowered to request joint meetings with other faculty committees whose charge it may be to oversee activities that are also essential to the research activities of the college.

D. **Search Committees for School of Medicine Department Chairpersons** shall be formed to fill any vacancies in the position of Department Chairperson. The following procedures shall be followed:

1. The Dean shall notify the Executive Committee of the Faculty Senate that a vacancy in a department chair exists or is scheduled to occur. The Executive Committee will submit a list of at least twelve names of faculty members to the Dean which will be used by the Dean as a preferred list from which to choose members of the Search Committee. The Dean may also appoint as members of the Committee faculty who have not been nominated by the Executive Committee if the Dean feels that they will ensure that the Committee will function in the most efficient and effective manner.

One medical student shall be appointed to serve on the Search Committee by the Dean. The medical student should be recommended to the Dean by the Medical Student Senate. If a Chairperson for one of the Basic Sciences Departments is being sought, the Graduate Student Association may recommend to the Dean a full-time Ph.D. candidate to serve as a voting member of the Search Committee in addition to the medical student. The Dean may appoint a member of the New York Medical College alumni to serve on the Search Committee and the Dean may also appoint one house officer from the subject clinical department to serve on the Search Committee.

The Dean may appoint a knowledgeable professional from another institution not affiliated with the College to serve on the Search Committee. This person may not serve as Chairperson of the Search Committee. The Dean or a designated representative of the Dean will serve as ex-officio members of the Search Committee.
The Dean shall notify the Secretary of the Faculty Senate that a Search Committee for a Chairperson is to be formed. The Secretary of the Faculty Senate will request, by email, nominees from the full-time faculty of the Department for which the search is going to be conducted to serve as members of the Search Committee. The Secretary of the Faculty Senate will then conduct an election, by mail, of all the full-time faculty of the Department. The two faculty receiving the highest vote totals shall serve on the Search Committee. The faculty member receiving the greatest number of votes will be designated the voting member and the other faculty member will be designated as an observer. In the case of a tie vote, Search Committee members will be chosen by lottery from among the faculty receiving the highest vote totals. If in the opinion of the Dean, the election results in an imbalance in facilities represented on the Search Committee, the Dean may, in consultation with the Executive Committee of the Faculty Senate, appoint one additional non-voting full-time faculty member of the Department to the Search Committee in order to ensure the broadest possible representation. It is understood that the departmental members represent the views of their department and it is their particular task to provide close liaison between the Committee and department. Departmental representatives on the Search Committee may attend all Search Committee meetings except when the Committee is called into executive session by its Chairperson to discuss individual department members or other special problems relating to the department.

2. To ensure the selection of the strongest possible candidate, every search should be wide and competitive and include the consideration of several candidates. The Search Committee should seek recommendations from the faculty, particularly from members of the department concerned.

The Search Committee should receive training in equal employee opportunity and diversity in hiring procedures from Human Resources.

The interview procedure should include meetings of the candidate with the members of the department concerned. The details of the interview procedure should be left to the Search Committee itself. However, the Search Committee should seek the recommendations of the department involved after a candidate has been interviewed.

3. The Search Committee will make its recommendations to the Dean. When the Dean has made a decision, the result will be reported to the Search Committee and to either a combined meeting of the Executive Committee of the Faculty Senate and the Department Chairpersons or to individual meetings of these two groups. The proposed academic rank of the selected Chairperson will be forwarded by the Dean to the Tenure, Appointments and Promotions Committee for approval. The name of the selected Chairperson and his or her academic rank will then be presented to the Board of Trustees for final approval.
4. Notwithstanding any language in this section, all search Committees will be formed and searches conducted in accord with specific contractual obligations as written in the various affiliation agreements between New York Medical College and its affiliated institutions.

E. A Search Committee for Dean will be formed whenever that position is vacant or a vacancy is anticipated. The following procedure shall be followed:

1. **Formation of Advisory Committee:** The President of the College will notify the Executive Committee of the Faculty Senate that a Search Committee is to be formed. The Executive Committee will submit three names of its members to the President of the College to serve along with three Department Chairpersons chosen by the President of the College, the Medical Board Presidents of the Academic Medical Centers and University Hospitals and the President of the Alumni Association to advise the President of the College in the selection of a Search Committee.

2. **Composition of Search Committee:** The Search Committee shall have the following composition:

   Four members from the Clinical Faculty, four members from the Basic Sciences faculty; three voluntary faculty; one alumnus; President of the Faculty Senate at the time the Committee is formed; President of the senior class. A member of the Board of Trustees and the President of the College shall serve as ex-officio members of the Search Committee. The President of the College may also, if desired, appoint knowledgeable professionals who are faculty at other institutions to serve on the Search Committee for Dean. The President of the College shall appoint the Chairperson of the Search Committee and shall notify the Executive Committee of the Senate and the Departmental Chairpersons of the composition of the Search Committee.

3. The Search Committee for Dean shall develop the criteria for this position and select, interview and recommend suitable candidates to the President of the College.

F. **Search Committee for President** will be formed by the New York Medical College Board of Trustees. The Trustees will seek suitable faculty advice in searching for a President of the College.

F. **Ad Hoc Committees** appointed by the Dean or other College officials that deal with matters affecting faculty shall, whenever feasible, include among their membership at least one Faculty Senate representative arrived at through consultation with the President of the Faculty Senate.
VII. FACULTY TENURE

A. New York Medical College recognizes that it is living in a highly competitive world and it seeks to build up and maintain a faculty that is second to none in excellence. It believes that justice and academic freedom as well as its own best interests are assured by providing permanent tenure to its foremost scholars.

B. Permanent tenure shall mean the continued employment of a professor or associate professor, who has received a tenure appointment, under conditions to be developed by the Faculty, Dean, President and Board of Trustees and incorporated into the By-Laws. Permanent tenure refers only to the academic appointment and its rank and does not refer to any administrative position which a faculty member may carry, such as Dean, Department Chair, Director, Chief-of-Service, etc.

VIII. AMENDING FACULTY CONSTITUTION

A. The Faculty constitution may be amended by a two-thirds vote of the faculty provided a majority of eligible voters participate. This vote shall be by secret ballot. Amendments must first be passed by two-thirds vote of the Executive Committee of the Faculty Senate or by two-thirds of the Faculty Senate. The Executive Committee will circulate any proposed amendments to the constitution prior to the vote. Amendments must subsequently have the approval of the Board of Trustees.

B. By-Laws to this document may be enacted or amended by a majority vote of the Faculty Senate and approved by the Board of Trustees.

C. Substantive changes in grievance procedure shall require two-thirds vote of the faculty provided a majority of eligible voters participate. Such a vote shall be by secret ballot. Changes in the grievance procedure must also be approved by the Board of Trustees.
FACULTY BY-LAWS

FACULTY BY-LAW 1: GRIEVANCE

I. GRIEVANCE COMMITTEE AND PROCEDURES

A. Grievance Committee: Composition

The Grievance Committee shall consist of 7 individuals selected by the Faculty Senate from among its members. The President of the Faculty Organization shall appoint a Chairperson from among the elected members of the Grievance Committee and a Vice-Chairperson to serve as Chairperson in the absence or disability of the Chairperson. The Grievance Committee shall elect a Secretary from its members who shall cause required notices to be given, minutes of the Committee’s proceedings to be taken and who shall maintain the records of the Committee.

B. Meetings and Quorum

1. The Grievance Committee shall meet, at the direction of its Chairperson, as often as shall be necessary for the Committee to accomplish its purposes without unreasonable delay. Notice of each meeting shall be given under direction of the Chairperson, in writing, at least five days before the date scheduled if delivered personally or at least eight days before the date scheduled if mailed to the members. A copy of the agenda of each meeting shall accompany notice of the meeting.

2. The presence of a majority of all the members of the Grievance Committee shall be required for a duly constituted meeting and for any action taken thereat, except that a lesser number may adjourn any scheduled meeting at which a quorum is not present. The vote of a majority of the members present at a duly constituted meeting shall constitute action by the Committee.

C. Procedural Principles

In connection with proceedings by and before the Grievance Committee, the following procedural principles shall apply:

1. For good cause as determined in the judgment of its members, the Committee may permit or order one or more adjournments of its meetings or extensions of time limitations provided for herein;

2. No formal rules of evidence shall apply to the Committee’s proceedings, but the essential facts underlying its decision must have a trustworthy basis;
3. Because of the often inherently sensitive nature of Grievance Committee inquiries into issues such as performance, reputation and credibility, the Committee’s proceedings shall be open only to Committee members and staff and to those persons participating as parties or witnesses and to observers agreed to by the Committee and the parties.

4. Without compromising its duties as prescribed herein or its objectivity, the Grievance Committee shall encourage and assist in the informal resolution of grievances.

D. Grievance Procedures

1. Submission of Grievance:

   a. An aggrieved faculty member shall submit his or her grievance to the Secretary of the Grievance Committee in writing. The written grievance shall contain, stated separately, summaries of (i) the facts, and (ii) the contentions, upon which the faculty member will rely, and shall be submitted with copies of all exhibits available to the faculty member that he or she deems relevant.

   b. The Secretary shall cause copies of the grievance to be forwarded to the Chairperson, the other members of the Grievance Committee and the person responsible for the grievance within 15 days after its receipt. The aggrieved faculty member shall be given a reasonable advance notice of the date of the first meeting at which the grievance will be considered and invited to appear at that meeting. Such meeting shall be held within 45 days after submission of the grievance.

2. First Meetings:

   a. At the first meeting at which a grievance is presented, the Committee shall review the grievance and the exhibits submitted therewith and shall permit the aggrieved faculty member to appear in support of the grievance.

   b. After considering the grievance and any statements made by the grievant, the Committee shall determine whether sufficient evidence of the conditions for processing of a grievance exists to warrant further proceedings under these by-laws:

      (i) If the committee determines that sufficient evidence for further proceedings does not exist, it shall so inform the grievant in writing and no further proceedings under these by-laws shall be called for;

      (ii) If the Committee determines that sufficient evidence for further proceedings does exist, it shall so inform the grievant, the person
3. Subsequent Meetings:

a. In preparing for a subsequent meeting on a grievance the committee shall:

   (i) Determine, based on the grievant’s evidence and other factors deemed relevant, those persons who should be invited to appear at the subsequent meeting to give evidence in connection with the grievance and those documents and items of information that should be requested from appropriate persons for use in connection therewith, and;

   (ii) Upon reasonable notice in writing, invite those persons who, in the Committee’s judgment, can give evidence most material to the grievance issues to appear at the subsequent meeting or to submit a written statement on such issues for the consideration of the Committee thereat, and request from the appropriate persons, subject to a claim of confidentiality, copies of those documents and items of information deemed by the Committee necessary to its efforts to reach a determination on the grievance issues.

b. At the subsequent meeting, the Committee shall permit those persons invited, as well as others who appear and are able to provide relevant and material information, to state their positions regarding the grievance issues and to submit such documentary evidence as the Committee may deem appropriate. The Committee shall also consider at such meeting all documents and items of information supplied at its request relating to the grievance issues, and may direct questions to the persons appearing before it.

4. Decision:

After the Committee’s receipt, review and consideration of evidence sufficient in its judgment for a fair determination, the Committee shall, within 30 days, render a decision on the grievance:

a. If the decision is adverse to the grievant, he or she, the Dean and the person responsible for the grievance shall simultaneously be informed in writing and the reasons for the decision, stated separately as to facts and conclusions, shall be summarized after which there shall be no cause for further proceedings under these by-laws;
b. If the decision is in favor of the grievant, (a "confirmed grievance") he or she, the Dean and the person responsible for the grievance shall simultaneously be so informed in writing and the reasons for the decision, stated separately as to facts and conclusions, shall be summarized.

E. Basis for Finding A "Confirmed Grievance"

A "confirmed grievance" exists if the Grievance Committee finds the following conditions exists:

1. The faculty member has a claim of entitlement from the College to some substantial advantage, benefit or immunity based on College-promulgated policies or past College practice upon which the faculty member has good cause to rely and that are applicable to the class of faculty to which the faculty member belongs; or, in the absence of any specifically promulgated policies or past practice, based on certain advantages, benefits or immunities that are customarily afforded faculty members of his or her class.

2. The faculty member's claim of entitlement has been denied, repudiated or not acted upon in a reasonable period of time by a person or persons in superior authority without sufficient reason;

3. The faculty member has reasonably brought the matter before the Grievance Committee after taking reasonable steps in good faith to attempt an informal resolution of the grievance first with his immediate supervisor and then with appropriate persons in higher authority;

4. The substance of the grievance has not been adjudicated by, and is not pending before, a court of law or some other tribunal or agency.

F. Adjustment of Grievances

1. "Confirmed grievances" as found by the Grievance Committee shall be accorded a presumption of legitimacy by the Dean and college Administration, subject to a demonstration of substantial irregularity in the procedures leading to the Committee's findings, palpable error of fact or bad faith.

2. Upon the Dean's receipt of a "confirmed grievance" from the Grievance Committee, the Dean shall cause inquiry to be made of the person or persons responsible for the grievance and of those with the authority to effect its satisfaction, and shall, within 30 days cause the Grievance Committee and the grievant to be advised in writing of whether and how the "confirmed grievance" will be adjusted.
3. If the Dean's response to the Grievance Committee and the grievant is that the "confirmed grievance" will be adjusted and the adjustment is accepted by the grievant, there shall be no cause for further proceedings under these bylaws.

4. If the Dean's response to the Grievance Committee is that the "confirmed grievance" will not be adjusted, the reasons shall be stated in writing to the Grievance Committee and the grievant.

G. Appeal to President of the University

1. If the Dean's response to the grievant and the Grievance Committee is that a 'confirmed grievance' will not be adjusted, or if the adjustment proposed by the Dean is not satisfactory to the grievant, the aggrieved faculty member may, within 15 days after receipt of the Dean's response, appeal in writing to the President. In appealing to the President the grievant shall outline, in writing, how the Dean's response differed from the recommendations of the Grievance Committee. The grievant shall also inform the Grievance Committee, in writing, of an appeal to the President.

2. The President shall respond within 30 days from receipt of the appeal, in writing, to the grievant and the Grievance Committee.

3. If the response is that the 'confirmed grievance' will be adjusted and the adjustment is accepted by the grievant, there shall be no further cause for action under these by-laws.

H. Mediation

1. If the President's response to the grievant and the Grievance Committee is that the 'confirmed grievance' will not be adjusted or if the proposed adjustment is not satisfactory to the grievant, the grievant may, within 15 days of receipt of the President's response, make a request in writing to the President of the Faculty Senate that a mediation panel be formed.

2. Within 15 days of written receipt of a request for mediation, the President of the Faculty Senate shall jointly with the President choose, by lottery, from the previously composed panel of mediators as described in Section III below three faculty to serve as mediators.

3. The grievant and the President may challenge one mediator each. If a challenge occurs, the challenged mediator will be replaced by another faculty member chosen by lottery from the panel of mediators.

4. The mediators shall attempt to work with all involved parties to achieve a good faith resolution of the 'confirmed grievance.' Should a good faith resolution be reached, the mediators shall notify, in writing, the President,
President of the Faculty Senate, the Dean, the grievant and the Grievance Committee of the parameters of the resolution.

I. Recommendation

1. If after 30 days the mediators have been unable to achieve a mediated settlement, they shall so notify, in writing, the President, the President of the Faculty Senate, the Dean, the grievant and the Grievance Committee. They shall also notify the above-mentioned parties that they are preparing a recommendation to be issued fifteen days from the time of this notice.

2. Fifteen (15) days after notifying the parties as described in Section I-1 above, the mediators shall issue their recommendation, in writing, to all parties listed in Section I-1. The parameters of the recommendation shall not exceed and may be less than those set forth in the initial Grievance Committee recommendation.

3. Following receipt, the President shall confer with the Dean regarding the mediation panel recommendation. The President shall thereafter determine whether the recommendation will be adopted or not. The President will inform the Dean, the grievant, the Grievance Committee and the President of the Faculty Senate within 30 days after its receipt whether or not the recommendation will be adopted.

II. Definitions

1. President refers to President of the University.

2. Dean refers to, respectively, the Dean of the Medical School or the Dean of the Graduate School of Basic Medical Sciences depending upon the school of the faculty member’s primary appointment or, more specifically, if the grievance is based on an action specific to a particular school, the Dean of that School.

III. Panel of Mediators

1. Immediately after approval of this amendment by the Board of Trustees, the President of the Faculty Senate and the President shall solicit, by a method that is mutually agreeable, faculty to serve on the panel of mediators (Mediation Panel).

2. A minimum of twenty (20) faculty shall be chosen for the panel.

3. Service on the panel shall be for three years. Faculty may be reappointed for additional terms.

4. Once a year the President and the President of the Faculty Senate shall review the composition of the Mediation Panel and add additional faculty as needed.
FACULTY BY-LAW 2: COMMITTEES

I. COMMITTEES OF THE FACULTY

A. Appointments to the Committees of the Faculty shall be made by the Dean, preferentially chosen from a list of faculty submitted by the Executive Committee of the Senate. The Dean may appoint additional faculty not included on the submitted list in order to ensure that each Committee contains the expertise it needs to carry out its charge. At least one member of each of the Committees of the Faculty shall also be a member of the Executive Committee of the Faculty Senate.

The Executive Committee shall submit a list of names to the Dean as suggested Chairpersons of the various Committees of the Faculty. The Dean shall give preference to the names on the list in selecting Chairperson for the various Committees of the Faculty. On those Committees that include students, the Student Senate shall send a list of students to the Dean for appointment to the respective Committees.

B. The following is a description of the designated Committees of the Faculty:

1. **Student Admissions Committee** shall establish and maintain standards and criteria for the admission of students to New York Medical College. The Committee and the Associate Dean of Admissions, shall determine procedures for the review of applicant information and for interviewing candidates. It shall approve for selection qualified students to fill the requisite places in each entering class. The Committee shall also review the qualifications and authorize the appropriate selections for admission of transfer students from other medical schools.

   The Student Admissions Committee shall have a minimum of eighteen (18) faculty members. Any faculty member is eligible to serve on this Committee. Medical students may also be selected to serve on the Admissions Committee at the discretion of the Dean and the Associate Dean of Admissions.

2. **Education and Curriculum Committee** shall give continuous study and review to the medical curriculum and teaching programs of New York Medical College. It shall pay particular attention to curriculum content and schedule, coordination of teaching activities, evaluation of teaching programs, and innovations in medical education. The Committee shall recommend to the Dean such changes in curriculum and teaching programs as it deems necessary. It shall be empowered to form subcommittees and consult with other members of the faculty as needed. This Committee shall work closely with any Faculty Committee on Graduate Education that might be initiated by the Senate and Dean in the future.
The Education and Curriculum Committee shall have a minimum of 26 members including 5 students. Any faculty member may be appointed to this Committee.

It is preferable that as many teaching departments and institutions be represented on this Committee as possible.

3. **Tenure, Appointments and Promotions Committee** shall establish and maintain written standards, criteria and procedures for reviewing and recommending faculty appointments, promotions and tenure. It shall review all proposed appointments or promotions to the rank of professor, professor of clinical, research professor, clinical professor, associate professor, associate professor of clinical, research associate professor and clinical associate professor.

After careful review of the required applicant materials, the Committee shall recommend to the Dean the approval or disapproval of each proposed candidate for faculty appointment promotion or tenure. When tenure is being considered, the Committee may form a subcommittee of its tenured members to review the tenure application. This subcommittee shall only deal with tenure and not promotions or appointments.

The Tenure, Appointments and Promotions Committee shall have a minimum (16) faculty members. Any associate professor or professor shall be eligible for appointment to this committee. At least six appointees shall be from clinical departments and at least six appointees shall be from basic science departments.

4. **Faculty Compensation Committee** shall review faculty suggestions and related data concerning faculty salaries and fringe benefits. After such review, the Committee shall formulate recommendations on faculty salary and fringe benefit policies and communicate these recommendations to the Dean, the President of the College and the Executive Committee of the Faculty Senate.

The Faculty Compensation Committee shall be composed of a minimum of ten (10) members. The Committee should include appropriate representatives from administration in order to ensure that it functions efficiently and effectively.

5. **Student Advisory Committee on Graduate Medical Education** shall be concerned with counseling students on career choices, choice of institution for post-graduate education and, in general, developing an extensive advisory system to assist medical students in their professional development throughout their residence at New York Medical College.
The size and composition of the Student Advisory Committee on Graduate Medical Education shall be determined by the Dean.

II. STANDING COMMITTEES OF THE FACULTY

A. Appointments to the Standing Committees of the Faculty shall be made by the Dean in consultation with the Executive Committee of the Faculty Senate unless stated otherwise in this By-Law. Each of these Committees shall have at least seven (7) members. Additional members may be appointed depending on the purpose of the Committee and the preference of the Dean.

B. The following is a description of the Committees designated as standing committees of the Faculty:

1. **Student Promotions Committees** shall be three in number—first year, second year and third/fourth years. Each Committee shall be composed of the department Chairperson (or his/her designee) and one additional member from each department recommended by each department that teaches during that year. The recommended members should be actively involved in that department’s teaching program. The Committees shall evaluate the scholastic performance of individual students. Based on their evaluations, the Promotions Committees shall recommend to the Dean that students be promoted to the subsequent class, perform remedial work, repeat a year or be asked to withdraw from New York Medical College. The Dean shall appoint the Committees’ Chairpersons.

2. **Student Financial Aid Committee** shall formulate policies of New York Medical College as related to scholarships, bursaries and student loans. The Committee shall evaluate applications and requests submitted by the students and make recommendations as to funding based on merit, need and other factors, in accordance with guidelines of governmental agencies or private donors.

3. **Faculty-Student Relations Committee** shall promote communications (formal and informal), understanding and harmony between student and faculty to assure a friendly scholastic atmosphere that is conducive for work, learning and achievement.

4. **Library and Academic Support Committee** shall promote accessible and effective library and computer services. It shall recommend related policy changes and program initiatives to the Dean and other College Officials.

5. **Protection of Human Subjects Committee** shall formulate and maintain written policies that safeguard the rights and welfare of individuals who are involved as human subjects in research conducted by or under the
supervision of faculty members at the College or its hospital affiliates. The Committee shall review and approve or disapprove, or state conditions for, the conduct of all research activities involving a human subject or subjects in accordance with these policies. It shall monitor all ongoing projects involving human subjects and render formal review no less than annually.

6. **Animal Care Committee** shall ensure the humane treatment of experimental animals at New York Medical College. The care of animals used in research or for student teaching shall meet the requirements of federal, state, county, and city regulations. Such care includes, but is not restricted to adequate analgesia, anesthesia, nutrition, exercise, ventilation and hygiene.

7. **Radioisotope Committee** shall promote safe practices in handling and using radioactive sources within the jurisdiction of New York Medical College and its affiliates. It shall promote adherence to the recommendations and safety standards as outlined in the radiation safety manual and by governmental and scientific regulatory agencies.

8. **Biosafety Committee** shall make recommendations which promote the highest standards of safe research. It shall develop policy regarding potential hazards related to research activities involving recombinant DNA technology, oncogenic viruses, chemical carcinogens, and other biohazards not under the jurisdiction of the Radioisotope Committee. It shall make recommendations of containment techniques, laboratory practices, waste handling, identification and control of hazardous areas, medical surveillance, training of personnel and other related practices.

9. **Fellowship Review Committee** shall review the proposals and the credentials of candidates for extramural or intramural career development awards, research scholar awards, fellowships or related prizes. It shall recommend to the Dean those candidates best qualified based on scientific merit and sponsoring agency or institutional criteria.

10. **Intellectual Property/Patent Committee** shall be responsible for general oversight and advice concerning the College’s patent policy as it regards faculty, employees, students, or outside sponsors. It shall make recommendations to the President of the College regarding disposal of inventions, the manner of disclosure or publication of discoveries and the type of patent action that should be taken.

11. **Research Support Services Committee** shall ensure that administrative services, e.g. purchasing, accounting, research administration, etc., as well as the auxiliary support services (bookstore, photography, etc.) provide appropriate service to the faculty. This committee shall be empowered to request joint meetings with other faculty committees whose charge it may
be to oversee activities that are also essential to the research activities of the college.

The President of the Faculty Senate, with the approval of the Executive Committee of the Faculty Senate, shall recommend to the Dean five faculty members to serve on this Committee. The Dean may appoint four additional faculty or members of the College Administration to serve on this Committee. The President of the Faculty Senate and the Dean shall serve in an ex-officio capacity on this Committee. The Dean, in consultation with the President of the Faculty Senate will appoint the Chairperson of this Committee.

**FACULTY BY-LAW 3: APPROVAL OF CONSTITUTION AND BY-LAWS**

This document will take effect after being approved by:

1. Two thirds (2/3) of the faculty voting in a secret ballot election (Faculty eligible to vote shall be those described in Section V of this document);

2. The Board of Trustees.

**FACULTY BY-LAW 4: TRANSITION FROM CURRENT BY-LAWS**

I. The current Officers and Steering Committee shall serve until new Officers and a Senate have been certified.

II. Upon approval of this document the current President of the Faculty Organization will charge the Steering Committee to serve as the Nominating Committee as described in this document.

III. Elections will be conducted by the current Steering Committee in accord with the provisions of this document.

IV. For the first election, one-half (1/2) of the Senators will be nominated to serve one-year terms.

V. At the completion of the election and certification of new Officers and Senators the existing By-Laws shall no longer be deemed valid and the procedures described in this document shall be followed.
FACULTY BY-LAW 5: ALTERNATE PATHWAY TO CONSIDERATION FOR PROMOTION OR TENURE

The purpose of this By-Law is to provide faculty members with an alternate pathway to use to be considered for promotion or tenure if they have not been proposed for such consideration by their Department Chairpersons in a reasonable and timely fashion. The Alternate Pathway Promotions Committee established in this By-Law will be empowered to recommend to the Dean that faculty it has considered should have their names submitted to the regular Tenure, Appointments and Promotions Committee (T.A.P. Committee) for consideration for promotion and/or tenure.

I. Composition of Alternate Pathway Committee

A. All members of the Alternate Pathway Committee shall hold the rank of either Professor or Associate Professor (Unmodified or Modified).

B. Department Chairpersons shall not be eligible to serve on this committee.

C. The Dean of the Medical College will choose the members of this committee in consultation with the Executive Committee of the Faculty Senate and the Departmental Chairpersons. At least eleven faculty shall serve on this committee. The Dean will select the committee to represent the various Departments in a proportional manner.

D. The members of the Committee will elect their own Chairperson.

E. Appointment to the committee shall be for two years. The Dean may reappoint committee members for unlimited additional terms.

II. Eligibility for using Alternate Pathway

A. A faculty member must have been an Assistant or Associate Professor (Unmodified or Modified) for a minimum of five years before using the procedures outlined in this By-Law when applying for consideration for promotion.

B. A faculty member must have been an Associate Professor or a Full Professor (Unmodified or Modified) for a minimum of three years before using the procedures in this By-Law to apply for consideration for tenure.

C. The faculty member's Department Chairperson must have refused to forward the faculty member's promotion or tenure recommendation to the Dean for transmittal to the T.A.P. Committee.

III. Procedure for using Alternative Pathway
A. The faculty member shall notify the Chairperson of the Alternative Pathway Committee, in writing, that he/she wishes to be considered for promotion and/or tenure.

B. The Alternate Pathway Committee will then solicit from the faculty member the material it requires in order to make a determination. The Committee will also consult with that faculty member’s Department Chairperson before making a decision. The Committee will make its decision using the general guidelines developed by the T.A.P. Committee.

C. If the Committee decides that the faculty member should be considered for promotion or tenure it will forward its recommendation in writing to the Dean who will then forward the faculty member’s name to the T.A.P. Committee in a manner similar to that in which Chairperson’s recommendations are processed. The T.A.P. Committee will then evaluate the faculty member’s suitability for promotion and/or tenure according to its own guidelines.

D. Members of the Alternate Pathway Promotions Committee may not participate in reviews of their own cases.

E. During the time the Alternate Pathways Committee is considering a faculty member’s petition no punitive action may be taken against the petitioning faculty member except, with the Dean’s approval, for reasons other than the faculty member’s resort to the Alternate Pathways Committee. An appeal to the Alternate Pathways Committee may not be used as a reason for disciplinary action whether or not the Alternate Pathways Committee approves the appeal.

IV. Approval of By-Law

A. This By-Law will take effect when approved by the Faculty Senate and the Board of Trustees in accord with the provisions of the Faculty Constitution (Section VIII-B).

FACULTY BY-LAW 6: ELECTION OF EXECUTIVE COMMITTEE

I. The ten Senators elected to the Executive Committee as described in the Faculty Constitution (Section VI.B.1. paragraph 4, line 3) shall be elected by a majority vote of the Senators for a term of two years. If a member of the Executive Committee is not re-elected to the Senate during his/her term of office on the Executive Committee, a new Senator will be elected to the Executive Committee for a full two-year term.

II. This By-Law will take effect when approved by the Faculty Senate and the Board of Trustees as described in the Faculty Constitution and will apply to the Executive Committee members elected immediately prior to its ratification.
FACULTY BY-LAW 7: TENURE

In accord with the principles concerning Faculty Tenure described in Section VII of the Faculty Constitution, New York Medical College adheres to the following tenure policy:

I. Definition of Tenure

A. Tenure means continued employment in the primary department in the academic rank to which the faculty member was tenured.

B. Tenure guarantees salary support according to the following schedule:

1. Tenured faculty who are funded entirely or in part by New York Medical College institutional funds and/or grants are guaranteed 100% of their salary amounts derived from these sources.

2. Tenured faculty whose salaries are funded entirely or in part from affiliation contracts are not guaranteed salary continuation for that portion of their salaries that are derived from affiliation agreements.

3. Tenured faculty who receive salary support from Private Practice are not guaranteed salary continuation for that portion of their salaries derived from this source.

II. Eligibility for Tenure

A. Full time faculty in the ranks of Professor, Associate Professor, Professor Clinical or Associate Professor of Clinical are eligible for tenure.

III. Number of Tenure Positions

A. The College will maintain the overall percentage of faculty who are tenured as close as possible to the national average of tenured faculty in medical schools.

B. The Dean and the Executive Committee of the Faculty Senate will meet at the beginning of each academic year and review the overall percent of tenured faculty at the College, national norms for the percent of tenured faculty at medical schools and the number of tenured positions available at New York Medical College.

C. The Dean will encourage Department Chairpersons and Supervisors to recommend faculty who are eligible for tenure to the Tenure, Appointments and Promotions Committee on a reasonable and timely basis.
IV. **Recommendations for Tenure**

A. The T.A.P. Committee shall review all recommendations for tenure as described under the general guidelines in the Faculty By-Laws on Committees (By-Laws II: Committees, Paragraph A-2-C).

B. Recommendations for tenure shall be submitted to the T.A.P. Committee by the Dean.

V. **Termination of Tenure**

A. Tenure automatically terminates when a faculty member changes his or her faculty status from full-time to part-time or voluntary.

B. Tenure may also be terminated for cause in situations in which a faculty member fails to perform his/her duties, as defined ultimately by the Dean; or, for acts that are clearly contrary to professional, academic or institutional standards. Tenure may also be terminated because of financial exigency, or when programs, departments or institutions are abolished or curtailed. The College will make a good faith effort, consistent with institutional needs, to retain the tenured faculty.

C. Recommendations for termination of tenure may be made to the Dean by the Department Chairpersons or by the Dean directly to the President and the Board of Trustees. In either instance, the faculty member shall be notified, in writing, of the reasons why this recommendation is being made and shall be afforded a reasonable opportunity to respond, in writing, to the Dean. Upon consideration of all the relevant facts, the Dean may elect to continue the faculty member's tenure or recommend to the President and the Board of Trustees that the faculty member's tenure be terminated. The faculty member shall be notified, in writing, of the Dean's decision.

D. If the Dean decides to recommend to the President and the Board of Trustees that a tenure appointment be terminated, the faculty member whose tenure appointment is scheduled to be rescinded is entitled to file a grievance with the Faculty Grievance Committee under the procedures outlined in Faculty By-Law I: Grievance. In case in which a faculty member files a grievance because of termination of tenure, the Grievance Committee shall assume that sufficient evidence for proceedings exist and shall fully investigate the grievance in accord with its established procedures.

E. Unless deemed inappropriate by the Chairperson and the Dean, a faculty member shall remain on staff as a tenured faculty member until his or her grievance is resolved.
VI. Currently Tenured Faculty

A. All faculty who received tenure prior to the adoption of this By-Law shall continue to hold tenure under the terms hereof.

VII. Approval of By-Law

A. This By-Law shall take effect when approved by the Faculty Senate and the Board of Trustees in accordance with the provisions of the Faculty Constitution (Section VIII- B).

FACULTY BY-LAW 8: SABBATICAL POLICY

The purpose of this By-Law is to provide a formal mechanism through which eligible faculty may receive a sabbatical leave. It is recognized by the College that a policy that encourages faculty to take sabbatical leave is an important component for maintaining a rich and productive scholarly environment.

I. Eligibility

A. Faculty shall be eligible for sabbatical leave of up to one year, at the discretion of the Dean, after each seven-year period of full-time employment in faculty duties provided that they have, during that time, at a minimum, achieved the rank of Associate Professor (Modified or Unmodified).

II. Method of Applying for and Criteria for Granting Sabbatical Leave

A. Eligible faculty shall request sabbatical leave from their Department Chairpersons based upon a meaningful written proposal describing the place, purpose and nature of the work to be pursued during the sabbatical and any outside salary support, stipend or other compensation or award to be available.

B. If the absence of the faculty member will not be unduly detrimental to the functioning of the Department and, if the purpose of the proposed sabbatical is of an appropriate scholarly nature, then the sabbatical leave may be granted by the Dean upon recommendation of the Chairperson.

C. If the leave is denied, then the faculty member shall be notified, in writing, of the reasons. The faculty member may appeal the denial to the Dean and, if there is not a satisfactory resolution to the faculty member’s request, the faculty member may appeal the denial in accordance with the grievance procedures of the Faculty Constitution and By-Laws.

D. Any substantial changes in the place, purpose or nature of the sabbatical
require the prior written approval of the Dean.

III. Salary Support and Length of Sabbatical

A. Faculty who are granted sabbatical leaves of six months or less will be entitled to continuation during the sabbatical of the full College hard money components of their normal salaries. Faculty who are granted leaves of greater than six months will be entitled to continuation of the hard money components of their normal salaries pro-rated, however, such that they will receive an amount equal to the six month hard money components of their salaries. Hard money sabbatical salary support as so determined and benefits will be made available from the faculty members’ respective departmental hard money salary budgets in the same proportions as the faculty members’ full-time salary support and benefits have been chargeable to such budgets. Salary support and benefits, if any, made available to the College for sabbatical purposes from soft money sources (e.g., grants, affiliation contracts and departmental faculty practice funds) and not otherwise encumbered may be used to support a faculty member’s sabbatical to the extent, when added to any hard money sabbatical support, that the faculty member receives up to an amount equal to his or her full salary and benefits during normal College employment.

B. If there will be support from sources outside the College, whenever payable, in the form of salary, stipend, award or other compensation available to a faculty member in connection with sabbatical activities, salary support from the College will be reduced as necessary so that the sum of the College’s sabbatical salary support plus the outside support will not exceed the faculty member’s full-time salary during normal College employment. Under special circumstances the Dean may in advance authorize recovery by a faculty member on sabbatical of more than the amount of the faculty member’s normal full-time salary from such outside sources in order to defray unusual personal expenses to be incurred because of the sabbatical.

C. Faculty who are on sabbatical leave shall receive their fringe benefits as full-time faculty, however, retirement benefits will be calculated on actual salary amounts paid by the College during the sabbatical.

IV. Approval of By-Law

This By-Law will take effect when approved by the Faculty Senate and the Board of Trustees in accord with the provisions of the Faculty Constitution (Section VIII-B).

FACULTY BY-LAW 9: ACADEMIC DEPARTMENTS

I. Before creating, merging, or abolishing any Academic Departments in the Medical
School, the Administration shall seek, on a timely basis, the advice of the Faculty Senate.

II. The Administration shall ask the President of the Faculty Senate, in writing, to submit the proposal(s) to the Faculty Senate. The Administration shall be given an opportunity to present to the Faculty Senate, in a mutually agreed upon forum, the reasons for proposing the change(s) in departmental structure of the Medical School.

III. A majority vote of the Faculty Senate in favor of the proposed change(s) shall constitute a recommendation for approval. The vote may be held by mail ballot or at a duly called meeting of the Faculty Senate.

IV. The President of the Faculty Senate shall inform the Administration, in writing, of the Faculty Senate’s recommendation(s) and concern(s).

V. It is understood that the recommendation(s) of the Faculty Senate, while not binding on the Administration, shall be given serious consideration by the Administration. The Board of Trustees shall be informed by the Administration of the Faculty Senate’s recommendation(s).

VI. Administration as referred to in this By-Law shall, in general, mean Dean of the Medical School or President of the University.

VII. The Faculty Senate shall act on all such proposals in a prompt and timely manner appropriate to the circumstances.

VIII. This By-Law will take effect when approved by the Faculty Senate and the Board of Trustees in accord with the provisions of the Faculty Constitution (Section VIII-B).

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New York Medical College is committed to assisting its faculty in developing and enhancing the skills necessary to serve as effective educators and scientists. Historically, each basic and clinical sciences department offers an array of activities throughout the year which provides opportunities for personal and professional growth. Information on such activities is generally disseminated via e-mail and flyer announcements from each chairman's office.

Faculty development programs organized and sponsored directly by the Office of Undergraduate Medical Education and Primary Care as well as the Health Sciences Library are offered throughout the academic year. (Details are provided on the College's website.)

The Office of Faculty Development serves as a central point and resource for faculty development information and programs at New York Medical College. This office is responsible for introducing mechanisms to promote and coordinate the sharing of information concerning faculty development activities and for sponsoring or supporting various activities (e.g., symposia, lectures, workshops, conference attendance, etc.) on national, regional and local levels that address the needs of the faculty.

Recent or recurring faculty development program offerings include the following:

- Teaching with Educational Media
- Gene Chip Technology
- Effective Teaching Techniques
- Disaster Preparedness
- Research Core Facilities
- Orientation to the Health Sciences Library
- Writing Curriculum Objectives
- Understanding Statistical Analyses
- Developing Effective Student Evaluations
- Effective Grant Writing

Upcoming faculty development programs are announced via hard copy and/or electronic distributions. The Office of Faculty Development is located in the Administration Building and may be contacted by telephone at 914-594-4523 for additional information.
The Office of Research Administration (ORA) at New York Medical College School of Medicine is responsible for the administration of all research and sponsored academic programs at the College. The ORA supports the College’s research mission and assists its faculty in many ways:

**Funding Sources:**

- Offers individuals the opportunity of searching an online database of available funding sources from the “on campus” network via InfoEd Global’s SPIN application.
- Offers the opportunity of searching SPIN from any online source and after registering and setting up a profile (GENIUS), receiving relevant, targeted funding opportunities daily via e-mail (SMARTS).

**Pre-Award:**

- Provides consultation about all aspects of proposal preparation.
- As the authorized institutional office, endorses and provides the institutional signature for all applications that are approved for submission.

**Post-Award:**

- Reviews, negotiates and accepts all grant and contract awards on behalf of the College.
- Authorizes initiation of all research projects and sponsored academic programs on behalf of the College.
- Informs principal investigators and Grants Accounting of the terms and conditions of awards.
- Serves as the institutional prior approval authority, approving budget deviations or requesting required funding agency approval.
- Coordinates submission of final reports.
- Assists, facilitates and manages technology transfer, patent procurement and licensing of novel technology for faculty members.

**Human Subjects:**

- Coordinates activities of the Institutional Review Board to ensure institutional compliance with regulations regarding the use of human subjects in research activities.
- Educates investigators and research staff in the ethical conduct of human subject research.
- Provides educational materials and resources to faculty conducting human subject research.
- Reviews protocols and consent forms for proposed research involving human subjects.
• Reviews recruitment material, proposed modifications of approved protocols and consent forms, and reports of adverse events.
• Reviews progress and final reports.

Technology Transfer:

• Identifies, evaluates and coordinates patenting and licensing of inventions including building awareness of technology transfer policies, procedures and achievements.
• Advises faculty on the preparation of invention reports and considerations related to protection and dissemination of intellectual property.
• Assesses protectability and commercial potential of new invention disclosures and implementing strategies to commercialize intellectual property.
• Evaluates markets for commercialization of patents.
• Drafts and negotiates option, license, material transfer and confidentiality agreements.
• Coordinates the patent application process with external firms.

Compliance Issues:

The Office of Research Administration is authorized to provide certification of institutional compliance with agency policies. The Office of Research Administration:

• Participates in the activities of the Institutional Animal Care and Use Committee and the Biosafety Committee.
• Administers federal regulations and policies and procedures regarding Conflict of Financial Interest.
• Is responsible for the development of new policies and procedures responsive to federal regulations and emerging issues.

Other activities:

• Administers the Intramural Sponsored Research Program and the annual Chancellor's Research Award Program.
• Serves as a source of medical research advocacy by obtaining and responding to governmental policies affecting medical research funding.
Policies and Procedures Involving the Conduct of Research and Sponsored Programs

Approval through the Office of Research Administration (ORA), by a Digest of Terms or official letter is required prior to initiation of any research. The following are additional institutional requirements pertaining to research and to sponsored programs:

Applicant Institution New York Medical College is the sole designated applicant institution for all sponsored program applications submitted on behalf of its faculty. Applications are approved by and submitted through ORA.

Institutional Endorsement Official institutional endorsement is required for all sponsored project applications or research proposals submitted for external funding regardless of whether informal contact with a potential sponsor has been established previously. All proposals, grant applications, and letters which describe a project and request funding must be reviewed and signed by ORA prior to submission. Preliminary letters which are intended only to ascertain an agency’s interest in receiving a proposal in a particular area of activity may be sent directly by the faculty; it is advisable to forward a copy to ORA.

Compliance Review and Approvals Government regulations require institutional review and approval of all research involving humans or animals. Additionally, College policies assure compliance with regulatory requirements including those pertinent to research misconduct and conflict of financial interest. Extramurally funded programs, in addition to intramural research, must comply with the College’s internal policies.

INTERNAL DEADLINE

Internal protocol and budget review by ORA is necessary prior to submission of an application to the extramural funding agency. Your cooperation in meeting the internal deadline is therefore essential. In general, all applications, with College forms, are due in ORA two weeks before the agency deadline.

INFORMATION SOURCES

The ORA home page can be accessed at http://www.nymc.edu/Research/OfficeOfResearchAdministration/index.html. The site includes information about College procedures and policies regarding research and sponsored programs. Internal College forms including HIPAA forms and external federal and non-federal application forms can be downloaded. Additionally, faculty can request an electronic search for funding sources.

The electronic version of the NIH Guide for Grants and Contracts (E-Guide) is available on the NIH home page at http://www.nih.gov. Additionally, the E-Guide Table of Contents, containing links to the complete Guide and to detailed offerings, is sent by e-mail to faculty
each week. It contains web links to the entire guide and individual documents such as program announcements (PA) and requests for applications (RFA). Contact the Office of Research Administration at 594-4480 if you need assistance in obtaining the information electronically or would like additional programmatic information or applications.

**COLLEGE FORMS**

College forms, available from ORA or via our home page, are required for all projects. These forms enable in-house review as well as certification to sponsors. Please obtain required signatures, such as department chair(s), Comparative Medicine, Radioisotope Committee, Facilities, etc., before submitting your proposal to this Office.

**HUMAN SUBJECTS**

New York Medical College is guided by the ethical principles regarding all research involving humans as subjects, as set forth in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research entitled *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, the "Belmont Report." The Belmont Report is available at http://www.hhs.gov/ohrp/humansubjects/guidance/belmont/html.

Research investigator responsibilities are detailed in the *Guidelines for the Conduct of Research Involving Human Subjects at New York Medical College* contained within this Handbook.

Investigators conducting research on human subjects must be mindful of the principles of beneficence, autonomy; and justice. In brief, the principle of beneficence requires that risks of research are in proportion to benefits: autonomy requires that the informed consent of research subjects is obtained; and justice requires that the burdens and benefits of research be fairly distributed among the general population.

Submission of the College Forms and a protocol are required for all research involving human subjects. A determination of exemption from applicable federal regulations must be made by the Office of Research Administration or the research must be reviewed and approved by the Committee for Protection of Human Subjects, the College’s Institutional Review Board (IRB).

Research investigators will report proposed changes in previously approved human subject research activities to the IRB. The proposed changes will not be initiated without IRB review and approval except where necessary to eliminate apparent immediate hazards to the subjects.

Research investigators are responsible for reporting progress of approved research to the Office of Research Administration as often as prescribed by the IRB, but in no case less often than one year from the last approval. Research investigators will promptly report to the IRB any unanticipated problems involving risks to subjects or others.
In immediate life-threatening situations, a physician may provide emergency medical care involving an experimental drug to a patient without prior IRB review and approval. Contact the ORA for guidance in this area.

**VERTEBRATE ANIMALS**

Approval by the Institutional Animal Care and Use Committee (IACUC) is required before animals may be used in research or teaching; federal and other agencies require certification of this approval. Completion of the IACUC Protocol Application form and approval by the IACUC is required before activity involving the use of animals may be initiated. Questions regarding policy may be directed to the Director of Comparative Medicine, who will assist investigators with completion of the forms.

**BIOSAFETY**

Use of hazardous materials or procedures, e.g., select agents or toxins, rDNA, HIV or other retroviruses and *M. tuberculosis* and other bacterial pathogens should be identified on the College forms. A list of select biological agents and toxins may be found at [http://www.cdc.gov/od/sap/docs/salist.pdf](http://www.cdc.gov/od/sap/docs/salist.pdf). Additionally, gene therapy protocols involving human subjects must be reviewed and approved by the College’s Biosafety Committee. Questions regarding use of biohazards may be directed to the chairman of the Biosafety Committee or the director of Environmental Health and Safety.

Special containment is required for use of select agents, HIV or HIV-infected blood and may be required for other hazardous materials. A BSL-3 laboratory is available for use in research involving agents requiring this level of containment.

**RADIATION SAFETY**

New York Medical College is licensed by the New York State Department of Health for use of radioactive materials in research. The Radiation Safety Office coordinates environmental surveys, radioactive waste disposal, employee training, equipment calibration, personnel monitoring and procurement of radioactive material. A Radiation Safety Manual describes the regulations and guidelines that investigators must follow when using radioactive materials, including procedures for obtaining the appropriate approvals, and contains NYSDOH reporting forms for users of radioactive materials.

The College’s Radiation Safety Committee, which directs all use of radioactive material at the College, reviews applications and issues permits for use of radioactive materials. Questions regarding use of radioactive materials in research should be directed to New York Medical College’s Radiation Safety Officer.

**SCIENTIFIC MISCONDUCT**

*Guidelines for Ethical Practices in Research and Policies for Dealing with Instances of Alleged Violations of Ethical Standards*, listed later in this *Handbook* under *Institutional Policies*, meet the regulatory requirements and provide a framework for the College to manage...
allegations that might arise. The purpose of these guidelines is to preclude the occurrence of unethical scientific practices in research including: (1) deliberate falsification or misrepresentation in the proposal, conduct, or reporting of research, (2) pilfering of scientific data and plagiarism in scientific publications, and (3) misappropriation of research funds.

CONFLICT OF FINANCIAL INTEREST

New York Medical College's Code of Conduct and Policy on Conflicts of Interest and Conflict of Commitment meets federal requirements and applies to all research and other academic activities. The policy requires that the principal investigator/program director — and any other person who is responsible for the design, conduct or reporting of a project — complete the College's online financial disclosure form. Disclosures will be evaluated internally and, if it is determined that there is a potential for a significant conflict of financial interest, the investigator and the College will work to manage, reduce, or eliminate the conflict before the project is initiated.

NYMC EPIDEMIOLOGIC AND BIOSTATISTICAL RESOURCE CENTER

The Epidemiology and Community Health Department, in the School of Health Sciences and Practice, is a significant university resource supporting all New York Medical College faculty. The department provides technical expertise to assist faculty in addressing the obstacles in study design, data analysis, and interpretation that may hamper research.

To support its activities, there is a per hour fee for data entry and selected data collection activities. In addition, a per hour fee is applied for the following services: data analysis; manuscript development or review; survey or questionnaire design; and grant development, including study design, planned data analysis, and sample size computations. Initial consultation is provided at no charge. For further information on research support activities or fees, contact the Department Chair at (914) 594-4804.

DEADLINES

Applications will be reviewed, endorsed for the institution, and submitted electronically or returned to the Principal Investigator for submission. Since ORA review is necessary prior to submission, applications with College forms are due in ORA two weeks before the agency deadline.

AFFILIATED HOSPITALS

New York Medical College applications with study aspects at affiliated hospital sites will be reviewed by ORA to ensure that budgets provide reimbursement of appropriate hospital costs. For administrative review of requests involving hospital resources related to research, contact the appropriate affiliate office. To expedite the approval process, investigators are encouraged to submit applications to these offices simultaneously with submission to the ORA.
TECHNOLOGY DEVELOPMENT AND AGREEMENTS WITH INDUSTRY

ORA also assists faculty with technology development and industry sponsored research, by initiative and managing research relationships with industry and assisting the Office of the General Counsel in negotiating with industry sponsors. The objective is to make the College’s research available to benefit the public and to generate revenue to support research. ORA proactively seeks to foster the development of medical technologies through license and cooperative research with companies with the appropriate resources to commercialize these technologies.

Working with the Office of the General Counsel, ORA assists in negotiating licenses, confidentiality agreements, materials transfer agreements and non-clinical research agreements. The objective is to protect intellectual property rights, freedom to publish and to assure that appropriate costs, including indirect costs at 30% are budgeted. Copies of the *NYMC Agreement Guidelines for Industry Sponsored Research* are available to investigators and prospective commercial sponsors.

ORA assists in the early screening of technology for commercialization and determines the patentability of the researchers’ ideas. In accordance with the College’s Intellectual Property Policy, all intellectual property originated by the College’s employees or at its facilities must be disclosed to ORA. This includes new or improved devices, chemical compounds, drugs, genetically-engineered biological organisms, data sets, software, or unique and innovative uses of existing inventions. ORA allows researchers to gain from product innovation while they continue academic pursuits. It serves as a resource center to help investigators answer the questions that many have when discovering a new product or procedure.

ORA has an active patent protection and commercializing program. Investigators, their departments and the College share in royalty income accrued from inventions according to the Intellectual Property Policy. Provisional patent applications are filed frequently to allow publication while providing a preterm period in which to evaluate the commercial potential of an invention and find a licensee.
Guidelines for the Conduct of Research Involving Human Subjects at New York Medical College

1. Introduction

As part of the College’s mission to advance health through medicine, science, and education, the faculty of the College engages in both basic and clinical research. The College is dedicated to maintaining high ethical standards in all its research activities, particularly those involving human subjects.

Sound ethical practices go hand in hand with scientifically valid research involving human subjects. The College expects that faculty and staff conducting research share its commitment to high quality research that promotes the rights and welfare of research subjects. Therefore, it has in place a system of policies and procedures to help investigators understand and fulfill their responsibilities when they conduct or collaborate in research involving humans at the College and at its affiliated hospitals.

2. The Belmont Report and Its Ethical Principles

The Belmont Report—Ethical Principles and Guidelines for the Protection of Human Subjects provides the philosophical underpinnings for current federal laws governing research involving human subjects. The College embraces The Belmont Report and holds its investigators responsible for conducting their research activities in keeping with its principles and guidelines. The Belmont Report establishes three fundamental ethical principles that are relevant to all research involving human subjects: respect for persons, beneficence, and justice.

1. The principle of Respect for Persons acknowledges the dignity and autonomy of individuals, and requires that people with diminished autonomy be provided special protection. This principle requires that subjects give informed consent to participation in research. Because of their potential vulnerability, certain subject populations are provided with additional protections. These include live human fetuses, children, prisoners, the mentally disabled, and people with severe illnesses.

2. The principle of Beneficence requires us to protect individuals by maximizing anticipated benefits and minimizing possible harms. Therefore, it is necessary to examine carefully the design of the study and its risks and benefits including, in some cases, identifying alternative ways of obtaining the benefits sought from the research. Research risks must always be justified by the expected benefits of research.

3. The principle of Justice requires that we treat subjects fairly. For example, subjects should be carefully and equitably chosen to insure that certain individuals or classes of individuals -- such as prisoners, elderly people, or financially impoverished people -- are not systematically selected or excluded, unless there are scientifically or ethically valid reasons for doing so. Also, unless there is careful justification for an exception, research should not involve persons from groups that are unlikely to benefit from subsequent applications of the research.
Each of these principles carries strong moral force, and difficult ethical dilemmas arise when they conflict. A careful and thoughtful application of the principles of The Belmont Report will not always achieve clear resolution of ethical problems. However, it is important to understand and apply the principles, because doing so helps to assure that people who agree to be experimental subjects will be treated in a respectful and ethical manner.

Title 45 Code of Federal Regulations, Part 46, Protection of Human Subjects (45 CFR 46) (available at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html), embodies the ethical principles of The Belmont Report. These regulations apply to all research involving human subjects conducted at or supported by the College. Such activities include "hands-on" involvement with patients or subjects and also indirect involvement, such as analyses of data or human samples (e.g., blood or tissue).

45 CFR 46 is not a set of rules that can be applied rigidly to make determinations of whether a proposed research activity is ethically "right" or "wrong." Rather, these regulations provide a framework in which investigators and others can ensure that serious efforts have been made to protect the rights and welfare of research subjects.

The NIH Office for Human Research Protections (OHRP) oversees implementation of 45 CFR 46 in all institutions receiving DHHS funds. OHRP requires each institution that conducts or supports research involving human subjects to set forth the procedures it will use to protect human subjects in a policy statement called a Federal wide assurance.

3. NYMC Policies and Procedures for Protecting Human Subjects: the NYMC Federal wide Assurance (FWA)

Overall responsibility for the College's system of protecting human subjects rests with the Chancellor of the College, who establishes and implements NYMC policies and procedures in accord with 45 CFR Part 46. However, protecting the rights and welfare of human research subjects is a responsibility that is shared by others at the College: the Associate Dean of Research Administration, the director of Human Subjects Administration; NYMC's Institutional Review Board (IRB); Department Chairs; research investigators, and research personnel.

The NYMC FWA includes policies and procedures regarding: (1) the responsibilities of investigators who conduct, support or collaborate in basic or clinical research activities involving human subjects; (2) the responsibilities of the NYMC's IRB for the review and approval of research activities involving human subjects, and (3) the responsibilities of NYMC's Office of Research Administration (ORA) in protecting human subjects. These responsibilities are discussed below.
4. Responsibilities of Investigators

A. Definitions of “research” and “human subject”:

Investigators at the College are responsible for protecting the rights and welfare of the human subjects who participate in their research. They must also understand the ethical standards and regulatory requirements governing their research activities. “Research” is any systematic investigation designed to develop or contribute to generalizable knowledge. All investigators who conduct or collaborate in a research activity are responsible for knowing whether or not their research involves human subjects. A “human subject” is a living individual about whom an investigator obtains either (1) data through interaction or intervention with the individual, or (2) identifiable private information. In many cases, the determination of whether a particular research activity involves human subjects is not difficult, but in some cases, the line is blurred. When it is not clear to an investigator whether research activities involve human subjects, he or she is encouraged to seek the advice of the Director, Human Subject Administration or the IRB Chairperson. In questionable cases, final responsibility for determining whether human subjects are involved rests with the ORA.

B. Elements of a Research Protocol:

Investigators conducting or collaborating in research involving human subjects at the College or its affiliated hospitals must receive approval by an Institutional Review Board (IRB) before they begin their study. An investigator provides the IRB with a research protocol, which is a written description of, and scientific rationale for, the proposed research activity. In addition, the College Application to Conduct Sponsored Program or Do Research (the “College Forms”) must be submitted. These include a discussion of the human subject protection issues that are relevant to the study and address, at a minimum: the risks to subjects; all procedures which are experimental; the anticipated benefits to subjects, if any; the anticipated number of subjects; the proposed consent document and consent process to be used, and appropriate additional safeguards if potentially vulnerable subjects are to be enrolled. Potentially vulnerable subjects may include the elderly, prisoners, children, cognitively impaired individuals, or people who are economically or educationally disadvantaged. A sample format for a research protocol is available at the ORA. The College Forms are available at the ORA or may be downloaded from the College’s Web site.

C. The Informed Consent Process:

Informed consent is a basic ethical requirement underpinning research with human subjects. It is an ongoing process, not a piece of paper or discrete moment in time. Investigators are responsible for insuring that potential participants in research understand the nature of the study and the risks and benefits involved so that they can make an informed decision about their participation. Someone who is knowledgeable about both the study and informed consent should present the
details in simple language. The process requires use of a consent form, a written explanation of the nature of the research, the procedures to be followed, the identification of any procedures which are experimental, risks and discomforts, benefits, and alternatives to participation. Additional requirements and suggestions are contained in the NYMC Guidelines for Preparation of Informed Consent for Research contained in the College Forms.

D. Reporting Requirements:

Investigators are responsible for reporting progress of approved research as often as prescribed by the IRB, but no less than once a year. Progress reports will be prepared in the format provided by the ORA. Investigators will report proposed changes to the protocol or consent document to the IRB. The proposed changes may not be initiated without IRB review and approval except where necessary to eliminate apparent immediate hazards to subjects. Investigators will promptly report to the IRB any unanticipated problems involving risks to subjects or others.

E. Specific Research Activities that Are Not Subject to the NYMC’s FWA:

At NYMC, the following research activities are not subject to the requirements of its FWA: the collection and study of (1) samples from deceased individuals; (2) samples collected for diagnostic purposes only; (3) samples or data that are available from commercial or public repositories or registries; (4) established cell lines that are publicly available to qualified scientific investigators, and (5) self-sustaining, cell-free derivative preparations including viral isolates, cloned DNA, or RNA. Investigators should be aware that, although research with these types of materials is not covered by the FWA, all research must be submitted to the ORA for review and approval.

F. Exempt Activities:

Six categories of research, although they involve human subjects, are exempt from the requirements for IRB review. These are listed in 45 CFR 46 under Section 101(b)(1-6). One example is the study or collection of existing data, documents, records, or specimens (e.g., pathological specimens), if these sources are publicly available or if the information is recorded by the investigator so that subjects cannot be identified directly or through identifiers linked to the subjects. Other exemptions include some types of research involving taste testing of food, surveys, interviews, and use of educational tests and observation of public behavior. The general rationale behind the six categories of exemption is that although the research involves human subjects, it does not expose them to physical, social or psychological risks.

The College Office of Research Administration will determine whether a research activity is exempt from the requirements for IRB review. If an investigator thinks his or her research activity fits into one of the exempt categories, he or she should submit a protocol along with the College Forms to the ORA, and the ORA will
provide a determination in writing. The ORA, not an investigator, will make
determinations about exemptions.

5. Responsibilities of the Committee for Protection of Human Subjects, the
NYMC Institutional Review Board (IRB)

Research investigators have a fundamental responsibility to safeguard the rights and
welfare of the people participating in their research activities. In addition, our society
has decided by law that an objective review of research activities involving human
subjects by a group of diverse individuals is most likely to protect human subjects and
promote ethically sound research. IRBs are generally composed of members with
expertise in science, ethics and other non-scientific areas. This diversity fosters a
comprehensive approach to safeguarding the rights and welfare of subjects. In their
deliberations about proposed research activities, IRB members should take into account
the ethical principles of The Belmont Report, the requirements of 45 CFR 46, and the
NYMC MPA, as well as the nature and content of the proposed research.

The NYMC’s IRB reviews research conducted at the College and all research conducted
by its full time faculty at Westchester Medical Center and Metropolitan Hospital.

The IRB evaluates proposed research activities using the following criteria: (1) the
design of the study is consistent with sound scientific principles and ethical norms; (2)
the protocol meets the NYMC FWA criteria necessary for approval; (3) the necessary
elements of informed consent have been fulfilled, and (4) additional appropriate
safeguards have been provided if potentially vulnerable subjects are to be studied. In
exercising their authority, IRB may approve, disapprove or defer research protocols.
The IRB will disapprove any protocol that is severely deficient in meeting the above
criteria.

In addition, the IRB conducts continuing review of each approved research protocol or
activity at least yearly, although an IRB may request earlier progress reports or updates
if it determines that the research presents significant physical, social, or psychological
risks to subjects. The IRB may modify, suspend, or terminate approval of research that
has been associated with serious harm to subjects or is not being conducted in accord
with the NYMC’s FWA or the IRB’s decisions, stipulations, and requirements.

6. The Office of Research Administration (ORA)

The ORA reports to the Senior Associate Dean for Academic Administration of College.
As part of its responsibilities, it provides administrative support to the College
Committee for Protection of Human Subjects, the IRB. It is a resource for information
and education concerning the regulations and guidelines covering research involving
human subjects, and also serves as the College’s liaison with federal agencies such as the
OHRP and the FDA as well as with agencies, foundations, and private industry that
sponsor research.
Contact the ORA for help in deciding if your research involves human subjects or is exempt from the requirement for IRB review, and for help in preparing an application to conduct research. ORA is physically located at 19 Skyline Drive, Rm. J-23, Hawthorne, NY 10532; Telephone (914-594-2600); FAX (914-594-2601): E-mail (ora@nymc.edu). Human Subjects Administration (IRB) telephone is 914-594-2590.
These guidelines were adopted for use at New York Medical College from “Guidelines for the Conduct of Research Involving Human Subjects at the National Institutes of Health” Revised 3/2/95, a pamphlet of the National Institutes of Health.
These guidelines apply to all individuals who may be involved with or apply for a research, research-training, or research-related grant or cooperative agreement under the Public Health Service (PHS) Act.

The purpose of these guidelines is to preclude the occurrences of all unethical scientific practices in research, i.e., misconduct or misconduct in science. Scientific misconduct 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.

The integrity of the entire scientific enterprise, and, in particular, of this institution requires that the College pay special attention to and expeditiously and equitably resolve any allegations of unethical scientific actions violating professional standards or regulations by investigators at the College or its affiliated hospitals. Maintenance of high ethical standards in the conduct of research and research training requires the establishment of a set of guidelines directed towards the delineation of ethical standards in research. Further, this paper cites recommendations for investigating allegations of unethical scientific practices and outlines procedures for reporting and correcting the consequences of such unethical practices, while at the same time protecting the rights and reputation of the investigators.

**Guidelines for Ethical Practices in Research**

1. An investigator must not knowingly represent as empirical observations data synthesized de novo without an experimental basis or data arbitrarily altered.

2. The primary responsibility for ensuring the authenticity of reported data rests with the principal investigator; however, all investigators identified as authors of a report assume responsibility for its authenticity.

3. The appropriate response to a complaint of fraudulent presentation of data is the availability of the original experimental records. Written, detailed and explicit procedures for data gathering, storage, retrieval and analysis should be available in all laboratories.
(4) It is the responsibility of all investigators to maintain a record of all experimental protocols and data sufficient to allow subsequent verification. These data should be retained for a minimum of five years.

(5) It is the responsibility of the principal investigators to ensure proper supervision of aspects of the research not performed directly by them.

(6) Trainees should be supervised by experienced scientists and should be encouraged to present their studies at review sessions or seminars.

(7) Publications should give credit to all investigators and, as required by regulation or agreement, sources of grant or contract funding involved in the research and all publications should be approved by all co-authors.

The following procedures provide the framework for dealing with instances of alleged unethical scientific practices as defined above, and designates those individuals responsible for implementation of these procedures.

**Procedures for Responding to Allegations of Unethical Practices in Research**

(1) Allegations of unethical practices should first be reported to the immediate supervisor of the investigator(s) whose actions are in question, and simultaneously to the Department Chairperson. These allegations must be reported promptly to the Dean of the School of Medicine or the School of Basic Medical Sciences or the School of Health Sciences and Practice as appropriate, or to the Associate Dean of Research Administration who will notify the Dean and the Chancellor. In some instances the allegations may be resolved through an informal fact-finding inquiry among these three or four parties. No further action is required if the allegations are clearly frivolous, self-serving, vindictive, and without supporting documentation. Alternatively, the Dean may appoint a small ad hoc group with appropriate expertise selected from among the faculty and administration to constitute an initial Committee of Inquiry; the chairman of the Faculty Senate Research Support Services Committee will serve permanently to facilitate matters brought before the Committee of Inquiry; every effort will be made to guard against any real or apparent conflicts of interest in the selection of these individuals. Such a fact-finding inquiry should be thorough enough (including examinations of data, animals, humans or budgets in question) to withstand higher review if the matter is not dropped. When allegations are made in good faith, every effort will be made to protect the positions and reputations of those making allegations of scientific misconduct and to afford confidential treatment to the affected individuals. This initial inquiry should be completed within 60 days of the initial report alleging misconduct and a final written report prepared. The inquiry report shall include evidence reviewed, interview summaries, and conclusions of the inquiry. The inquiry report shall be given to the respondent(s) and comments by respondent(s) will be made part of the inquiry record. If at the end of the 60 day time-frame the inquiry cannot be completed, the College must notify the awarding agency, including documentation of the reasons for exceeding the 60-day period.
(2) The finding of the initial inquiry may be that there is no evidence of wrongdoing and, therefore, that no further action is indicated. Alternatively, the finding may be that a deviation from best practice or transgression of a minor nature may have occurred, but that a full investigation is not warranted. The College will undertake diligent efforts, as appropriate, to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed. Individuals against whom allegations have been made will have an opportunity to comment on the findings of the inquiry. Corrective actions, including sanctions appropriate to the situation may be instituted at this juncture and the matter concluded without the need for subsequent investigation.

(3) The Dean shall determine whether there will be an impoundment of the investigator's research records initially at the outset of the period of inquiry, but in all cases, records will be secured prior to a formal investigation. The original records will be secured by the College until such time as they can be photocopied. Tissue samples and animals may be secured as well.

(4) If it is determined that there may be evidence of significant unethical scientific practice, the Dean will form an ad hoc Committee of Investigation that will make a prompt and thorough investigation into the allegations. In the case of PHS sponsored research, the investigation must begin within 30 days if inquiry findings provide sufficient basis for doing so. This committee will consist of the Committee of Inquiry and other members of the faculty who are actively engaged in peer-reviewed research. Consideration may be given to add to the committee individuals from outside the College. This should include individuals who have expertise in the same area of science as the investigator(s) whose practices are in question. Also, one individual with expertise in the technique of gathering and evaluating evidence should be appointed. If the alleged unethical practice involves the abuse of humans or animals, the committee should have an active liaison with a representative of the Institutional Review Board or the Animal Care Committee.

(5) At this stage, the investigator(s) must be notified immediately in writing of the allegations and of the fact that a committee has been formed to investigate these allegations. Every attempt should be made to ensure that the composition of the committee is reasonably acceptable to the investigator(s). The investigator may retain a legal or other counsel and consult with such counsel during closed session of the Committee of Investigation at which the investigator has been asked to provide information but only outside the forum of the Committee's proceedings.

(6) In cases involving federally funded research, the Office of Research Integrity (ORI) will be informed that an investigation will be initiated on or before the date the investigations begins if findings from the inquiry indicate an investigation is warranted. It is the responsibility of the Dean to determine if other interested parties such as collaborators and other agencies sponsoring or funding the research in question are to be informed of the pending investigation and if there is preliminary evidence of serious question concerning the validity of the research under investigation, whether the research activities should be suspended. Nothing contained in this policy shall deprive the Dean of authority with respect to the possible suspension of a faculty member's employment.
A fair and judicious investigation demands that the rights and reputations of all involved individuals are protected. All sessions of the hearings will be closed. During the inquiry and the investigation, records of the proceedings will be disclosed only in accordance with law.

The subject(s) of the allegation and individual making the accusations will be interviewed by the Committee of Investigation. The committee will insure that the information collected is properly recorded.

The time from the reporting an instance of possible misconduct to completion of the investigation should not exceed 6 to 9 months. Interval progress reports made by the investigation committee must be provided to the Dean and Associate Dean for Research Administration. For research involving federal funding, the College generally must take no more than 180 days to complete the investigation, prepare the report of findings, obtain the comments of the subject(s) of the investigation, and make a decision on the disposition of the case. If the College determines that it cannot complete its investigation and disposition of the case within the 180-day period, periodic status reports may be required. In the case of federal funding agencies, the investigation and report findings must be completed and a report submitted to ORI within 120 calendar days of initiation of investigation. Any extensions of this time period must be requested from the ORI; the request should include an explanation for the delay, an interim report of the progress to date, an outline of what remains to be done, and an estimated date of completion.

A written summary of the findings of the investigation must be made available to the investigator(s) so that they have an opportunity for comment and rebuttal. If the summary is acceptable to the investigator(s), their signature should so stipulate.

The report of the investigation will be made available to the respondent(s) for comment.

**Interim Administrative Actions**

At any time necessary from the initial allegation through the period of the inquiry and the investigation, the following administrative actions would be taken.

ORI will be notified if there is an immediate health hazard involved, or if there is an immediate need to protect Federal funds or equipment and individuals affected by the inquiry, or if the alleged incident will probably be publicly reported. If there is reasonable indication of possible criminal violation involving PHS supported research, the ORI, will be notified within 24 hours.

Appropriate administrative actions will be initiated to protect Federal funds and ensure that the purposes of Federal financial assistance are being carried out.

If, in the course of an investigation, facts are disclosed that may affect current or potential PHS funding for the individual under investigation or that the PHS
needs to know to ensure appropriate use of Federal funds or otherwise protect the public interest, the ORI will be notified promptly.

(4) If the College plans to terminate an inquiry for any reason without completing all relevant requirements under 42 CFR 50.103 (d), a report of such planned termination, including a description of the reasons for such termination, shall be made to ORI.

**Actions to be Taken Following Completion of the Investigation**

(1) If the alleged unethical scientific practices are not supported by the investigation, the Dean will take appropriate action to try to ensure that the reputation of the individual(s) under investigation is cleared of any cloud of suspicion. Other interested parties such as collaborators, supervisors and agencies sponsoring or funding the research must also be notified that the instance of alleged unethical practice was not supported by the investigation. The individual(s) should be given the option of having a written notice of clearance sent to the relevant members of the faculty from the Dean.

(2) If the investigation uncovers evidence of unethical scientific practices, a written report of the finding must be sent to the Department Chairperson, the Associate Dean, the Dean, the Chancellor and the President of the College.

(3) Following conclusion of the investigation, the Dean shall prepare a written report of recommendations for administrative action. These administrative actions may be directed to prevent future instances of unethical scientific practices and will include measures necessary to correct the sequelae of the practices.

(4) Any disciplinary actions resulting from the investigation will be in accordance with College procedures existing at the time. These actions require that the nature of the unethical practice (e.g., deliberate vs careless) be considered, the gravity of the violation and whether it was an isolated event or part of a pattern. Serious violations may be cause for dismissal.

(5) The formal report of the investigation and description of the corrective actions, if any, imposed against the investigator(s) must be promptly reported to the agencies sponsoring or funding the research. The final report to ORI must describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained relevant to the investigation, the findings, and the basis for the findings, and include the actual text or an accurate summary of the views of any individuals(s) found to have engaged in misconduct, as well as a description of any sanctions taken by the institution.

(6) The Department Chairperson and Dean will take action to have all pending abstracts and published papers associated with the unethical scientific practices of the investigator(s) withdrawn and notify editors of journals in which previous abstracts and papers appeared relating to the research in question.
(7) The Chancellor should, in consultation with the President, the Dean, and legal counsel, decide if there is cause for release of information about the matter. They should also determine in advance who will be the spokesperson(s) in the event of inquiries or publicity concerning the investigation at any time.

(8) If the College plans to terminate an investigation for any reason without completing all relevant requirements under 42 CFR 50.103 (d), a report of such planned termination, including a description of the reasons for such termination, shall be made to ORI.

Continuation of Investigation After Investigator's Departure

If an investigator under investigation for alleged unethical scientific practices shall resign from his or her College position or the College faculty before conclusion of the investigation, the Dean, the President or the Chancellor may direct that the investigation nonetheless proceed to a conclusion if they deem it necessary for the best interests of the College and scientific integrity. If, after consideration of relevant circumstances in such a case, the Committee of Investigation shall determine that the former College investigator is not reasonably cooperating in the continued investigation, they may consider that fact in reaching a conclusion.

Immunity from Liability

In view of the purpose of this policy to protect and promote academic and scientific integrity, each member of the College’s faculty who conducts research while this policy is in effect shall be bound not to assert any claim or liability or commence any lawsuit or other proceeding against New York Medical College, College administrative officials, or any person serving as a member of the Committee of Inquiry or the Committee of Investigation hereunder in connection with or related to any of the proceedings hereunder or any oral or written statements made in connection with or arising out of such proceedings as long as such person or persons who made such statement(s) acted in good faith and without malice, and the good faith or such person or persons shall be presumed.

Records Retention

Detailed documentation of inquiries will be retained for at least three years and will, for PHS supported studies and upon request, be provided to authorized HHS personnel. Documentation to substantiate an investigation's findings will be retained for at least three years or, for PHS supported studies, for three years after PHS acceptance of the final report. This documentation is to be made available to the Director, ORI.

ORA 10/13/04
Graduate School of Basic Medical Sciences

Graduate School of Basic Medical Sciences Administration

Office of the Dean
Francis L. Belloni, Ph.D.
Dean

Basic Medical Sciences
Interdisciplinary M.S. Program
Ken Lerea, Ph.D.
Graduate Program Director
Basic Medical Sciences – Traditional Track

Libor Velíšek, M.D., Ph.D.
Graduate Program Director
Basic Medical Sciences - Accelerated Track

Jana Velíšková, M.D., Ph.D.
Assistant Graduate Program Director
Basic Medical Sciences - Accelerated Track

Biochemistry & Molecular Biology
Department
Ernest Y.C. Lee, Ph.D.
Department Chair

Zhongtao Zhang, Ph.D.
Graduate Program Director-Ph.D. Program

Joseph M. Wu, Ph.D.
Graduate Program Director – M.S. Program

Cell Biology & Anatomy Department
Joseph D. Etlinger, Ph.D.
Department Chair

Victor A. Fried, Ph.D.
Graduate Program Director
M.S. & Ph.D. Program

Microbiology & Immunology
Department
Ira Schwartz, Ph.D.
Department Chair

Raj K. Tiwari, Ph.D.
Graduate Program Director
M.S. & Ph.D. Program

Pathology Department
John T. Fallon III, M.D., Ph.D.
Department Chair

Fred Moy, Ph.D.
Graduate Program Director
M.S. & Ph.D. Program

Pharmacology Department
Michal Laniado Schwartzman, Ph.D.
Department Chair

Alberto Nasjletti, M.D.
Graduate Program Director - Ph.D. Program

Charles T. Stier, Ph.D.
Graduate Program Director - M.S. Program

Physiology Department
Thomas H. Hintze, Ph.D.
Department Chair

Carl I. Thompson, Ph.D.
Graduate Program Director
M.S. & Ph.D. Program

M.D./Ph.D. Program
Libor Velíšek, M.D., Ph.D.
Graduate Program Director
M.D./Ph.D. Program

Professional Science Master's Program
Mairead A. Carroll, Ph.D.
Graduate Program Director

Updated: July 2016
The Organization & By-Laws of the Graduate School of Basic Medical Sciences

I. Name and Purpose

The Graduate School is a component of New York Medical College and is subject to its Charter, by-laws and regulations. The purpose of the Graduate School is to provide advanced training in the basic medical sciences, and in such other areas as may be recommended by the Dean and the faculty of the school, and to award the degrees of Master of Science (M.S.) and Doctor of Philosophy (Ph.D.) in accordance with and as required by the laws of the State of New York.

II. Organization of the Graduate School

A. The Dean

The Dean of the Graduate School shall be appointed by the Board of Trustees upon the recommendation of the President. The President shall appoint a Search Committee having appropriate representation from the Graduate Faculty Council to recommend candidates for the position of Dean.

Duties of the Dean:

(a) The Dean will be responsible for the administration of the Graduate School and will report to the President.

(b) He/she will represent the interests of the faculty and present their views and recommendations to the President, to the Board of Trustees and to the appropriate bodies deliberating on matters of concern to the Graduate School.

(c) He/she shall represent the Graduate School for all professional matters of the Graduate School with other institutional units, students and the public.

(d) He/she shall prepare annual reports on the work and progress of the Graduate School.

(e) He/she shall prepare the annual school budget in consultation with the Graduate Faculty Council and submit the budget to the President.

(f) He/she shall ascertain adherence to the requirements of the Master of Science and Doctor of Philosophy degree programs as set forth in the Graduate School catalog.

(g) With the cooperation of the Graduate Faculty, he/she shall prepare and maintain the Graduate School catalog as an instrument of information and direction for students and faculty. Prior to publication, each edition of the catalog must be approved by the Faculty Council.

(h) He/she shall preside as Chairperson at meetings of the Faculty Council and Graduate School Faculty.

(i) He/she shall have the power to cast the deciding vote in case of tie on any question under consideration by the Faculty.
(j) He/she shall align, together with the President and Chairman of the Board, diplomas for the Master of Science and Doctor of Philosophy degrees after the credentials of candidates have been duly approved.

### B. The Graduate School Faculty

The regular Graduate School Faculty, hereafter referred to as the Faculty, through its elected Graduate Faculty Council, shall have the responsibility of establishing the academic policies of the Graduate School. The Faculty shall consist of full-time faculty members who have been recommended for membership by their department chairpersons and have been approved by a majority vote of the Graduate Faculty Council. In the event that the Graduate Faculty Council fails to approve a nomination to the Faculty, each negative vote by a Graduate Faculty Council Member must be supported by a statement to the Dean of the Graduate School.

The Faculty shall meet three times a year, in October, February and May, on the days to be designated by the Graduate Faculty Council. Additional meetings of the Faculty shall be called within two weeks after petition to the Dean by 20 members of the Faculty. A quorum shall consist of one-third of the Faculty membership.

### C. The Graduate Faculty Council

The Graduate Faculty Council, hereafter referred to as the Council, shall consist of the Dean and three representatives from each department of the Graduate School. The department members shall be elected annually by the members of the respective departments.

The Council shall act as the executive board of the faculty and shall be responsible for the establishment of academic policies of the Graduate School. These policies, insofar as they relate to students e.g., admission requirements, academic standards, degree requirements, term of student residence, etc., are to be incorporated into the Graduate School catalog.

The authority to recommend candidates to the Board of Trustees for the degrees Master of Science and Doctor of Philosophy shall rest solely with the Faculty Council of the Graduate School.

The Council shall meet once each month except during July and August. A quorum of the Council shall be composed of at least one member from each department and a majority of members of the Council. Additional meetings may be held at the request of the Dean, or a quorum of the Council.

At its first meeting of the academic year, the Council shall elect one of its members to serve for that academic year as Executive Secretary. The Executive Secretary shall prepare the agenda for the meetings, record the minutes, and distribute these to each member of the faculty. In the absence of the Dean, the Executive Secretary will assume the duties of the Dean.

### D. Graduate Program Directors

Each independent chairperson shall appoint a director of the departmental graduate program. The directors shall be responsible for the execution and coordination of the departmental programs and the maintenance of departmental records.

Each department shall work out its own graduate program, under the direction of the department chairperson these programs must conform to guidelines established by the Faculty Council and approved by the Board of Trustees. Changes in approve programs must be sanctioned by the council. The departmental directors shall submit to the Dean annual reports dealing with each department's graduate program.
E. Graduate Students

Prospective students shall apply to the Office of the Dean for admission to the Graduate School. The Dean shall forward applications to the appropriate departments. Students who meet the requirements of the Graduate School and the individual department may be admitted to the School by the Dean upon recommendation of the department.

F. Amendments of Graduate Faculty Organization and By-Laws

Changes in the Faculty Organization and By-Laws

Changes in the Faculty organization and By-Laws may be proposed by the Council. A report of the proposals shall be made in writing by the Council to the Faculty before the next meeting of the Faculty. Adoption of the proposed changes, or changes, shall require approval by two-thirds of the faculty.

G. Enabling Clause for the By-Laws of the Graduate School

In order to permit the expeditious and efficient application of the preceding By-Laws of the Graduate School to the activities of the Graduate School, the Board of Trustees of the New York Medical College hereby accepts the present members of the graduate faculty and delegates of the existing Graduate Faculty Council the powers and duties of the Council as described by the By-Laws. The Graduate School now consists of the Departments of Anatomy, Biochemistry, Microbiology, Pathology, Pharmacology and Physiology, but nothing herein precludes expansion into other areas.

Approved Board of Trustees 2/18/69
Policy on Graduate Faculty Appointments within the Graduate School of Basic Medical Sciences

Purpose

According to the By-Laws of the Graduate School of Basic Medical Sciences (hereafter referred to as the Graduate School, or abbreviated as GSBMS) of New York Medical College (NYMC), the Graduate Faculty has the responsibility of establishing the academic policies of the Graduate School. As a mechanism for assuring the quality of the academic programs of the Graduate School, and as a mechanism for entrusting governance rights only to those individuals qualified to participate in such academic governance, it is Graduate School policy to review the professional, academic and scholarly credentials of all faculty who wish to participate in these programs to a substantive degree. The authority to approve membership on the Graduate Faculty is held by the faculty itself and is exercised by the Graduate Faculty Council, as specified in the By-Laws of the Graduate School. All appointments to the Graduate Faculty are subject to approval by the College’s Board of Trustees.

Classification of Graduate Faculty

A **Graduate Faculty Mentor** has full faculty rights and full voting privileges in the Graduate School. He or she may sponsor a Ph.D. student or an M.S. student, and may serve on Ph.D. or M.S. thesis committees and as a reader/evaluator of an M.S. Literature Review. Such an individual may serve as a graduate course director, a graduate program director, a member of the Graduate Faculty Council, or as a member of any standing, regular or **ad hoc** committee of the Graduate Faculty. While a graduate faculty mentor is eligible to undertake the various faculty roles listed, assignment to these various tasks in any specific case remains subject to the usual approvals required by the Graduate School.

Individuals who are full-time NYMC faculty member with a primary or secondary appointment in one of the basic science departments are eligible for Graduate Faculty Mentor status. Also eligible are individuals who are not NYMC employees, but who hold an adjunct appointment in one of the basic science departments. Individuals who hold a primary appointment at another academic institution, however, are not eligible for graduate faculty membership.

In addition to these appointment criteria, the individual must demonstrate by scholarly record that he or she is competent to teach at the graduate level, is able to conduct independent research in an area relevant to one of the GSBMS academic programs, and, therefore, is qualified to oversee the education and training of a Ph.D. or M.S. scientist. These criteria are met by the attainment of a doctoral degree, an appropriate professional and scholarly record, evidence of independent investigation, research productivity and scholarship, and the existence of an active research program. The interest of the individual in participating in Graduate School programs must be attested to.

A **Regular Member of the Graduate Faculty** has the same rights and privileges as the Graduate Faculty Mentor except the right to sponsor a Ph.D. student or an M.S. student conducting a laboratory research-based thesis project. Assignment to these various tasks in any specific case remains subject to the usual approvals required by the Graduate School. Eligibility for regular faculty status is identical to that for mentor status except that a record of independent research is not required.

**Adjunct or Visiting Faculty** are individuals who bear a major teaching load in one or more approved graduate courses, but who are not members of the graduate faculty. Since they are not members of the graduate faculty, they cannot be course directors or graduate program directors, nor do they have the right to participate in Graduate School governance. If qualified, based on their expertise and/or experience, adjunct and visiting faculty can serve on Ph.D. or M.S. thesis committees and as readers/evaluators of M.S. literature reviews. In this capacity, however, they would not count against the Graduate School requirement for a certain minimum number of graduate faculty representatives on such committees. Although they cannot vote as members of the graduate
faculty or serve on the Graduate Faculty Council, adjunct and visiting faculty can serve on ad hoc or special committees of the graduate faculty. They would be extended library privileges for the term of their participation in Graduate School teaching programs. All specific assignments of duties or privileges remain subject to the usual approval processes of the Graduate School.

The term Visiting Faculty will be used to designate those individuals whose primary appointment is as a faculty member at another academic institution, whereas the term Adjunct Faculty will be used for those individuals whose primary professional position is not academic or is in a non-academic institution, such as in industry, government or private practice.

Criteria for approval as adjunct or visiting faculty include the holding of an appropriate academic degree (Master's/doctorate/professional), the individual's professional and/or scholarly record, and his or her willingness to participate in Graduate School programs.

Appointment Processes

Regular Graduate Faculty Members and Graduate Faculty Mentors are nominated for membership by their department chairperson, and are reviewed by the Membership Committee, which is a standing committee of the Graduate School. The Graduate Faculty Council votes on the recommendations of the Membership Committee. The names of those elected to the graduate faculty are then submitted to the College's Board of Trustees (Academic Affairs Committee) for its approval.

Graduate Faculty status is terminated concurrent with the termination of employment by the College, except in the case of emeritus faculty. Graduate faculty who no longer participate in the programs of the Graduate School, even though they maintain an association with NYMC, may also be subject to loss of graduate faculty status. This shall be ascertained by consultation between the Dean and the appropriate department chair and graduate program director. Graduate faculty may resign their graduate faculty status at any time.

Adjunct and Visiting Faculty are nominated by the host graduate program, through the department chairperson. These nominations are considered by the Curriculum Committee, which is charged with reviewing all new and revised graduate courses. If the candidate is qualified, the Curriculum Committee will recommend provisional authorization for the first time that an adjunct or visiting faculty participates in a course. If the individual's performance meets an acceptable standard, approval may be extended for a period of three years and may be renewed thereafter for three-year terms. The Graduate Faculty Council votes on the recommendations of the Curriculum Committee, and the College's Board of Trustees (Academic Affairs Committee) votes on whether to approve these appointments.

History

The designation of a graduate faculty was created in The Organization and By-Laws of the Graduate School of Basic Medical Sciences, approved by the College's Board of Trustees in February, 1969.

The eligibility criteria, approval procedures and role of the Membership Committee were subsequently established by the Graduate Faculty Council.

The distinction between the mentor and regular graduate faculty categories was created in 1993.

The definitions and standards outlined above, including the creation of the Adjunct / Visiting Faculty classification, were approved by the Graduate Faculty Council in October 1997.

Approved Board of Trustees 10/1/97
Graduate School of Basic Medical Sciences

Programs of Study

The Graduate School offers programs leading to both the Master of Science (M.S.) and Doctor of Philosophy (Ph.D.) degrees in the basic medical sciences. There are 10 different M.S. programs and 6 different Ph.D. programs offered, as indicated in the following table.

<table>
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<tr>
<th>Degree Program</th>
<th>M.S.</th>
<th>Ph.D.</th>
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<td>Integrated Ph.D. Program</td>
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<td>Biochemistry &amp; Molecular Biology</td>
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<td>Cell Biology &amp; Anatomy</td>
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<td>Interdisciplinary Basic Medical Sciences</td>
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<td>Accelerated Master's Program</td>
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<td>Professional Science Master Program</td>
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<td>M.D./Ph.D. Program</td>
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Each M.S. program requires the student to earn 30-32 credits and to write either a Literature Review of a current field of investigation, based upon the student’s reading and library research (Plan A), or a Master’s Thesis, based upon original laboratory research performed by the student under the guidance of a Graduate Faculty Mentor (Plan B). In either case, the M.S. program may be completed in as short a time as two years. All the M.S. programs are designed with sufficient flexibility, however, that a student may pursue these degrees on a part-time basis, taking as long as five years to complete the requirements. Didactic courses are offered during the evening, so that students may complete the M.S. programs while concurrently being employed full-time.

The Accelerated Master’s Program is a full-time 32-credit academic program that requires the student to participate in courses during regular daytime hours. The academic course requirements for this program may be completed in one calendar year (August through June), although the completion of the final requirement – a Master’s Literature Review – may extend beyond this accelerated time frame.

The Graduate School’s Ph.D. programs require the student to earn 29-39 course credits, depending upon the discipline of study. Additional credits are earned for research training, dissertation research, journal club, teaching assistance, and other academic activities. There are three routes of entry to the Ph.D. program. The most common entry is through the Integrated Ph.D. Program. In this route, students complete a common “core curriculum” of 16 credits in addition to courses specific to the eventual discipline of their degree, with the total number of didactic course credits adding up to the 29-39 noted above. Students rotate through three different research laboratories during the first year in order to identify a suitable dissertation sponsor and disciplinary major. The second route of entry is with “Advanced Standing.” This route is available to students who have already earned a Master’s degree.
from the Graduate School. Such students matriculate directly into the disciplinary program of interest and, in most cases, have already identified a dissertation sponsor. Course requirements for the degree are modified to allow full credit for the courses taken as a Master's student. The third entry route is the M.D./Ph.D. Program. Students already matriculated in NYMC's School of Medicine can express an interest in this program during their first year of medical school. The summer between years one and two of medical school may be used to explore research opportunities and identify a suitable dissertation sponsor. After acceptance into the program, and successful passage of the USMLE Step I, the student enters the Ph.D. program following completion of the second year of the pre-clinical medical curriculum. Graduate course requirements are modest, with recognition given to the broad base of knowledge gained in the pre-clinical curriculum. Most of the student's effort is spent in developing and executing a dissertation research project. The student is encouraged to work with the Office of Undergraduate Medical Education to develop a personalized program designed to maintain their clinical skills and readiness for re-entry to the clinical clerkship portion of the medical curriculum. At an intermediary stage in the program, each successful Ph.D. student must pass a Qualifying Exam, which is a comprehensive test of the candidate's suitability for advancing to the dissertation phase of the program. Each successful Ph.D. candidate must complete a significant body of original laboratory research, under the guidance of a Graduate Faculty Mentor, and write and defend a Ph.D. dissertation based upon this work. The Ph.D. requirements may be completed in as short a time as four years of full-time effort, although the normal completion time is five to six years. It is generally not advisable to attempt to complete a Ph.D. program with anything less than a full-time effort, although certain accommodations may be feasible in exceptional circumstances. Leaves of absence for childbirth or other acceptable reasons are allowed for and should not, in themselves, be viewed as insurmountable obstacles to the successful pursuit of a Ph.D. degree.

Most M.D./Ph.D. students take three years to complete the Ph.D. portion of the program, although some require an additional 6 months or a year. Infrequently, a student may complete their dissertation work in as little as 2½ years.

Each of the Graduate School's M.S. and Ph.D. programs are supervised by one of the six Basic Science Departments of the College. The exceptions to this rule are the M.S. Program in the Basic Medical Sciences and the Accelerated Master's Program, which are offered as interdisciplinary programs spanning all the basic medical sciences.
School of Health Sciences and Practice Administration

Robert W. Amler, M.D., M.B.A.
Dean

Ben C. Watson, Ph.D.
Vice Dean

Veronica Jarek-Prinz
Associate Dean for Admissions and Enrollment Management

Amy Ansehl, D.N.P., F.N.P.B.C
Assistant Dean for Public Health Practice

Denton C. Brosius, M.A., Ph.D.
Assistant Dean for E-Learning
Director, Educational Technology (SHSP)

Verne R. Smith, J.D.
Assistant Dean for Finance and Administration

Environmental Health Science
Diane E. Heck, Ph.D.
Department Chair

Epidemiology and Community Health
Barbara L. Greenberg, M.Sc., Ph.D.
Department Chair

Health Policy and Management
Hasanat Alamgir, M.B.A., Ph.D.
Department Chair

Physical Therapy
Michael J. Majsak, Ed.D., P.T.
Department Chair

Speech-Language Pathology
Kathleen Franklin, Ph.D., CCC-SLP
Department Chair

Dr.P.H. in Health Policy and Management
Hasanat Alamgir, M.B.A., Ph.D.
Program Director

M.P.H. in Behavioral Sciences and Health Promotion
Penny Liberatos, M.A., M.Phil., Ph.D.
Program Director

M.S. in Biostatistics
Qiuhu Shi, Ph.D.
Program Director

M.P.H. in Environmental Health Science
Michael Shakarjian, Ph.D.
Program Director

M.P.H. in Epidemiology
Maureen Kennedy, M.S., Dr.P.H.
Program Director

M.P.H. in Health Policy and Management
Denise Tahara, M.B.A., M.Phil., Ph.D.
Program Director

Advanced Certificate in Environmental Health
Diane E. Heck, Ph.D.
Director

Certificate in Children with Special Health Care Needs
Karen S. Edwards, M.D., M.P.H.
Director

Certificate in Emergency Preparedness
Michael Reilly, Dr.P.H., M.P.H.
Director

Certificate in Global Health
Padmini Murthy, M.D., M.P.H., M.S., M.Phil., CHES
Director

Certificate in Health Education
Chia-Ching Chen, M.A., M.S., Ed.D., CHES
Director

Certificate in Industrial Hygiene
Michael Shakarjian, Ph.D.
Director

Certificate in Pediatric Dysphagia
Luis F. Riquelme, Ph.D.,CCC-SLP,BCS-S
Director

Certificate in Public Health
Penny Liberatos, M.A., M.Phil., Ph.D.
Director

Center for Children’s Environmental Health
Allen J. Dozor, M.D.
Center Director

Center on Disability and Health
Susan W. Fox, Ph.D.
Center Director

Center for Disaster Medicine
Michael Reilly, Dr.P.H., M.P.H.
Center Director

Center for Long-Term Care
Hasanat Alamgir, M.B.A., Ph.D.
Kenneth A. Knapp, Ph.D.
Co-Directors

Center Medical Outcomes Research
VACANT
Center Director
I.  Mission Statements

School of Health Sciences and Practice (The School)

We prepare tomorrow's leaders to preserve, protect, and improve the health of individuals, families and communities through education, investigation, practice and service.

New York Medical College

New York Medical College is a health sciences university whose purpose is to educate physicians, scientists, public health specialists, and other health care professionals, and to conduct biomedical and population-based research. Through its faculty and affiliated clinical partners, the College provides service to its community in an atmosphere of excellence, scholarship and professionalism. New York Medical College believes that the diversity of its student body and faculty is important to its mission of educating outstanding health care professionals for the multicultural world of the 21st century.

II.  Faculty of The School

A.  Membership

Membership of The School’s faculty shall consist of those persons who are engaged in instruction and research, are recommended to the Dean by majority vote of The School’s Committee on Appointments and Promotions, and are appointed pursuant to the authority of The University Board of Trustees. Faculty shall be awarded rank in accordance with The School Bylaws and resolutions of the Trustees. Voting membership on The School’s faculty shall be awarded to all full-time faculty in good standing and to senior members of The School’s administration who hold an appropriate faculty appointment.

B.  Responsibilities

Voting faculty of The School, subject to the reserved power of the Trustees, shall have the responsibility to:

1.  Recommend to the Dean educational requirements for admission, programs of study, and conditions for graduation, and recommend for conferral of degree students who have fulfilled these conditions.
2. Make recommendations for governance of The School as shall not contravene the Certificate of Incorporation, Bylaws, or amendments thereto, or any resolution of the Trustees.

3. Serve in a representative capacity on one or more standing committees of The School: Academic Policy Committee, Committee on Appointments and Promotions, Curriculum Committee, and Research Committee.

C. Procedures

The School faculty shall meet at least twice each year. The Dean of The School or the Dean's appointed replacement shall preside during meetings of the faculty and Roberts' Rules of Order shall be observed. The agenda for the meeting shall be set by the Dean of The School in consultation with the Academic Policy Committee and shall be circulated to all faculty members in advance of the meeting.

III. Department Chairs

A. Appointment

Department Chairs shall be appointed by the Dean upon recommendation of a faculty search committee and shall be subject to approval by the Board of Trustees. Chairs shall serve a specific term to be determined at the time of appointment. For those who also hold a major appointment in The University's other schools, appointment as Chair shall be made in consultation with the Dean of the candidate's school and the candidate's Department Chair.

B. Qualifications

A Department Chair is a recognized health professional with a terminal degree and a record of significant accomplishments in one or more areas within the broad field of health science, policy, or practice. Evidence of such accomplishment includes, but is not limited to, research, clinical, or academic expertise in an applied discipline of public health or the health sciences, health policy-making experience at the local, state, or federal level of government, or senior managerial experience in public health or in a healthcare organization or group.

C. Duties

Department Chairs shall provide administrative leadership for their departments, assure that department resources are deployed as efficiently and effectively as possible to meet the needs of students and faculty, further the professional development of faculty and the academic quality of The School, make recommendations to the Dean for appropriate appointments and promotions, and represent The School in official matters pertaining to their expertise.

To this end, the Department Chairs shall:
1. Develop, review, and revise a curriculum appropriate to the educational and professional needs of their students.

2. Recruit faculty to teach courses and otherwise provide instruction subject to the authorization of the Dean and the Board of Trustees.

3. Evaluate faculty performance.

4. Participate in the development of student admissions standards and recruitment procedures.

5. Participate in the development of student support services and provide academic and career advisement to students.

6. Participate in The School’s policy-making and governance process.

7. Convene meetings of their department faculty at least twice per year and maintain minutes of such meetings.

IV. Center Directors

A. Appointment

Center Directors shall be appointed by the Dean and shall be subject to approval by the Board of Trustees. Center Directors shall serve a specific term to be determined at the time of appointment. For those who also hold a major appointment in The University’s other schools, appointment as a Center Director shall be made in consultation with the Dean of the candidate’s school and the candidate’s Department Chair.

B. Qualifications

A Center Director is a recognized health professional with a terminal degree and a record of significant accomplishments in one or more areas within the broad field of health science, policy, or practice. Evidence of such accomplishment specifically includes, but is not limited to, a history of successful funding from government and/or non-governmental agencies in support of research, training, and/or applied public health or health sciences.

C. Duties

Center Directors shall provide administrative leadership for their centers, assure that center resources are deployed as efficiently and effectively as possible to meet the mission of the center, further the professional development of faculty and the academic quality of The School, make recommendations to the Dean for appropriate appointments and promotions, develop and maintain community relations relevant to the mission of the center, and represent The School on matters pertaining to their expertise.
To this end, the Center Directors shall:

1. Develop, review, and revise the center mission and ensure its consistency with the missions of The University and The School.
2. Obtain funding to support center activities.
3. Manage center activities.
4. Recruit center faculty and staff to fulfill the mission of the center subject to the authorization of the Dean and the Board of Trustees.
5. Evaluate center faculty and staff performance.
6. Participate in The School's policy-making and governance process.

V. Academic Policy Committee

A. Membership

The Academic Policy Committee shall consist of the Dean, the Department Chairs, Center Directors, the Vice Dean, the Practicum Coordinator, three members from the full-time faculty, and two members from the part-time faculty. Representatives of the full-time faculty shall be selected by a majority vote of The School's full-time faculty (excluding Chairs and Center Directors), shall serve a term of one year; shall serve no more than two consecutive terms, and shall not be from the same department. Representatives of the part-time Faculty shall be selected by a majority vote of The School's part-time Faculty (See Section X.F), shall serve a term of one year, shall serve no more than two consecutive terms, and shall not be from the same department.

B. Responsibilities

The Committee shall meet at least four times each year to consider issues of major importance to The School, including, but not limited to, review of existing and proposal of new academic policies, curriculum development, evaluation and outcomes assessment, and recommendation of standards for student admission and graduation. The Dean, in consultation with Committee members, shall establish the agenda for meetings of the Academic Policy Committee. The Vice Dean shall assume this role in the Dean's absence. Minutes of all meetings shall be maintained.

VI. Committee on Appointments and Promotions

A. Membership

The Committee on Appointments and Promotions shall consist of The School's Department Chairs and two representatives of the full-time faculty. The two
representatives shall be selected by a majority vote of The School's full-time faculty, shall serve no more than two consecutive terms, and shall not be from the same department.

B. Responsibilities

The Committee on Appointments and Promotions shall meet at least once each semester to review the staffing requirements of each program and the performance of faculty. Based on this review, the Committee shall recommend to the Dean all necessary faculty appointments and promotions.

VII. Curriculum Committee

A. Membership

The Curriculum Committee shall consist of faculty representatives from each of the academic departments within The School and one or more students. The Chair and members shall be appointed by the Dean upon recommendation of the Department Chairs.

B. Responsibilities

The Committee shall meet at least four times each year to review the curricula and teaching programs in The School. It shall recommend to the Academic Policy Committee any changes to the curriculum, including new courses and degree and certificate requirements, and shall oversee an ongoing program of curriculum evaluation and assessment. Minutes of all meetings shall be maintained.

VIII. Research Committee

A. Membership

The Research Committee shall consist of faculty members from each of the academic departments. The Chair and members shall be appointed by the Dean upon recommendation of the Department Chairs.

B. Responsibilities

The Committee shall meet at least four times each year. It shall facilitate collaboration among faculty in developing funded research projects that meet the highest standards of scientific rigor and ethical adherence, provide a forum for issues relating to building research capacity within The School, make recommendations to the Academic Policy Committee regarding overall research strategy, and advise the Dean regarding resource requirements. Minutes of the meetings shall be maintained.

IX. Student Affairs Committee
A. Membership

The Student Affairs Committee shall consist of faculty and student representatives, the Vice Dean, and the Assistant Dean for Admissions. The chair and members shall be appointed by the Dean upon recommendation of the Department Chairs.

B. Responsibilities

The Committee shall meet at least three times each year to review policies and procedures relating to the honor code, conditions of student life, issues relating to student advisement and career placement, and any other issue of importance to The School and its students. It shall recommend to the appropriate committee new or modified policies and procedures relating to student affairs and shall advise the Dean on matters of concern to students. Minutes of all meetings shall be maintained.

X. Administration of The School

The School shall be administered by a Dean appointed by the Board of Trustees upon recommendation of the Chancellor. Subject to the direction and authorization of the Chancellor and President, the Dean shall serve as the chief academic and administrative officer of The School and shall execute the following responsibilities:

1. Direct The School’s academic, financial, and administrative affairs.

2. Represent the interests of the faculty and present views and recommendations to the Chancellor, President, the Trustees, and to appropriate bodies deliberating on matters of concern to The School.

3. Serve as The School’s principal representative to other institutional units, outside agencies and oversight bodies, students, and the public.

4. Prepare annual reports on the work and progress of The School.

5. Call and preside over meetings of the Academic Policy Committee and of The School’s Faculty.

6. Pursuant to Section V.B. of these Bylaws, recommend to the Chancellor, President and Trustees all faculty appointments and promotions.

7. Pursuant to Sections II.B.1. and IV.B. of these Bylaws, recommend for degrees students who have fulfilled conditions for graduation.

8. In consultation with the Academic Policy Committee, appoint chairs and program directors.
9. Set a general policy within The School concerning the application for and acceptance of research grants and consulting contracts that conforms to overall University policy.

10. Establish committees as needed to better the administration of The School’s affairs.

XI. Categories of Faculty Appointment

A. Full-Time and Regular Part-Time Faculty

Full-time and regular part-time faculty hold academic appointments and receive salary and benefits consistent with regular employment status at New York Medical College or at the Westchester Institute of Human Development.

B. Academic

Academic ranks are reserved for full-time or regular part-time faculty, Department Chairs, and other professionals who hold a primary academic appointment in The School. Faculty who hold an appointment in one of the Centers in The School will have the title modifier, Institute of Public Health.

1. Professor (of Department) is a faculty rank reserved for acknowledged experts in an academic discipline of public health or the health sciences who hold a doctorate or equivalent degree, and who have compiled a distinguished record of accomplishment as a teacher and researcher.

2. Associate Professor (of Department) is a faculty rank reserved for specialists in an academic discipline of public health or the health sciences who hold a doctorate or equivalent degree, and whose past accomplishments as a teacher and/or researcher indicate significant potential to achieve widely acknowledged professional distinction.

3. Assistant Professor (of Department) is a faculty rank reserved for specialists in an academic discipline of public health or the health sciences who hold a doctorate or equivalent degree, and whose promise as a teacher and/or researcher indicate significant potential to achieve widely acknowledged professional distinction.

4. Instructor is an entry-level faculty rank reserved for specialists in an academic or applied discipline of public health or the health sciences who hold a graduate degree.

C. Professional

1. Professional ranks are reserved for full-time or regular part-time faculty, Department Chairs and other public health or health science
professionals who hold a primary academic appointment in non-clinical departments.

2. **Professor of Public Health Practice, (Department)** is a faculty rank reserved for acknowledged experts in a professional discipline who hold a graduate degree, and who have compiled a distinguished record of accomplishment as a teacher and professional.

3. **Associate Professor of Public Health Practice, (Department)** is a faculty rank reserved for specialists in a professional discipline who hold a graduate degree, and whose past accomplishments as a teacher and professional indicate significant potential to achieve widely acknowledged professional distinction.

4. **Assistant Professor of Public Health Practice, (Department)** is a faculty rank reserved for specialists in a professional discipline who hold a graduate degree, and whose promise as a teacher and professional indicate significant potential to achieve widely acknowledged professional distinction.

Instructor is an entry-level faculty rank reserved for specialists in an academic or applied discipline who hold a graduate degree.

D. **Clinical**

Clinical ranks are reserved for full-time or regular part-time faculty, Department Chairs and other public health or health science professionals who hold a primary academic appointment in clinical departments.

1. **Professor of Clinical (Physical Therapy or Speech-Language Pathology)** is a faculty rank reserved for acknowledged experts in Physical Therapy or Speech-Language Pathology, respectively who hold a graduate degree, and who have compiled a distinguished record of accomplishment as a teacher and clinician.

2. **Associate Professor of Clinical (Physical Therapy or Speech-Language Pathology)** is a faculty rank reserved for specialists in Physical Therapy or Speech-Language Pathology, respectively who hold a graduate degree, and whose past accomplishments as a teacher and clinician indicate significant potential to achieve widely acknowledged professional distinction.

3. **Assistant Professor of Clinical (Physical Therapy or Speech-Language Pathology)** is a faculty rank reserved for specialists in Physical Therapy or Speech-language Pathology, respectively who hold a graduate degree and whose promise as a teacher and clinician indicate significant potential to achieve widely acknowledged professional distinction.

E. **Clinical Public Health (or) Health Science**

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Clinical Public Health (or) Health Science ranks are reserved for faculty in The School of Medicine and the Graduate School of Basic Medical Sciences at The University who teach, conduct research, or perform community outreach projects in The School. The rank of such faculty members in The School corresponds directly to their rank in the other schools.

1. Professor of Clinical Public Health (or) Health Science
2. Associate Professor of Clinical Public Health (or) Health Science
3. Assistant Professor of Clinical Public Health (or) Health Science
4. Instructor of Clinical Public Health (or) Health Science

F. **Other Ranks**

Other ranks are reserved for part-time faculty.

1. **Distinguished Professor** is an honorary faculty rank reserved for exceptionally distinguished individuals of national or international renown, whose accomplishments and contributions to public health or the health sciences have received widespread recognition and acclaim.

2. **Distinguished Lecturer** is a part-time faculty rank reserved for unusually distinguished practitioners or academicians in the field of public health or the health sciences.

3. **Senior Lecturer** is a part-time faculty rank reserved for acknowledged experts in an academic or applied discipline of public health or the health sciences.

4. **Lecturer** is a part-time faculty rank reserved for specialists in an academic or applied discipline of public health or the health sciences.

5. **Visiting Lecturer** is a part-time faculty rank reserved for practitioners or academicians in the field of public health or the health sciences whose significant responsibilities outside of The University make their contributions to The School especially valuable.

6. **Clinical Instructor** is a part-time faculty rank reserved for practitioners or academicians in the field of public health or the health sciences who provide clinical mentorship and training to students.

XII. **Department Chairs and Faculty**

A. **Department Chairs**
Department Chairs shall initially be appointed to a specified term that is renewable subject to satisfactory performance. Written notification of non-renewal shall be required by February 1 for a June 30 end of contract. The initial letter of appointment shall specify The School’s expectations regarding duties, workload, and performance, and describe the procedures and criteria governing reappointment and the terms of compensation.

B. Full-time Faculty

Full-time faculty shall initially be appointed to a specified term as Instructor or as Assistant Professor, Associate Professor, or Professor. Appointments are renewable subject to satisfactory performance. Written notification of non-renewal shall be required within six months of the end of contract. The initial letter of appointment shall specify The School’s expectations regarding duties, workload, and performance, and describe the procedures and criteria governing reappointment and the terms of compensation.

Unless terminated at the end of their initial appointment, such faculty shall be appointed to an additional, two-to-three year term. Extension beyond this renewal shall be contingent upon a favorable review of faculty performance conducted in accordance with The School’s faculty evaluation procedures. The performance review shall be conducted in the second year of the faculty member’s renewal term. Written notification of non-renewal shall be provided not less than six months prior to the end of their two-year renewal term.

All subsequent extensions of appointment shall provide for three-year terms unless a shorter term is mutually agreed upon by the faculty member and the Dean. Written notification of non-renewal is required at least six months prior to the scheduled termination of the faculty member’s appointment. Renewal of three-year term appointments, including advancement in rank (from Instructor to Assistant Professor to Associate Professor to Professor) shall in all cases require a thorough review of faculty performance, conducted in accordance with The School’s procedures for faculty evaluation.

C. Part-time Faculty

Part-time faculty members shall initially be appointed to a specified term that is renewable subject to satisfactory performance. Unless terminated at the end of their initial appointment, such faculty shall be appointed to an additional two-to-three year term. Extension beyond this renewal shall be contingent upon a favorable review of faculty performance conducted in accordance with The School’s faculty evaluation procedures.

D. Appointment Terms

1. Should notice of termination at the end of the term of any faculty appointment be given after February 1 but before June 30 in a particular
year, notwithstanding the prescribed term of such appointment, the appointment shall renew for not more than one year.

2. Notwithstanding any of the foregoing provisions concerning terms of appointment, any appointment may be terminated with no more than one year’s notice in the event of discontinuance of a department of The School in which the faculty member provides primary service or in case of fiscal exigency that threatens the survival of The School.

XIII. **Criteria and Procedures for Evaluating Faculty Performance**

The School shall maintain, periodically review, and distribute to newly appointed faculty the criteria and procedures for evaluating faculty performance. Revisions of the criteria and procedures for evaluating faculty performance shall be distributed to all members of The School faculty.

XIV **Sabbatical Leaves**

Full-time faculty may be considered for a three-month paid sabbatical leave after every three years of full-time service. Sabbatical leaves are intended to enhance the rich and productive scholarly environment of The School. Such leaves shall be scheduled during the months of June, July, and August, unless an alternative schedule is agreed upon in writing by the Dean.

XV. **Academic Freedom**

The School shall adhere to the principle of academic freedom for all faculty. Principles of academic freedom shall be executed in accord with The University Code of Academic Integrity.

XVI. **Appeal of Faculty Appointment Decisions**

Faculty grievances regarding terms of appointment, including workload and termination, shall be reviewed by a three-person Grievance Committee consisting of voting members of The School faculty appointed by the Dean upon the recommendation of the Academic Policy Committee. The findings of the Grievance Committee are reported to the Dean for decision and disposition.

XVII **Amendments**

The Dean may initiate amendments to these Bylaws at any time. The voting faculty may initiate amendments upon the vote of two-thirds of the voting members of The School faculty at a duly constituted meeting. All proposed amendments to these Bylaws shall become effective if and when they are approved by the Board of Trustees of The University.

XVIII **Effective Date**
These Bylaws shall be effective as of the date of approval by the Board of Trustees of New York Medical College.


*Updated: 12-19-2011*
COURSE MATERIAL, STRUCTURE AND GRADING

Course Documents

For each course that you teach, please prepare and provide the students with the following:

- Course description and objectives
- Course syllabus
- Textbook and/or readings as required
- Requirements (e.g. papers, examinations, presentations, etc.)
- Basis for grading
- How and when students may reach you for advisement
- Class schedule and reading/work assignments for each session.

Course documents must be prepared prior to the first class meeting and copies forwarded to the appropriate department chair. Students should receive copies at the first class meeting.

For all written assignments, students are required to use the current edition of the Publication Manual of the American Psychological Association as the standard for the form and structure of written documents. The manual is available in the New York Medical College Bookstore.

Class Size and Structure

The expected class size is 25-30 students for most evening and Saturday courses. Usually, a minimum of ten students must be registered for a course to be given. Classes meet weekly for 2 hours and 20 minutes. The fall and spring semesters are fifteen weeks each. The summer session runs for 7.5 weeks with 2 hour and 20 minutes sessions twice weekly. Other formats may be utilized under certain circumstances at the discretion of the faculty member with the approval of the department chair and the vice dean.

Please make your department chair aware of any class cancellations or schedule changes. In the event that class hours are lost as a result of class cancellations, you should plan with your students make-up sessions. The revised schedule must be submitted to the department chair.

Physical therapy and speech-language pathology classes operate on a separate year-round schedule. Detailed information is available in the department offices and in the School’s admissions office.
**Textbooks**

The College Bookstore, located in the Basic Sciences Building, is open from 8:30 a.m. to 6:00 p.m., Monday through Thursday and from 8:30 a.m. to 3:00 p.m. on Friday. During the first two weeks of the semester, it remains open until 7:00 p.m. Summer hours may vary.

For your assistance, the bookstore and library maintain the current “Books in Print” indexes by subject and author. Approximately six weeks before the semester begins the bookstore will send to you a book request form. If you do not receive one, contact the bookstore immediately. Textbooks for each course must be identified no later than 30 days before the start of the course. Requests for information about textbooks should be directed to the bookstore manager at extension 914-594-4229.

**Copying**

The department secretaries will arrange for any duplication needs, provided the material is available to them at least one week in advance of the date needed.

If extensive copying of materials is necessary, a materials fee should be established for the class and appropriate copying permission should be sought from the author/publisher. The materials fee decision should be made in concert with the department chair prior to the publication of the course schedule approximately 3-6 months before the semester begins.

**Class Rosters**

**Initial class roster**
Prior to the first class meeting, faculty will receive a copy of the initial class roster provided by the Office of the University Registrar.

**Updated class roster**
Approximately two weeks into the semester, the Office of the University Registrar mails an updated class roster to you for final review. It is most important that one copy of this roster be returned to the Office of the University Registrar, indicating whether or not the list is correct and, if not, what problems exist.

**Final grade and class roster**
Final grade rosters are mailed approximately two weeks prior to the end of the current semester with a detailed letter regarding grading procedure, system of grades and deadline for receipt of grades. It is important to submit final grades to the Registrar in a timely manner so that grade distribution to the student is not delayed. A student’s reimbursement from an employer may depend upon such timely receipt, and can affect the student’s financial ability to register for the next semester. Moreover, a decision regarding his/her continuation in the program may depend upon grade receipt. Grade rosters should be signed in ink and the original returned to the Registrar’s Office. If a student never attended class, you can indicate this on the roster. If he/she stopped attending class but a withdrawal is not indicated, simply indicate that the student stopped attending, and the date of last attendance. Please do not leave blanks.
Course Evaluation

Student course evaluations are completed at the end of each semester. Department staff will provide you with the evaluation forms and instructions for the completion and collection of the forms. Evaluations are usually distributed in class one to two weeks before the end of the course. The evaluations will be reviewed with you by your department chair. However, it is recommended that you solicit feedback from your students within the first half of the course to ascertain if there are any questions or concerns about the course or its content so that real time adjustments can be made.

System of Grading

<table>
<thead>
<tr>
<th>Grade</th>
<th>GRADE POINT</th>
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<tbody>
<tr>
<td>A</td>
<td>4.0</td>
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<tr>
<td>A-</td>
<td>3.7</td>
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<tr>
<td>B+</td>
<td>3.3</td>
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<td>B</td>
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<td>B-</td>
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<td>C</td>
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<td>F</td>
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<tr>
<td>INC</td>
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</table>

Grade of Incomplete

A student who has completed a substantial portion of the course requirements but is unable to complete a course for reasons of health, change in job location, or family emergency must submit a written request to the course instructor for a grade of incomplete. If the reason is deemed appropriate, the student will receive the grade INC for the course. Failure to complete the work by the end of the fall or spring semester following the term in which the course was taken will result in a grade of F. The incomplete may be extended by the faculty member with the approval of the department chair.

When the student has completed all course requirements, a Notice of Grade Change should be sent to the Office of the University Registrar. These forms are available in your department chair's office.

Course Audit

Students in programs other than Physical Therapy and Speech-Language Pathology, who do not wish to receive credit for a course may register as auditors. Such students must formally register and pay tuition and any fees associated with the course. However, they are not required to take exams or submit assignments.

A student may change from credit to audit status for a course through the third week of classes. A written request must be made to the Office of the University Registrar.
Withdrawal from a Course or Withdrawal from the School

Students who wish to drop a course or courses may withdraw from the course through the 10th week of a 15-week term and through the 6th week of an 8-week term. Students may drop any course and officially withdraw by completing a “Drop/Add” form, which is available in the department chair, admissions and registrar offices. The student must obtain the signature of the instructor and the department chair and then submit the form to the Office of the University Registrar or the Admissions Office. Requests for “drop” or “withdrawal” will not be accepted by telephone. Students who stop attending a course and do not officially withdraw will receive an F. Students who wish to withdraw from the School should inform the dean’s office by letter and should complete the Request for Course Change.

Students in the full-time physical therapy and speech-language pathology programs participate in a sequential curriculum. Thus, courses cannot be dropped and partial course loads cannot be taken. Any student who withdraws from a course or the School will be readmitted to the program only with the consent of the department faculty and the dean.

Repeating Courses

Students who do not meet a minimum grade requirement in a core or concentration course may be required to repeat the course. Similarly students may wish to repeat a course in which a grade of F was received in order to remove that grade from the calculation of the GPA.

Confidentiality of Student Records and Information Policy

The Family Educational Rights and Privacy Act of 1974, as amended specifically provides that a school may disclose what is termed “directory information” about students to third parties without the student’s consent. Such directory information may include the following: student’s name, address, telephone number, major field or program of study, name of the school in which enrolled, dates of attendance, year of expected graduation and other similar information.

Any student who wishes any or all of his/her directory information to remain confidential may inform the Office of the University Registrar of this request in writing, at any time. In addition, The Family Educational Rights and Privacy Act guarantee all students access to their own education records. Additional specific information regarding confidentiality of students’ records can be obtained from the Office of the University Registrar.

The Act prohibits the release to third parties of academic information (e.g., enrollment, grades, GPA, academic status) without the specific and written consent of the student or alumnus. Therefore, the student lists that you receive are for your use only. If you wish to create a class list to be distributed to the class, the students must be given the option not to be included on the list.
NEW COURSE DEVELOPMENT AND APPROVAL PROCESS

When the development of a new course is being considered the first step is to have a discussion with the department chair. If it is agreed that a new course is appropriate the course should be prepared using the *New Course Proposal*.

All new courses must be submitted by the department chair to the Academic Policy Committee for review and approval approximately four to six months prior to the semester in which the course will be taught.

STUDENT ADVISEMENT AND THESIS

Department chairs and faculty serve as advisors to the students in the planning of their program and thesis development. Other faculty members may serve as a thesis advisor or reader if arrangements are made with or by the department chair. The guidelines and requirements for a thesis are outlined in the *Thesis Guidelines*. The *Publication Manual of the American Psychological Association* is the selected format for the thesis and all other papers prepared by students. This manual serves as a guide for writing style and structure as well as reference format.

RESEARCH

In order to maintain the highest degree of scientific integrity, the School of Health Sciences and Practice requires its investigators to present their grant applications for scientific review prior to submitting their application to the Office of Research Administration for approval. This review focuses on the validity of the scientific methods, the likelihood of the protocol to provide the requisite data, appropriate data management and data analytic techniques, and statistical power consideration.
### New York Medical College Institutes and Centers

<table>
<thead>
<tr>
<th>Institute</th>
<th>Director(s)</th>
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<tbody>
<tr>
<td>Brander Cancer Research Institute</td>
<td>Zbigniew Darzynkiewicz, M.D., Ph.D.</td>
</tr>
<tr>
<td>Cardiovascular Translational Science Institute</td>
<td>Vacant</td>
</tr>
<tr>
<td>Center for Disability and Health</td>
<td>David O'Hara, Ph.D. (interim)</td>
</tr>
<tr>
<td>Center for Disaster Medicine</td>
<td>Michael Reilly, Dr.P.H., M.P.H.</td>
</tr>
<tr>
<td>Center for Long-Term Care</td>
<td>Kenneth A. Knapp, Ph.D. (Co-Director) Hasanat Alamgir, M.B.A., Ph.D. (Co-Director)</td>
</tr>
<tr>
<td>Center for Pediatric Hypotensive Disease</td>
<td>Julian M. Stewart, M.D., Ph.D.</td>
</tr>
<tr>
<td>Center for Translational Pulmonary Hypertension</td>
<td>Michael Wolin, M.D.</td>
</tr>
<tr>
<td>Childhood and Adolescent Cancer and Blood Diseases Center</td>
<td>Mitchell S. Cairo, M.D.</td>
</tr>
<tr>
<td>Children's Environmental Health Center</td>
<td>Allen J. Dozor, M.D.</td>
</tr>
<tr>
<td>Children's Health for Science Institute</td>
<td>Thomas Hintze, Ph.D. (Director) William Frishman, M.D. (Co-Director)</td>
</tr>
<tr>
<td>Clinical Skills and Simulation Center</td>
<td>Katharine Yamulla</td>
</tr>
<tr>
<td>Institute for Minimally Invasive Surgery</td>
<td>Ashutosh Kaul, M.D.</td>
</tr>
<tr>
<td>Institute for Trauma Emergency Care ITEC</td>
<td>Rifat Latifi, M.D.</td>
</tr>
<tr>
<td>Lyme Disease Diagnostic Center</td>
<td>Gary P. Wormser, M.D.</td>
</tr>
<tr>
<td>NYMC-WAKF Renal Research Institute</td>
<td>Michael Goligorsky, M.D., Ph.D.</td>
</tr>
</tbody>
</table>
New York Medical College

POLICY ON INSTITUTES AND CENTERS

I. PURPOSE

New York Medical College recognizes the importance of focused, interdisciplinary and coordinated efforts directed towards the cure and treatment of disease and the discovery and development of new and innovative methods, devices and systems for the alleviation of illness, injury and their effects and for meeting the costs thereof. The purpose of this policy is to provide for, where appropriate, the creation and operation of Institutes and Centers, as hereinafter defined, of New York Medical College whereby research, patient care, teaching and other health-related services centering on biological and life processes or particular disease entities and/or their detection, prevalence, causes, symptoms, cures and effects, and on systems of health care may be carried out in focused, interdisciplinary and coordinated ways among and within the schools and the various basic and clinical science departments of New York Medical College.

II. DEFINITIONS

For the purpose of this policy, the following terms shall have the meanings indicated:

Center - a college-related site, program or initiative, using the title "Center of New York Medical College" or words of similar identity, association or effect, devoted primarily to focused, coordinated or interdisciplinary clinical care or consulting services with or without incidental research activities, including for:

a) the detection, prevalence, clinical prevention, diagnosis or treatment of illness, injury or disease or the effects thereof; or

b) the provision of advisory, consulting, information or analytical services with respect to principles, programs or systems for the delivery of health care and health-related services, or related to the utilization, quality or recovery of the costs thereof.

Institute - a College-related site, program or initiative, using the title "Institute of New York Medical College" or words of similar identity, association or effect, devoted primarily to research activities with or without incidentally related clinical or consulting services including:

a) basic or clinical research into illness, injury or disease, and the detection, prevalence, causes, prevention, diagnosis, treatment and/or effects thereof: or
research, scholarship and publications with respect to principles, programs or systems for the delivery of health care and health-related services, or related to the utilization, quality or recovery of the costs thereof.

II. CHARACTERISTICS

All Institutes and Centers of New York Medical College hereafter approved shall have the following characteristics unless otherwise prescribed by the Board of Trustees:

1. They shall require approval by the College’s Board of Trustees upon (a) the recommendation of the President and the Chancellor; (b) presentation of a description of the proposed purposes, objectives and activities of the Institute or Center; (c) presentation of a financial analysis and projections acceptable to the Senior Vice President for Finance and Chief Financial Officer reflecting adequate initial and on-going revenues and the expenses of the Institute or Center, sources of funding and space and capital requirements; and (d) in the case of an Institute or Center that will provide patient preventive, diagnostic or treatment services or involve patients or volunteers as subjects of clinical research, evidence of a commitment or arrangements for professional liability insurance naming the College as an insured in a form and with limits acceptable to the Office of General Counsel.

2. They shall be integral components of the New York Medical College corporate organization and shall be under the general supervision and direction of the respective Dean(s), the Chancellor and the President.

3. They shall cause teaching and education to be integral and prominent elements of their activities.

4. Each Institute or Center may have from time to time an External Advisory Board appointed by the President; and an Internal Advisory Board appointed by the Dean of the school in which the Institute or Center will reside consisting of members of College faculty and/or College staff.

5. Each director as administrative head of an Institute or Center shall, subject to review by the President and the Chancellor, be appointed by, and serve at the pleasure of the Dean of the school in which the Institute or Center resides and in which the director has his primary academic appointment; and will otherwise report and be responsible for the administrative matters to the Chairman of the department of his primary academic department or, as the appropriate Dean may prescribe, to the Dean or a designee of the Dean. Each Institute and Center shall reside within an existing department or program of the College and the Director of each Institute and Center shall report and be responsible to the Chairman or head of such department or program. Administrative assignment of other
faculty to the staff of an Institute or Center shall be made by the respective Dean(s) upon (a) written recommendation by the Director, the Department Chairman to whom the Director is responsible for administration of the Institute or Center, and the Chairman of the department in which the faculty member to be assigned holds his primary faculty appointment; and (b) a satisfactory written understanding among the Director and the foregoing Chairmen as to the funding, if any, for the faculty member and its sources.

6. Each person from the medical school serving within an Institute or Center must possess a primary faculty appointment from the College department most appropriate to the faculty member's qualifications and activities and such academic appointment shall be subject to oversight by the College Chairman of such department. Each person serving within an Institute or Center with a primary faculty appointment from a Graduate School shall be subject to the oversight of the Dean of such school as to such academic appointment.

7. All administrative and academic policies and procedures of the College, including with respect to external commitments and contracts, shall apply to each Institute and Center through, and under the direction of, the College school or department of the Director's primary academic appointment unless such direction is given to another individual by the respective Dean.

8. All operating policies, guidelines, by-laws and activities of any Institute or Center shall be consistent with College policy and principles.

9. All finances supporting each Institute and Center shall be administered through the College's official system of deposits, accounts, records and controls under the general direction and supervision of the Senior Vice President for Finance and Chief Financial Officer and no other deposits or accounts shall be maintained by any Institute, Center or affiliated organization or person. Each Institute and Center shall be designated a separate account by the College and all financial activities shall be conducted through such account. Each Institute and Center may be funded from various College account sources including, but not limited to, grant, contract, gift and hard money accounts.

10. The Director of each Institute and Center annually shall present for approval in a timely manner to the College official to whom he reports for administrative matters a proposed operating budget for the Institute or Center in a format and with detail satisfactory to such official. The annual budget of each Institute and Center shall be presented so as to reflect discretely the operations of the Institute or Center and, as appropriate, shall also be integrated into the annual budget of the College academic department or school with administrative responsibility for the Institute or Center.
11. All fundraising activities of any Institute or Center, or for the benefit of any Institute or Center or involving the use of its name, shall require advance coordination and scheduling through the College’s Vice President for Development.

III. OVERSIGHT AND REVIEW

All Institutes and Centers shall provide such information and reports of their activities and operations as may be requested from time to time by the Chairman or Program Director to whom the Director reports for administrative matters, the respective Dean(s) or the Chancellor or President. Institutes and Centers that are interdisciplinary and make substantial use of faculty with primary academic appointments from various departments or schools shall report, at a frequency as may be prescribed by the Chancellor to a Review Committee appointed by the Chancellor which shall consist, among others, of the Deans of the schools of the College and the Chairman or Program Director, if any, to whom the Director of the Institute or Center reports.

V. EXCEPTION

Upon the recommendation of the Chancellor, the President may authorize in writing the establishment of a Center for clinical care to consist of existing faculty, services and resources available within a single department. In such a case, the Director of the Center shall be appointed and responsible to, and serve at the pleasure of, the Chairman of the department. The Center and its Director shall otherwise comply with the requirements of this policy.

VI. TERMINATION OF INSTITUTES AND CENTERS

The President, in his/her discretion, may terminate, close or reduce the scope of operations of any Institute or Center approved by the Board of Trustees upon a finding that the Institute or Center concerned is no longer financially viable, no longer contributes meaningfully to the mission and work of the College, no longer serves the purpose for which it was established or had as the objective of its activities an illness or disease that is no longer a significant threat to human health.

Approved: Board of Trustees, 5/92
Revised: Board of Trustees, 5/03
Revised: Board of Trustees, 5/06
**Health Sciences Library**

**Mission**
The mission of the Health Sciences Library (HSL) is to advance education, research and scholarship by meeting the information needs of the New York Medical College community through the delivery of high quality resources, media, services and facilities.

**Overview**
The Health Sciences Library, located in the Basic Sciences Building, is the largest biomedical library in the Hudson Valley. The HSL presently provides access to a collection of nearly 200,000 print volumes and 16,000 serial titles in print and/or electronic formats. Other important data about our resources can be found on the HSL Annual Summary available via [http://library.nymc.edu](http://library.nymc.edu). The HSL web site acts as your portal to library resources and services. A full array of information resources and services is available in the HSL via more than 20 public workstations and a wireless network, from all computers on the NYMC network, and from off-campus using proxy server technology and barcode authentication. Liaison librarians are appointed to each academic department to support and collaborate on research and teaching, or to assist with information delivery and access.

**Library Facility Hours**

**Full Service hours** during the academic year are:

- Monday-Thursday: 8:00 AM - 12 Midnight
- Friday: 8:00 AM - 3:00 PM (October-March)
  8:00 AM - 5:00 PM (April-September)
- Sunday: 9:00 AM – 12 Midnight

**Study only hours:**

- Friday: 24/7
- Saturday: 24/7

*Hours are subject to change in relation to the Academic calendar. Extended hours are offered when possible during exam periods. Current hours are detailed on the [HSL home page](http://library.nymc.edu).*

**Access to the Library and Its Resources**

The HSL serves all faculty, employees, students, residents, and fellows of New York Medical College. Licensed databases, e-books, e-journals, and Internet resources can be accessed via the many workstations in the HSL and via any internet-connected computer using your library barcode. The Library **barcode** is required to check out items, and to **access online resources from off-campus** locations.
Obtain a barcode by visiting the library or by completing and mailing/faxing the Library Membership Form available under “Request Forms” on the HSL website. Faculty barcodes expire every five years with expiration on November 1; contact Access Services to renew at (914) 594-4200.

User Support, Education and Research (USER) Services
If you have any questions about using library resources, services or programs, please contact us!

Get to know your liaison librarian. A professional librarian is assigned to each academic department and medical school course. Reach out to your librarian for an orientation, for searches, to conduct sessions or consultations with your students, to assist with research projects or for other information related assistance. Don’t hesitate to ask.

USER Services/Liaison librarians are available to assist users with their research on-site, via telephone, email or chat. Contact your liaison or stop in or call the general library number at 914-594-4200. Assistance is also available through the online Ask Us service. In addition, library faculty is available for scheduled one-on-one, in-depth consultations.

Reference & Information Services Librarians provide curricular support through instruction; by developing curriculum related web resources; and by collaborating with faculty on integrating information resources and information literacy into the curriculum. New faculty are encouraged to request individual or small group orientations and tours. HSL offers classes on demand on a wide array of information related topics.

Access Services/Circulation (914) 594-4200
Access Services provides basic library services such as circulation (borrower registration and renewals, item check-out and check-in, renewals, holds, and recalls), interlibrary loan and document delivery, course reserves, study room reservations, and poster printer reservations.

Interlibrary Loans/Document Delivery (914) 594-4201/594-4200
Interlibrary loan requests are managed online through the ILLiad system. The Health Sciences Library belongs to several networks allowing us to obtain materials the library doesn’t own. You must set up an ILLiad account to use this service. Items ordered from another library incur a subsidized $3 fee.

Items owned by the library can be scanned and emailed at no charge. This “Scan on Demand” service is also via the ILLiad system.

Course Reserves: Materials to support your classes may be ordered and placed in the Reserve Collection upon request. This includes the availability of online course reserves. See relevant form under “Request Forms” on the HSL home page, or call 594-4204.
**Poster Printing (594-4200):** The library can print posters up to 42” height (any width). The service is more cost-friendly than local commercial establishments. See the library’s [Poster Printing pages](#) for assistance and fee information. The printer is available by appointment Monday through Thursday 9:00 AM - 9:00 PM, Friday 9 AM – 1 (or 3) PM (depending on closing time), Sunday 9:00 AM – 12:00 PM and 2 PM – 4PM. Call 594-4200 to make an appointment -- or use our [drop-off service](#).

**Group Study Rooms and Classrooms (594-4200):** Three group study rooms, a 20-person classroom and a computer lab, all equipped with whiteboards, tables, chairs, and network connections, are available for use by the NYMC community. Several of the rooms have videoconferencing capabilities. Reservations are via an online calendar accessible from the library website: [Study Rooms](#) | [Classrooms](#).

**Resources Management (914) 594-4205**

Resources Management is the unit of the library which carries out much of the behind the scenes library work, like purchasing and cataloging of materials and making sure they are available to users. To recommend an item for the library’s purchase, complete the [form](#) available under “[Request Forms](#)” on the HSL home page.

The Resources Management unit also strives to acquire, collect, and promote faculty scholarship. The library has been publishing a bibliography of faculty-authored materials for over twenty years (the print bibliography is now published by Touro) and maintains a database of these publications as well. The library is also able to help identify emerging areas of research, provide article and journal metrics, analyze research output, and help promote collaborative research.

**Faculty Author Bibliography (594-4205):** The Health Sciences Library produces – as of 2013 in conjunction with the Touro College and University System -- an annual compilation of publications by NYMC faculty authors within the past calendar year. Papers eligible for inclusion in the Faculty Authors Bibliography are those published in peer-reviewed and academic publications, with the author’s NYMC affiliation listed.
Information Technology Services

For all Technology services contact 914-594-2000.

Information Technology Services (ITS) strives to provide high quality cost-effective student and faculty technology experiences. To this end, ITS develops rolling 5 year strategic plan for technical investment to support the academic, research and business aspects of the college.

Telephone and other handheld devices

Voice mail and desktop telephone services and repairs including set up, replacement, additions and removal of equipment are provided to all offices on the Valhalla campus. Telephone service is provided in Voice over Internet Protocol (VoIP), digital, and analog formats. Service can be requested by calling the central number listed above. These services and Campus wide discounts are applied to monthly departmental billing. Cell phone support including purchasing advice, connection to email and wireless access is available to all students, faculty and affiliates.

Network

**Wired access:** All offices, classrooms, study spaces and auditoria are provided with at least one active network jack. Additional jacks can be provided for a fee upon request. The jacks connect to a category 6 internal campus network and then to 300MB redundant public Internet connection. Only computing devices may be connected to the college network. It is not permissible for users to connect any form of network equipment to the college network (i.e. routers, switches, hubs, wireless access points, etc). Student housing is provided with a separate 100MB Internet service from Cablevision.

**Wireless access:** All buildings on the Valhalla campus enjoy full strength wireless access which is used by students and faculty during all campus activities including National Exams.

**Affiliate support:** Network support is provided to programs in affiliate sites.

Data/Document Storage

All faculty and staff have access to secure storage of data and documents upon request. These private storage areas can be set up for sharing between Valhalla faculty, students and staff. In addition, cloud storage is available for faculty with large research data storage needs or faculty collaborating with colleagues on other campuses.

Disaster Recovery

All stored data and documents as well as email are backed-up. Disaster Recovery drills are conducted once per year, usually in the spring. Data is backed up daily, weekly, monthly and annually to on-site disks, then to tape which is stored in two remote locations.
Security

NYMC has a secure data center with fail-over support systems (A/C and Electrical), gas fire suppression and dual security access providing physical security to all College hardware and data storage equipment. In addition, NYMC provides two levels of computer software security as well as multi-layered network security. While not required by the Federal Government, the internal network on the Valhalla meets all HIPAA standards. Our ITS Security Manager conducts quarterly system reviews for any potential irregularities.

Research, Educational and Business Solutions

ITS provides technical solutions to meet daily needs including: data management, collection and reporting services; proactively introduces new technologies and identifies technical solutions to educational and research issues; assists with identifying and setting up financial, audit, department management and other reports. In addition, ITS has expertise in surveys and other data collection or data management strategies. ITS manages enterprise level software licensing for tools such as SharePoint, Project Management, Statistical Packages, Microsoft Office and others. To request assistance in any of these areas or to suggest improvements, call the number above.

Desk side support

ITS provides phone response service 24 hours per day every day of the year. Our target service level is an immediate response during business hours, a two hour response for level-one emergencies during non-business hours and next day service for all other issues. The services include support in setting up self-service, password re-sets, software installations and updates, basic hardware repairs for Dell computers (all technicians are Dell certified) and other trouble shooting for Macs, PC’s, telephones, tablets and cell phones.

Project Management

Many projects are cross-functional requiring additional communication and coordination. ITS staff is knowledgeable and adept at tracking the dependencies, details and deliverables of various projects to insure that all needed equipment and functionality is available on time and on budget. If you believe your next move or project requires this type of coordination or technical support, contact the number above.

Student Support [housing, study spaces, on-line exams]

Students are provided with network access and college email accounts along with additional computers in the library and classrooms in MEC and BSB. All students are provided with a recommended computer configuration for optimal campus access at the beginning of their academic career if they wish to purchase a personal computer. The recommended configurations are supported for the duration of the program even if newer
versions are recommended for later classes. All classrooms are wireless to accommodate computer based training and testing. See “Library” above for library access information.

**Educational Media Services**

Educational Media Services (EMS) provides audiovisual support services to students and faculty including equipment, supplies, technical support and consultation. EMS coordinates videoconferencing, WebEx and special event media equipment delivery. They provide support for educational tools such as the Anatomage Table (electronic view of a real body image), smart boards and smart podiums. The assistance of an educational media technician may be scheduled by contacting the number above between the hours of 8:30 AM and 4:30 PM.
Office of Public Relations

POLICY ON PUBLIC RELATIONS RESPONSIBILITY AND AUTHORITY

Dated: October 10, 2016
Supersedes: PR.102 Responsibility and Authority, dated July 12, 2000
References: Use of College Authorized Social Media Accounts, dated August 30, 2011; Filming, Videotaping, Photography and Visual or Audio Recording, dated February 26, 2013

PURPOSE

To provide information and guidelines regarding the role, responsibility and authority of the Office of Public Relations regarding communications and marketing to ensure that such matters are professionally and appropriately handled and referred. Nothing in this policy is intended to affect the responsibility of faculty members for their scholarly publications and personal involvement in community activities, nor is it intended to affect individual employees' rights to express personal views about New York Medical College ("the College") or other issues as long as they make it clear that they do so as individuals and do not represent the official position of the College either directly or indirectly.

SCOPE

This policy applies to all members of the College community including at clinical affiliates.

POLICY

It is the policy of the College that all official external communications and marketing be conducted and coordinated through and under the oversight of the Office of Public Relations in accordance with the provisions of this Policy.

PROCEDURE

The Office of Public Relations has primary responsibility for each of the areas specified below.

A. Media Relations - To ensure that information about the College and its members is accurately, consistently and optimally disseminated to the public through the media, the Office of Public Relations is the only office authorized through which official announcements, activities and statements, including press releases of the College may be communicated to the general public. The Vice President of Communications serves as the official College spokesperson on matters of institutional policy or position,
solicits leadership's participation as warranted and is charged to respond to all general inquiries and to proactively engage the media to report on items of interest. When members of the College community are contacted by the media on any matter (including one relevant to their particular area of expertise), they must immediately refer the media to the Office of Public Relations who will work with faculty and senior administrators in formulating appropriate responses. When the inquiry solely concerns an individual's expertise, faculty and staff are encouraged to respond directly and to notify the Office of Public Relations for follow up, if necessary. Because of the public relations staff's functional range of knowledge, they may call upon other members of the academic community to expand or contain a news item. All offices seeking press coverage for events and activities will contact the Office of Public Relations prior to initiating media contact. The Office of Public Relations will analyze each request and define the strategy it believes will be most effective in achieving the desired goal on behalf of the College. Requests for routine coverage should reach the office at least two weeks before the date on which initial media contact or release might be made.

B. **Advertising** - The prior approval of the Office of Public Relations is required for all advertisements, brochures and other communications, including written, video, audio, electronic or other formats, to external audiences for purposes other than recruiting personnel (handled by Human Resources). This ensures that information about the College is current and accurate and that brand and design standards are consistently applied.

C. **Publications** - The Office of Public Relations produces the College's primary publications including the *Chironian* magazine, the *In Touch* - newsletter, strategic plans, brochures, programs, booklets, postcards, posters, etc. Ideas for feature stories are welcome and should be directed to the appropriate editor.

All College schools and departments must consult with the Office of Public Relations to produce printed materials. The Office of Public Relations will assist with selecting quality vendors, proofing copy and ensuring brand guidelines and design standards are met.

D. **Website** - The layout, design, information architecture and content of the College's website (www.nymc.edu) are under the purview of the Office of Public Relations. The hardware and servers for the web are under the purview of the Office of Information Technology. The website is a communications vehicle that provides College information in a consistent design standards format. The Office of Public Relations works with
academic and administrative departments to develop/update the website, however, schools/departments/divisions/offices are responsible for the content and accuracy of their area on the College website. All activity on the website is monitored and recorded. It is strictly forbidden for any member of the College community to gain access to any portion of the College website without authorization of the Office of Public Relations.

External and/or vendor sites: The Office of Public Relations manages all content from web pages within the domain of www.nymc.edu. Any website and/or pages housed outside of www.nymc.edu, such as (but not limited to) vendor website or website created independently of the main College website are not supported and are not condoned by the Office of Public Relations. The Office of Public Relations is not responsible to manage any web content outside of www.nymc.edu. All official website communication must be housed within the official College web presence domain, www.nymc.edu.

Web page design:

Compliance with ADA Guidelines for Internet Design by: Not setting body text in color. Italicized text should not be used and holding body text should be avoided.

Avoid using disclaimers such as "Under Construction": Do not add a link to web pages that are incomplete.

Minimize scrolling and display time: Try to limit information to one or two pages. If information is lengthy, it should be divided into smaller, more manageable sections.

Using photographs and images: The use of photos and images is encouraged to enhance the visual appeal of the website. These images should be in jpg or gif format and approximately 11 KB. All photos and images used must have the express, written permission of not only the person or organization that owns the image, but also that of any person or persons included within the image. A signed copy of the photo release should be sent to the Office of Public Relations and a copy should be kept in your files. Please note that most photos taken through the Office of Public Relations already have release forms on file. Release forms are not needed for photos taken of the College faculty or staff but it may be a courtesy to notify the person(s) that you intend to use a specific image.

Gratuitous web graphics that add little or no content value: The use of animated gifs, Java applets, and image backgrounds are not permitted.
When using copyrighted material and trademarks, all copyrighted material must have the express written permission of the person or organization that owns the copyright. The Office of the General Counsel must be consulted when publishing copyrighted material of a complex or questionable nature. All trademarks used must have the express written permission of the person or organization that owns the trademark. As a rule, avoid reproducing copyrighted material on the web and use your own materials.

E. Social Media Platforms - The Office of Public Relations is responsible for the College's official social media presence on platforms such as, but not limited to, Twitter, Facebook, LinkedIn, Instagram, Flickr, YouTube, etc. These platforms provide another opportunity to reach out to various audiences, such as prospective students, current students and alumni, and have the potential to create a significant impact on the reputation of the College. Public relations staff members ensure that social media accounts that are associated with the College portray and promote the College in a way that is consistent with its mission and reputation. The development of a social media site that displays the College logo is strictly prohibited without the permission of the Office of Public Relations.

F. Community Relations – The Office of Public Relations seeks to increase awareness of the College through participation in community events. Individuals who become aware of any activity in which the College’s representation would be important are asked to bring it to the attention of the office.

G. Photography - The Office of Public Relations maintains an electronic image library of photography that is representative of the College’s campus, students, faculty, alumni, events, and overall brand. Departments requiring photography for marketing and communications purposes should contact the Office of Public Relations to access the image library. If a department requires new photography and they have the budget to hire a photographer, they can contact the Office of Public Relations for the name of an approved freelance photographer. Once the photo shoot is complete, the department should provide the Office of Public Relations with the photos to add to the shared images directory.

The Office of Public Relations does not have an in-house photographer; however, our staff does take photos at events that we choose to cover in our publications. A department hosting an event may contact the Office of Public Relations two weeks prior to the event to request photography coverage. If the Office of Public Relations cannot fulfill a request or if a department requires photos for their own purposes, a camera can be signed-out on loan.
H. **Digital Signage** - Digital Signage (flatscreen) monitors are located in all main College buildings. The monitors are an internal communication vehicle for promoting news, events and announcements. The content on these signs is under the purview of the Office of Public Relations. The hardware and software for the digital signage is under the purview of the Office of Information Technology.

I. **Stationery** - To order letterhead, business cards, envelopes, and memo pads in accordance with the Policy on Stationery Standards, please visit [http://www.nymc.edu/departments/administrative-departments/operations/purchasing/ordering-stationery/](http://www.nymc.edu/departments/administrative-departments/operations/purchasing/ordering-stationery/)

**PowerPoint templates** - Faculty or staff members can contact the Office of Public Relations to obtain the College branded Power Point slides for their presentations.

J. **LOGO** - The most visual representation of the College's brand is our logo. All communication vehicles must display the correct logo. The logo may not be altered in any way. The Office of Public Relations is responsible for the design and usage of the logo. Any department or individual that requires use of the logo can contact the Office of Public Relations to obtain the logo in the required format.

**LOGO CONFIGURATION**
At no time may the shape, configuration or proportions be altered. Consistent use of the logo helps maintain the integrity of the brand and ensures greater brand recognition.

**CLEAR SPACE**
Clear space is used to preserve the integrity of the logo and ensure maximum impact in environments where it appears with other elements. Clear space must be maintained on all sides of the logo. The minimum clear space required is relative to the size of the logo. It is equal to the X-height of the type as indicated.

**MINIMUM SIZE**
When the logo is reduced, there is a point at which it becomes ineffective. Establishing a minimum size for the logo ensures it is always prominent and readable. The logo should never be reproduced smaller than 1.5 inches in width.

Logo States
The College's logo has three states. These states can be used interchangeably across all applications. When reproducing the logo, use only the artwork supplied with guides.

Acceptable College logo versions are available in the College's style manual located at www.nymc.edu/style. College logos are also acceptable as one color. Maroon, black and white (knockout) variations.

LOGO APPLICATION ON A COLOR BACKGROUND
Although the two color logo on a white background is the preferred usage, there will be instances when the logo must appear on a color background. To maintain the legibility of the logo and brand integrity, there must be sufficient contrast between the logo and the background it appears on. The background color must always provide sufficient contrast with the College's colors.

BACKGROUND CONTROL
The College logo may be printed on a color, pattern, or photographic background if there is adequate contrast with the logo.

PROHIBITED LOGO USAGE

1. Do not use old versions of the College logo
2. Do not alter the proportions of the logo components
3. Do not apply graphic effects
4. Do not combine with other graphic elements
5. Do not change color of logo
6. Do not rotate

COLOR HIERARCHY
Maroon is the primary logo color and is preferred for use on all printed materials or promotional items. Logo is also acceptable as one color. Maroon, black and white (knockout) variations are available for one color print applications. Our color system also includes secondary colors – ochre, black and grey. RGB, HEX, CMYK and PMS color are available in the College's style manual located at www.nymc.edu/style

A. Branding – The Office of Public Relations is responsible for the overall brand image and identity of New York Medical College. The brand presents a clear visual representation of the School and includes logos, font types, colors, photos, and the school name. The Office of Public Relations oversees the brand to ensure it is applied consistency and appropriately to all communication vehicles including publications both printed and electronic, the website, social media, stationary, signage, and business cards.
B. **Media Relations** – To ensure that information about the college and its members is accurately, consistently and optimally disseminated to the public through the media, the Office of Public Relations is the only office authorized to issue a press release on behalf of New York Medical College. Press releases, which cover a broad range of topics including educational and research activities, appointments and other newsworthy items, are circulated to the media as well as posted on the college’s website. The Director of Communications serves as the official college spokesperson on matters of institutional policy or position and solicits leadership’s participation as warranted and is charged to respond to all general inquiries and to proactively engage the media to report on items of interest.

When members of the academic community are contacted by the media on any matter other than one relevant to their particular area of expertise, they should immediately refer the media to the public relations staff who will work with faculty and senior administrators in formulating appropriate responses. When the inquiry solely concerns an individual’s expertise, faculty and staff are encouraged to respond directly and to subsequently notify the public relations office so that any necessary follow up can be done. Because of the public relations staff’s functional range of knowledge, they may call upon other members of the academic community to expand or contain a news item.

C. **Publications** – The Office of Public Relations produces the college’s primary publications including the bi-annual Chironian magazine, the weekly In Touch e-newsletter, as well as various brochures, booklets, etc. When departments produce printed pieces to advance their own programs, they need to seek the public relations department’s assistance during the early stages of production. The public relations staff will ensure the project is bid out to approved vendors for printing, updated photography is utilized, copy is properly proofed, and ensure the piece is designed to reflect the college’s brand image. The Office of Public Relations does not have a copy writer on staff, so producing content is the responsibility of the department requesting the publication.

D. **Website**: The objectives of the New York Medical College website are to communicate to a global audience the mission, values, accomplishments, and fundamental workings of the college. The operation of the college website is under the preview of the Office of Public Relations. The department is responsible for the overall design and structure of the website while the Office of Information Technology is responsible for all software and server maintenance. The Office of Public Relations works with academic and administrative departments to update the homepage and other pages of the site; however, schools/departments/individuals are responsible for generating and updating the content on their sections of the site and ensuring content is current as well as accurate. All edits and additions to the website must be approved by the Office of Public Relations before they go live. Members of the academic community are expected to comply with Information Services’ guidelines for academic computing. It is strictly forbidden for any member of the college community to gain access to any college protected information resources area of the web without authorization of the webmaster.
E. **Social Media Platforms** – The Office of Public Relations is responsible for the College's official social media presence on platforms such as Twitter, Facebook, LinkedIn, Instagram, Flickr, etc. These platforms provide another opportunity to reach out to various audiences, such as prospective students, current students and alumni, and have the potential to create a significant impact on the reputation of the college. Public relations staff members ensure that social media accounts that are associated with New York Medical College portray and promote the College in a way that is consistent with its mission and reputation. Any department, group, or individual that wishes to create a social media site utilizing the New York Medical College name or logo must obtain approval from the Office of Public Relations and share the passwords to these sites with the department.

F. **Digital Signage** - Digital Signage (flatscreen) monitors are located in all main New York Medical College buildings. The monitors are an internal communication vehicle for promoting news, events, and announcements. The content on these signs is under the purview of the Office of Public Relations. The hardware and software for the digital signage is under the purview of the Office of Information Technology.

G. **Community Relations** – The Office of Public Relations seeks to increase awareness of New York Medical College through participation in worthwhile community events. Individuals who become aware of any activity in which the College's representation would be important are asked to bring it to the attention of the office.

H. **Support Services/Special Projects** – Public Relations staff members provide consultation services to College faculty, administration and students in areas related to their expertise. They also execute special projects upon request of the president, Chancellor, and deans.

**EFFECTIVE DATE**

This policy is effective as of the date signed below.

**POLICY RESPONSIBILITY**

In complying with certain of the above guidelines, members of the College community must provide at least seven (7) business days for the Office of Public Relations staff to review information intended for distribution or publication.

**POLICY MANAGEMENT**

Responsible Executive: Chancellor and CEO
Responsible Officer: Vice President of Communications
Responsible Office: Office of Public Relations
Employee Health Services are available in the Basic Sciences Building in Valhalla and at each of the College's university affiliate hospitals. Faculty members may utilize the Health Services at their respective facilities, which maintains their individual medical records.

Health Services provides the following services to faculty:

- Pre-employment physicals
- Routine Urine Analysis
- Tuberculosis Skin Test (PPD)
- Vaccinations against various diseases for at risk personnel, following OSHA guidelines (Recombivax HB)
- Dispensary Care
- Blood Pressure checks and follow up
- Medical Referrals
- Glucose Check
- Tetanus Booster

For more information, contact the Employee Health Services at your facility or the Health Services in Valhalla at (914) 594-4234 or 4235.
New York Medical College is subject to the terms of Title I of the Americans with Disabilities Act of 1990. In compliance with Title I of the Act, effective July 26, 1992, the College will take action to employ and advance in employment qualified individuals with a disability. An individual is qualified if he or she can perform the essential functions of the job with or without reasonable accommodation.

The term disability for purposes of this act is defined as the physical or mental impairment that substantially limits one or more major life activities. Essential functions are those responsibilities that are an integral part of the job and must be performed by the individual in order to be considered qualified for that position. The non-essential functions of the job do not necessarily have to be performed by the same individual in order for that person to be qualified.

New York Medical College may continue to select qualified people who can perform all job-related functions, but will not or does not discriminate against a qualified individual with a disability because of the person's disability. The ADA requires that the person be evaluated solely on his/her ability to perform essential functions of the job with reasonable accommodation unless it imposes undue hardship, e.g., significant expense or difficulty.

If a qualified applicant or employee with a disability makes a request for accommodation, each request should be filed with Human Resources for consideration. Pre-employment interviews should not include any reference to former workers’ compensation cases or contain medical inquiries. In compliance with ADA provisions, the College provides all eligible employees with the same employee benefits without discrimination.

If any applicant, employee, student, patient or other person believes that New York Medical College has failed to comply with the provisions of this Act, a complaint can be filed with the ADA Coordinator for Human Resources issues, and/or the ADA Coordinator for College Facilities Accommodation and Accessibility. A prompt investigation will take place and action taken thereon as the facts and circumstances warrant, consistent with laws and regulations.
CODE OF CONDUCT AND POLICY ON CONFLICTS OF INTEREST

I. Preamble

New York Medical College ("College") is an educational and research institution dedicated to the pursuit of knowledge and to the principle of free, open and objective inquiry into the conduct of its teaching, research and service missions. The faculty and employees at the College share its commitment to these goals.

The College has been given special privileges and exemptions by society in relation to the activities it performs and teaches others to perform. It is the responsibility of the College and its employees, in consideration of this public trust, to carry out these purposes and objectives with integrity. It is essential that all members of the College community deal with all others humanely, with consideration, fairness and honesty. It is further incumbent upon all faculty and employees neither to engage in any improper conduct nor to create the perception of improper conduct that could adversely affect the College's reputation, welfare and morale.

Reference also: NYMC Policies and Procedures Manual, Human Resources, HR 100

II. Purpose

To establish guidelines and set standards for faculty and employees to share with the College in its commitment to achieve the highest level of ethical conduct in its teaching, research and service missions. To ensure that the College meets its academic and research obligations with integrity and that all members of the College community deal with all others humanely, with consideration, fairness and honesty. It is further incumbent upon all faculty and employees neither to engage in any improper conduct nor to create the perception of improper conduct that could adversely affect the College’s reputation, welfare and morale.

III. Applicability

This Code of Conduct applies to all College employees and members of the faculty. The College’s Board of Trustees is subject to a separate Conflicts of Interest policy adopted in December 1993.

IV. Policies and Procedures

This policy is more general than other policies and procedures prescribed by the College for specific subjects and circumstances, such as those set out in the Administrative Policies and Procedures Manual, in policies covering sponsored programs and all research programs, intellectual property and patent rights, in published academic standards, or in regulations issued by federal and state agencies.
relating to government sponsored grants and contracts. This policy does not displace or supersede these more specific policies and procedures, but extends and complements them. It is the obligation of each employee or faculty member to be aware of those policies pertinent to his/her function and responsibilities.

A. Definitions

The following definitions and principles of conflicts of interest shall apply:

1. "Conflicts of Interest" - any situation or relationship that permits a College employee, whether faculty or staff, or anyone else in a position of trust at the College, to gain a financial benefit at the College’s expense, beyond normal compensation or as otherwise permitted by express College policy. Financial benefits are gained at the College's expense when an individual diverts or misuses the College’s resources or privileges afforded by association with the College for personal gain or for the private gain of other individuals or organizations inside or outside the institution. Such benefits are also gained by diverting opportunities that should belong to the College away from the College or to some restricted College purpose when the restriction is not necessary.

2. "Property" or "benefit" - anything of value, tangible or intangible, that may be transferred or sold or assigned for money or other consideration, including, but not limited to, cash, stock, stock options or warrants, leases, licenses, real or personal property or property rights, contract rights, rebates, vendor credits or reimbursement of personal expenses, gifts or gratuities.

3. "Immediate family" - an individual's spouse (or other significant relationship), children, parents, siblings and, for purposes of this policy, all persons dependent upon the individual or resident in the same household.

B. Policy

It is the policy of the College for faculty and employees to follow the principles outlined in this policy in relation to all of the following areas:

1. Areas of Conflicts of Interest

The following principles apply with respect to a conflict or possible conflict of interest at the College:

a. Financial Interests

No individual who is an employee or faculty member in a position to influence the outcome of a transaction affecting the College should be a party to such transaction when it is with another person or organization
in which the individual or a member of the individual’s immediate family has a financial interest or holds a fiduciary position such as employee, director, shareholder or consultant. For purposes of this policy, a possible conflict of interest includes but may not be limited to:

i. an agreement to obtain or receive an ownership or creditor’s interest in another entity,

ii. an agreement for compensation or consulting payments, dividends, fees, property or other thing of value from another individual or entity,

iii. an equity or other ownership or controlling interest in another entity which, together with interests of members of his/her immediate family, amounts to more than 5 percent of the stock or value of the other entity under the most conservative generally accepted valuation technique, more than 10 percent in an entity whose stock or other equity interests are traded publicly on a national exchange, or

iv. an interest under a royalty or similar agreement with another organization held by an individual and/or a member(s) of his/her immediate family except as permitted under the College’s Intellectual Property Policy.

In determining items which require disclosure, faculty and employees should refer to existing guidelines, such as those specified in the financial disclosure requirements for sponsored research programs. In general, the materiality of a financial interest or conflict of interest will be judged by the College on the basis of whether or not the judgment or discretion of the individual in matters affecting the College is or may be influenced by consideration of personal gain or financial benefit.

Reference also: NYMC Policies and Procedures Manual:
Controllers Section CO 100- CO700
Purchasing Department Section PD100
ORA Conflict of Financial Interest Policy and Disclosure Forms
NYMC Intellectual Property Policy

b. College's Name and College Association

The name of New York Medical College and the privilege of association with the College as evidenced by a faculty, administrative or other title are valuable assets and attributes. They are to be used only for legitimate purposes that enhance the College’s academic activities and its reputation for fair dealing in the public interest. No one may use the institution’s name or one’s professional title or association with the institution for advertising purposes, to identify the institution with an
outside entity or to endorse the entity’s product without special written approval from the President.

In situations in which association of a faculty or staff member with the College is apparent from written or oral statements or from the context in which the statement(s) is made, the individual must emphasize that his comments or opinions are not to be construed as those of the College, unless that person is speaking in his capacity as a faculty member or employee and such statements are consistent with the position of the College.

The College may and does employ members of the clinical faculty and does afford them compensation in return for teaching, supervision, administration and research that are performed for the College, even though the same faculty might be engaged independently in billing for professional clinical services individually or through their employment by other organizations. The College is not a vehicle, agent or employer of its clinical faculty in their capacities as providers of clinical services billed to patients or third-party payers, except within the College’s Faculty Practice Plan at Metropolitan Hospital Center and, as may be the case, any University Faculty Practice Corporation under New York State law that the College may form in the future. Except with respect to the College’s Faculty Practice Plan at Metropolitan Hospital Center, Clinical faculty members and their practice entities are not authorized to provide clinical services under the name “New York Medical College,” nor under the name of any College department or component forming part of the College, including divisions, centers or institutes. Clinical faculty members and their practice entities are also precluded from billing or collecting fees or corresponding as part of providing clinical services in such a context using the name of the College or any College department or component. This policy does not preclude a faculty member from identifying himself with the College in his academic capacity.

Clinical faculty members have a responsibility to the medical profession and to the public to become and remain informed about laws, rules and regulations applicable to third party billing for professional services, especially those relating to the Medicare and Medicaid programs.

c. College Property and Resources

All College property and resources (including funds, personnel, intellectual property and property rights, equipment, supplies and institutional opportunities for financial gain) are to be conserved and used exclusively for the benefit and development of the College in carrying out its mission and purposes and may not be diverted away from the College to the benefit of any other organization or individual. College property includes information that would not normally be
available for public disclosure without approval of the President, the Chancellor, a Dean or the Chief Financial Officer.

Reference also: NYMC Policies and Procedures Manual:
Controller's Sections CO 100-CO700,
Human Resources Sections HR 100-HR 900
Information Services Section IS 100
Purchasing Section PD 100
NYMC Intellectual Property Policy

d. **Gratuities**

No employee or faculty member shall accept or permit any member of his/her immediate family to accept any gift or gratuity of more than nominal value from known College contractors or vendors or from any organization, person or entity known to do business with the College.

Reference also: NYMC Policy and Procedures Manual:
Human Resources Section HR 712

e. **Political Contributions and Lobbying**

By law, no contributions may be made by NYMC, by anyone acting on behalf of NYMC, or with any funds of NYMC from any source to, or for the benefit of, any political campaign or in support of the election of any individual for public office. No funds of the College may be used for lobbying public officials except as lawfully permitted and with written approval of the College's President.

f. **Outside Interests and Activities**

Memberships on boards of directors, committees, advisory groups of governmental, for-profit or not-for-profit entities distinct from the College may create potential conflicts of interest or the perception of a conflict. An ownership interest by the employee or by a member of the employee’s family in any property or entity related to business transactions with the College may create a similar conflict. These interests and activities should be disclosed according to the procedures described in this policy.

V. **Procedures for Disclosure of Conflicts and Potential Conflicts of Interest**

The College is committed to ensuring for faculty and employees an ethical and equitable environment in which to conduct teaching, in limited circumstances patient care and research while avoiding conflicts of interest and even the appearance of such conflicts. Given the complexity and diversity of personal and professional relationships and the fact that the perception of a conflict of interest may vary from
individual to individual, the College has established a procedure according to which employees and faculty may disclose a potential conflict of interest or obtain an evaluation of any ambiguous situation that may create a conflict of interest or the appearance of a conflict of interest.

A. Annual Notice

A copy of this policy shall be distributed annually to members of the College Community.

B. Annual Disclosure

With the annual distribution of a copy of this policy, a disclosure form will be distributed that is intended to determine whether an employee has been or is currently involved in situations of conflict or potential conflict of interest with the College and its interests. Each individual to whom such a disclosure form is distributed will be expected to review his/her activities and relationships thoughtfully and thoroughly. Administrative employees will be expected to return the disclosure form each year and faculty members will be expected to return the form each year if they engage in any conflict of interest. Consultation should be sought when an employee or faculty member is in doubt about whether an interest or activity creates a conflict of interest.

The disclosure form will be submitted within the time prescribed to the respective Chairperson or the appropriate Dean for faculty members, or to the Chief Financial Officer if the employee is otherwise employed by the College. At the election of a faculty member, the disclosure form may be submitted directly to the Chancellor for consideration. Failure to complete such a questionnaire responsibly and accurately or to return it as required shall be grounds for disciplinary action, which may include termination. This disclosure is in addition to those required under the College’s policy relating to extramural support of research projects and all academic activities. A summary report of the disclosures received by the Chairperson, Dean or Chief Financial Officer will be provided to the President, the Chancellor, the Director of Internal Audit and to the Audit Committee of the Board of Trustees.

C. Additional Disclosure Requirements

Each faculty member and employee shall have a continuing obligation to disclose on a timely basis any conflicts of interest or potential conflicts of interest as they arise.

D. Conflicts Resolution

A Committee appointed by the President comprising of members of College faculty and administration and representing the basic, clinical and health sciences shall be appointed. The Committee will serve as a review committee in
the event of an alleged violation of the Code of Conduct or if there is a need to consult on a conflict or potential conflict of interest. Cases may be referred to the Committee by the Chancellor, a Chairperson, a Dean, the Chief Financial Officer or any individual who is unable to resolve concerns at a departmental level. The Committee shall meet and make a recommendation as to whether the conflict or potential conflict will be prohibited or may be modified. The Committee will report its findings to the President.

VI. **Standards for Resolution of Conflicts or Potential Conflicts of Interest**

In determining whether a relationship or situation involving a conflict or potential conflict of interest should or may be prohibited, modified or managed by the College, the following considerations, among others, will be taken into account:

A. Will a requested or proposed resolution of a conflict or potential conflict of interest enhance, not meaningfully affect, or detract from the College's reputation, responsibility or obligation for the objective pursuit of truth in science and the education of students, or a favorable public perception of the College in the manner in which it carries out its mission, goals and objectives?

B. Is it possible practically and realistically to modify or manage a conflict of interest or potential conflict of interest so as to ensure objectivity in the work to be performed and in the results to be reported?

C. Have all proposed and preexisting relationships, interests and agreements, express or implied, involving the College employee or person in position of trust for the College (and members of his/her immediate family) and third parties involved in the conflict of interest been fully and adequately disclosed and inquired into?

D. Even if the particular conflict or potential conflict of interest under review is not individually likely to compromise the College's reputation, divert important opportunities from the College, or excessively benefit a College employee or person in a position of trust at the College, has serious consideration been given to the actual and potential negative effects on the College and its interests if, in the aggregate, multiple situations involving similar effects on the College were to be given approval?

E. Will a conflict or potential conflict of interest, if permitted as first presented or as subsequently modified, result in short-term benefits to the College that may, however, be outweighed by actual or potential long-term harm to the College, the morale of College faculty or staff and/or the College's reputation?

F. Should agreements or arrangements with other third-party entities be more beneficial to the College than the agreement or arrangement proposed by a College employee, faculty member or other person in a position of trust at the College be explored or solicited to ensure that the College will receive the
benefits of the agreement or arrangement objectively most favorable to the institution as a whole?

G. Despite possible measures to modify or manage a conflict of interest at the College, might even just the apparent incentive for personal gain on the part of the College employee or other person in a position of trust at the College and the consequent challenge to his/her objectivity be sufficiently strong or questionable that the results of the College individual’s work will probably be subject to suspicion or criticism by others?

VII. Requests for Inquiry

It is the College’s expectation and requirement that all persons subject to this Code of Conduct and Conflicts of Interest policy will endeavor faithfully to comply with its terms and requirements. In the event, however, that any person shall have reason in good faith to believe that a member(s) of the College community subject to this policy is not in compliance with the policy through ignorance, inadvertence or otherwise, that person is requested to report his/her concern in a timely manner, on an identified or an anonymous basis, in writing or by telephone, to the College’s Director of Internal Audit. Thereafter, the Director of Internal Audit will inform the office as to the appropriate College official who will make what he/she deems suitable inquiry into the facts and process any matters coming within this policy as provided by its terms.

VIII. Interpretations

The President of New York Medical College shall have the authority when he deems it necessary to issue interpretations of the terms and provisions of this policy which shall be binding on the participants subject to review by the Board of Trustees or its Audit Committee.

Approved by the Board of Trustees on October 1, 1993 and December 13, 2006.
DRUG-FREE SCHOOL AND CAMPUS POLICY STATEMENT

New York Medical College recognizes its special responsibility to prevent the illicit use of drug or alcohol on College premises by faculty, students and employees. The effects of drug or alcohol dependency compromise work and academic performance as well as health care. This, therefore, is to advise you that the College, in consultation with Faculty, the deans’ offices and administration, has developed and adopted a drug-prevention program which reaffirms our policy regarding the use of drugs and alcohol and provides specific information in compliance with the Drug-Free Schools and Communities Act Amendments of 1989.

The College’s Drug Prevention is as follows:

1. It is the policy of New York Medical College to prohibit the unlawful possession, use or distribution of illicit drugs and the abuse of alcohol by faculty and employees on College premises or as part of any activities of the College.

2. Violation of the above policy shall result in, as a primary and remedial objective, written submission satisfactory to the College indicating completion of an approved drug or alcohol counseling, treatment, or rehabilitation program as a requirement for continued employment or, as a last resort, appropriate disciplinary action, up to and including suspension or termination of employment and, as applicable, referral for prosecution.

3. The abuse of alcohol and illicit drugs is associated with a number of substantial health risks affecting the performance of employees both at work and home. Alcohol is associated with liver disease, ulcers, birth defects, malnutrition, heart disease and stroke and can cause brain damage. Its effects on performance include poor concentration, coordination and judgment, as well as absenteeism, lateness, mood swings and fatigue. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person’s ability to learn and remember information. Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations and convulsions. Alcohol withdrawal can be life threatening.

4. The legal sanctions under federal, state or local laws for the unlawful possession or distribution of illicit drugs or alcohol are severe and substantial requiring mandatory imprisonment and/or fines. The applicable penalties under Federal Law for the unlawful distribution or trafficking of drugs (substances) and the penalties under Federal Law for the illegal possession of a controlled substance are available in the Human Resources Department or at Affiliation Offices.

5. New York Medical College strongly encourages faculty and employees needing help in dealing with drug or alcohol dependence to participate in drug counseling and rehabilitation programs approved for such purposes by federal, state or local health agencies. A description of some of the available drug or alcohol counseling, treatment
or rehabilitation or re-entry programs for faculty or employees can be obtained in the Human Resources Department or Affiliation Offices or through the Union. As appropriate, reimbursement may be made in accordance with the College’s current health plans, or union.

**DRUG-FREE WORKPLACE POLICY STATEMENT**

New York Medical College recognizes its special responsibility to ensure a drug-free work environment because of our commitment to excellence in medical education and health care. The work-related effects of drug abuse compromise both work performance and the safety of employees and patients. We, therefore, reaffirm our policy to provide a drug-free workplace.

The unlawful manufacture, distribute, dispensation, possession or use of a controlled substance on College premises or while conducting College business off College premises, is prohibited. Violation of this policy will result in, as a primary and remedial objective, the satisfactory completion of an approved drug assistance or rehabilitation program as a requirement for continued employment. As a last resort disciplinary action can be taken, up to and including termination.

All faculty and staff directly engaged in work projects, which are funded by federal grants or contracts are required, as a condition of employment, to affirm that they shall abide by the terms of this policy. Federal law mandates that any conviction under a criminal drug statute for a violation while conducting College business whether on or off College premises must be reported to the Director of Human Resources. Such reports must be made no later than five (5) days after such conviction.

The College recognizes that chemical, drug, or alcohol dependency is an illness or impairment which poses major health or safety problems. Faculty and staff needing help in dealing with such problems are strongly encouraged to participate in drug/alcohol counseling and rehabilitation programs. As appropriate, reimbursements may be made under the College’s health plans. All requests for assistance will be held in strict confidence and will not jeopardize employment. As a primary and remedial objective, written submission satisfactory to the College, indicating completion of an approved drug program or attendance in alcohol counseling treatment or in a rehabilitation program is a requirement for continued employment. Continued violation of this policy would require further disciplinary action, up to and including termination and, as applicable, referral for prosecution. All requests for additional information should be directed to Human Resources.

With your active cooperation and support, we will continue to deter substance abuse at New York Medical College.
EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

New York Medical College recognizes its legal and moral responsibility to assure equal employment opportunity to all qualified individuals. The College's Equal Employment Opportunity Plan supports this commitment by specifying positive objectives and procedures to ensure fair employment practices.

We, therefore, reaffirm our policy, as adopted by the Board of Trustees, to prohibit discrimination in all our personnel actions regarding the recruitment and selection of individuals, training, promotion and all other terms and conditions of employment without regard to race, color, religion, sex, age, national origin, marital status, disability or veteran status. We will, in addition, abide by all contractual commitments regarding equal employment opportunity in affiliation agreements with New York City Health and Hospital Corporation and the County of Westchester.

The Department of Human Resources has the responsibility for establishing, developing, implementing and monitoring our Equal Employment Opportunity Plan.

The College encourages initiative and personal leadership by all faculty and employees to comply fully with federal, state, and local laws prohibiting discrimination in employment; and to support the College's policy by creating an atmosphere which is conducive to non-discrimination. Further, it is our intention to do business only with those organizations that share our commitment to equal employment opportunity.

We trust that each College employee, as well as those individuals outside the College, with whom we have contact, will support our continuing efforts toward equal employment opportunities for all. Should you have any questions regarding the Equal Employment Opportunity Policy or the Plan, please contact Human Resources at (914) 594-4560.

FAMILY AND MEDICAL LEAVE ACT POLICY STATEMENT

New York Medical College acknowledges its obligation to adhere to the Family and Medical Leave Act (FMLA) of 1993. In order to be eligible under this act, an employee is required to have worked for the College a minimum of one year, and have worked 24 or more hours weekly during the 12 months prior to requesting leave. Eligible employees will be allowed up to a maximum of 12 weeks of unpaid leave within any 12-month period for the birth or adoption of a child, to provide either physical or psychological care for a child, spouse, or parent with serious health condition, or to care for their own serious health condition.

Qualified applicants or employees must conclude leave for the birth or the placement of a child for adoption or foster care within 12 months after the event. Leave may begin prior to birth or placement, as circumstances dictate. To qualify for leave for medical reasons, the health condition or treatment(s) must be such that it requires an employee to be absent from work on a recurring basis or for more than a few days for treatment or recovery.
In the case of serious health condition regarding an employee or that of a family member, or for the adoption or birth of a child, the employee is entitled to take leave intermittently or on a reduced work schedule that is acceptable to the employee and the supervisor. Requests for intermittent or reduced leave status may result in the temporary transfer to another position of equivalent pay and benefits in order to better accommodate an employee’s leave.

It is required to substitute accrued vacation/personal or sick pay, for the unpaid time off. The reduction of pay for an exempt employee will not impact their exempt status under the Fair Labor Standards Act.

Most employees granted leave will be returned to the same position held prior to the leave, or one that is equivalent in pay, benefits, and other terms and conditions of employment. Certain highly compensated, salaried employees are eligible for leave, but not guaranteed restoration to their position if they choose to take leave.

As required by policy, health care benefits will continue during an employee’s leave. Both the employee and the College will continue to pay the customary portions of the monthly premium. The Human Resources Department will advise employees of the payment due dates. Union 1199 must be advised of leave arrangements and contributions must be made based on normal weekly earnings.

An employee must provide the college 30 days written notice for leave; or, if emergency conditions prevent such notice, the employee must notify the College as soon as is practicable.

If is the policy of New York Medical College not to interfere with or discriminate against any employee exercising his or her rights under the Federal Family and Medical Leave Act. If you have any questions regarding the FMLA, please contact the Human Resources Department at (914) 594-4560 or refer to the Policies and Procedures Manual (HR605).

IMMIGRATION REFORM & CONTROL ACT POLICY

The Immigration Reform and Control Act was signed into law on November 6, 1986. This act requires all employers to hire only those individuals who are employment eligible (U.S. citizens, resident aliens or non-resident aliens who have employment authorization from the Immigration and Naturalization Service).

It is the responsibility of the Human Resources Department or Affiliation Office to verify the identity and employment eligibility of all new hires. Proof of identity and employment eligibility will be required for all hires no later than three days from date of employment and shall be documented on Federal form I-9 for employee’s personnel file. These forms will be sent to all new employees by the Human Resources Department or the appropriate Affiliation Office, via the new hire orientation process.

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It is important that you notify Human Resources or the appropriate Affiliation Office immediately of any change in your immigration status and complete updated W-4 and IT-2104 forms whenever your VISA or tax status changes.

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**INSTITUTIONAL IDENTITY POLICY**

It is important for New York Medical College to enhance public awareness of the institution and its excellence through the proper use of its name and logo. Students or student organizations who wish to use the name of the College in conjunction with any public effort, activity or product must obtain prior permission from the Office of Public Relations.

All policies, practices and procedures of New York Medical College are administered in a manner that preserves its rights, character, identity and that is respectful and sensitive to all faiths but in keeping with Jewish tradition, including without limitation, abiding by the Jewish calendar and glatt kosher requirements.

*UPDATED: 12-19-2011*

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**INTELLECTUAL PROPERTY POLICY**

New York Medical College for its School of Medicine, Graduate School of Basic Sciences, and School of Health Sciences and Practice (hereinafter called the "College") supports research relating to the advancement of medical knowledge and the publication and the use of the results of such research. This is consistent with the College’s mission of advancing knowledge and facilitating the practical application of such knowledge for the benefit of the public. The College recognizes that the research conducted by its faculty, its technical staff and its students may lead to inventions and discoveries which should be patented or licensed for one or more of the following reasons:

1. To serve the public interest;
2. To comply with the requirements of sponsored research grants, fellowship awards and contracts for research;
3. To promote the development of useful apparatuses, processes or drugs which would not be developed without patent protection;
4. To encourage invention and ensure rewards for the Inventor as herein provided;
5. To support the research and education program of the College by means of its share of income derived from commercial licensing and royalties paid for the use of inventions and patents; and
6. To provide for the general welfare of the College.

Accordingly, the College has adopted the following Intellectual Property Policy, consistent with its overall educational objectives. The Intellectual Property Policy is applied on a College-wide basis and all employees and students of the College are required to accept it as a condition of employment or enrollment.

1. Intellectual Property: Definition
For purposes of this policy, Intellectual Property is defined as any new and useful process, machine, composition of matter, life form, article of manufacture, software, copyrighted work or tangible property. It includes, but is not limited to, such things as new or improved devices, chemical compounds, drugs, genetically-engineered biological organisms, data sets, software, or unique and innovative uses of existing inventions. Intellectual property may or may not be patentable or copyrightable, and it can be created by one or more persons, each of whom, to be an Inventor, must have conceived of an essential element or have contributed substantially to its conceptual development. For the purposes of interpreting and applying the College's rights hereunder, faculty, staff, postdoctoral trainees, residents, visiting scientists, external collaborators and students who make such inputs are referred to as "Inventors" throughout this policy.

In some instances, such as patents, distribution and commercialization of technology may be accomplished by the transfer or licensing of the intellectual property right. In other instances, distribution and commercialization of intellectual property may be aided by or depend upon access to the physical or tangible embodiment of the intellectual property, as in the case of biological organisms. Therefore, this policy will define not only the ownership, distribution and commercialization rights associated with the technology in the form of an invention, but will also define policies and procedures which govern use and distribution of the intellectual property in its tangible form.

II. Ownership of Intellectual Property
A. The College has title and ownership to Intellectual Property which either (a) results from the use of funds, either directly from or channeled through the College, (b) results from other support from the College (e.g., College resources or facilities), or (c) was developed in a field relating to the Inventors' activities at the College whether or not disclosed while the Inventor was at the College. College support is defined as funds, regardless of origin, or other support, including, but not limited to, resources or facilities, which are used in the discovery or development of Intellectual Property and provided through College channels. In the absence of the foregoing involvement of the College, rights to intellectual property remain with the Inventor. With the approval of the Chancellor, an invention, software or tangible research property may be considered not to have been developed with College funds or support if:

1. only a minimal amount of College funds have been used; and
2. only a minimal amount of time has been spent using College resources or facilities; and
3. the development has been made on the personal, unpaid time of the Inventor.

B. Intellectual property resulting from inventions carried out by a student in fulfillment of course requirements or other requirements for a degree; in connection with a formal training program including the preparation of a thesis or dissertation; or in connection with work conducted with funds channeled through the College, shall be construed as making use of College resources and, hence, shall be owned by the College.
C. Intellectual Property resulting from research performed under grants or contracts with the federal government, state, municipalities, public agencies or other parties, are subject to patent agreements with or legal requirements of these agencies. Where some option exists, the College may choose to retain all patent rights and issue nonexclusive, nontransferable licenses to the sponsor.

D. College Inventors involved in consulting work, a business, or other outside activity are responsible for insuring that any agreement which properly they have or may enter into does not conflict with the College's Intellectual Property Policy. The College's rights and the individual's obligations to the College will in no way be abrogated or limited by the terms of such consulting work, business or other outside activities or agreements in connection therewith. In accordance with policies hereafter approved by the Board of Trustees, non-College entities conducting research in College facilities which pay for the use of space and other resources may retain rights of ownership to inventions developed in whole or in part at the College. In accordance with such policy relating to the subject as may be approved by the College's Board of Trustees, the College retains rights and a share of any revenues and profits resulting from the practice, licensing or other exploitation of inventions mentioned in the preceding sentence consistent with the contribution of the members of its faculty and students to the development in accordance with an agreement between the College through its Division of Technology Development and the non-College party(ies).

E. Upon written approval of the Chancellor, the College may return its rights in an invention to the Inventor.

F. Copyrights on, and royalties from, literary or scholarly works in tangible or electronic form (e.g., textbooks and other curricular materials, reference works, journal articles, novels, music, photographs, etc.), except for patentable computer software, produced by faculty members as part of their usual teaching, service, and research activities, and which do not result directly as specified deliverable from projects funded in whole or in part by funds channeled through the College or by a sponsored research agency shall belong to the faculty who prepared such works and may be assigned or retained by them, (unless these are related to intellectual property to which the College has title.)

G. Each member of the faculty and student who contributes toward an invention to the extent that he/she should have the rights of a co-inventor and/or to share in royalties or any other proceeds attributable to exploitation of the invention shall, when the invention is a joint product of persons subject to this policy and others not subject hereto, notify the College Division of Technology Development of the invention or impending invention at the very earliest opportunity and cooperate with the College so that the rights of the College faculty member or student and of the College may be protected by an appropriate agreement developed by the Division of Technology with the non-College party(ies). In cases of joint development of inventions such as the foregoing, the College and its faculty and students retain their rights, including rights to future shares of revenue generated thereby, consistent with the contributions of the members of its faculty and students to its development,
which may be modified only by an agreement between the College through its Division of Technology Development and the non-College party(ies), and in accordance with any policies hereafter approved by the College's Board of Trustees.

III. Management of Intellectual Property

The College has established the Division of Technology Development and Industry Sponsored Research, hereinafter called "Technology Development," within the Office of Research Administration, to provide delegated leadership and oversight of the College's technology development program including implementation of the College's Intellectual Property Policy. The Director of Technology Development, hereinafter called "Director" facilitates the transfer of the College's technology to the public use and benefit in compliance with institutional and applicable sponsor policies to:

A. Create awareness of intellectual property policies, procedures, and achievements throughout the College and with external constituents;

B. Encourage and facilitate disclosure of intellectual property;

C. Evaluate intellectual property and recommend patent filing;

D. Market technologies world-wide;

E. Identify licensees or other third parties to commercialize College intellectual property;

F. Draft, negotiate and recommend execution of agreements, including, but not limited to license, option, equity, copyright, material transfer and nondisclosure (confidentiality agreements);

G. Distribute royalty and other revenues in accordance with the Royalty Income Distribution Schedule of Provision VIII (B) and all other applicable College policies;

H. Monitor the performance of licensees and enforce the provisions of their licenses;

I. Ensure compliance with Federal Technology Transfer Regulations;

J. Recommend relationships with biomedical companies and the venture capital community to commercialize College intellectual property; and

K. Recommend new ventures to commercialize the College's intellectual property such as spin-off companies and business incubators.
IV. **Advisory Committees**

The Chancellor of the University appoints the chair and the members of the Intellectual Property Committee and the Technology Advisory Board to advise the Director on the direction and implementation of the College's technology development program. These advisory bodies may also meet in joint sessions or form working groups constituted of members of both the Intellectual Property Committee and the Technology Advisory Board as the need arises to effectively address issues relevant to both bodies.

A. **The Intellectual Property Committee**

As specified in the Faculty Bylaws, the Intellectual Property Committee (hereinafter called the "Committee") is composed of a minimum of five faculty members, representing the basic and clinical sciences, including a chairperson. The Director of the Office of Research Administration and the Director of Technology Development shall serve as additional ex-officio members. The Committee will:

1. Review and make recommendations for changes in all policies for the ownership, distribution and commercial development of the College's intellectual property;
2. Initiate approved policies and approved changes in such policies on ownership, distribution and commercial development of the College's intellectual property;
3. Advise the Director on specific issues of program implementation, where guidance is sought, such as ownership of a given invention or allocation of royalties among Inventors; and
4. Serve as an appeals committee in the event of a disagreement between the Inventor and the Office of Technology Development concerning pursuit of patent protection, subject to final approval of any resolution by the Chancellor of the University. (See VI.D.)

B. **Technology Review Panels**

The Director may convene Technology Review Panels, composed of experts in the technical, patent and market aspects of the particular technology. Additionally, the Technical Review Panel will include at least one faculty member. The Director may also utilize full, or part-time College employees, independent contractors, or companies or organizations providing such services, or a combination of them, as the Director determines to be appropriate with regard to a particular intellectual property and within approved budgetary limits.

C. **Technology Advisory Board**

The Technology Advisory Board provides input to the Director on strategic plans for maximizing the value of the College’s intellectual property. The Board is constituted of a minimum of three representatives of biomedical companies from both large and small firms, at least two members or designees of the College's Board of Trustees, at least one representative from a government
economic development agency, and at least one member from the College administration, namely the head of Research Administration, and the Chairperson of the Intellectual Property Committee. The Director serves as an ex-officio member. The Board will be called upon to guide and assist in such things as:

1. Developing recommendations for structuring nontraditional arrangements for financing the development of College intellectual property, e.g., equity participation in start-up companies, spin-off companies and business incubator facilities;
2. Recommending strategic alliances with companies to benefit both the College and the firm;
3. Identifying industry partners for collaboration on government-funded technology transfer programs; and
4. Developing financing opportunities in the venture capital, investment banking and equity markets to support development of the College’s intellectual property which has commercial potential, and recommending technologies to be supported by such funds.

V. Responsibilities of the Inventor and the College

A. An Inventor shall notify Technology Development promptly of any intellectual property to which the College has the right to obtain title according to “Section II, Ownership of Intellectual Property.” The Inventor should promptly seek the advice of Technology Development before taking any steps to publish or declare a discovery publicly. Any publication describing an unpatented intellectual property may make it impossible to secure a valid patent and thereby reduce any benefit that may accrue to the Inventor and the College from the intellectual property. A U.S. filing prior to publication is necessary to secure the option for foreign patent rights. The Director, in turn, will advise the Office of Public Relations for purposes of coordinating any external publicity that may be appropriate.

B. An Inventor who believes that an item of intellectual property has been conceived should prepare and submit an Intellectual Property Disclosure form (hereinafter called the "Disclosure") at least 60 days in advance of printed or oral disclosure to permit timely filing of any patent application in the United States. The Disclosure is a document used to describe the intellectual property and to establish the name of the Inventor and the date of the first conception. An Intellectual Property Kit which includes a Disclosure form is available from Technology Development.

C. At the request of the Director, the Inventor shall execute all documents necessary to reflect assignment to the College, or its nominee, of any and all rights to the intellectual property, including rights to patent applications and patents, and to do everything that may be reasonably required to assist all assignees to obtain, protect and maintain patent rights.

D. Upon receipt of a Disclosure, the Director shall determine the rights and obligations of the College in the intellectual property. Under normal circumstances the Director shall complete an evaluation of the intellectual
property and determine whether to seek patent protection with input from sources such as the Technology Review Panels within three months after receipt of the Disclosure. The Director shall notify the Inventor of any patent action.

E. In the event the College elects to proceed with commercial development, the College shall use appropriate efforts to obtain a patent and effect its commercial development. In order to guarantee the greatest possible utilization of any intellectual property, the Director may recommend entering into agreements with licensees or outside management organizations, covering any intellectual property in which the College has an interest. Any income derived from the commercial development of such intellectual property shall be distributed according to the Net Royalty Income Distribution Schedule of Provision VIII (B).

F. For intellectual property supported in whole or part by federal funds, the College shall abide as applicable by the regulations contained in 37 Code of Federal Regulation 401 "Rights to Inventions made by Nonprofit Organizations and Small Business Firms" including granting the federal government a non-exclusive, paid-up license to practice the federally funded invention. The College will include in all relevant patent applications and resultant patents, the statement "This invention was made with government support under (agreement number) awarded by (federal agency). The government has certain rights in the invention."

VI. Where the College Declines to Patent

A. In the event the College or its licensee or assignee, such as an outside management organization, declines to file a U. S. patent application or to proceed with commercial development, under normal circumstances within three months after receipt of a Disclosure, it shall upon the request of the Inventor and with written approval of the Chancellor of the University, but subject to any prior commitment to a sponsor, execute a formal waiver of rights to the intellectual property in favor of the Inventor who shall thereafter be the sole owner of the patent rights in the intellectual property. The College will have no claim to revenue resulting from the future commercialization of the intellectual property but will retain a royalty-free, irrevocable, non-exclusive license to make or use the intellectual property for non-commercial use.

B. In the event the College, its licensee or assignee, with the approval of the Chancellor of the University, permanently abandons U. S. patent prosecution or maintenance of an issued patent, the Director shall notify in writing the Inventor within 15 days of such a decision and execute a formal waiver of rights to the intellectual property in favor of the Inventor upon written request of the Inventor.

C. In the case of intellectual property made under a funding agreement from a federal agency, Technology Development must first offer the federal government title to the intellectual property and obtain express permission from the federal agency and the Chancellor of the University before returning title to the College Inventor. The Director will request such approval from the sponsoring federal agency and the Chancellor within one month after the
College declines to patent; assignment to the Inventor will be made upon receipt of approval from the federal agency and the Chancellor.

D. Should a disagreement arise between Technology Development and the Inventor concerning pursuit of patent protection or commercial development of an invention, the Inventor may appeal the decision to the Intellectual Property Committee. The Intellectual Property Committee upon review shall make a recommendation to the Chancellor on resolution of the disagreement.

VII. **Tangible Research Property ("TRP")**

The following policy and procedures are directed toward the administration and distribution of tangible research property which is owned and/or controlled by the College.

A. **Definition of TRP**

The term "tangible research property" refers to those research results which are in tangible form as distinct from intangible property. Tangible research property (TRP) including, but not limited to, such things as biological materials, software and copyrightable materials, are frequently licensed for commercial purposes.

B. **Control of TRP**

It is the responsibility of the Inventor to control the development, storage, use and distribution of TRP made in the course of research activity subject to provisions of applicable grants or contracts. Such control includes determining if and when distribution of the TRP is to be made beyond the laboratory for scientific use. Technology Development should be contacted to advise on possible contractual obligations with respect to the TRP prior to distribution.

C. **TRP Procedures**

The following procedures for identification and distribution of TRP are designed to aid the traditional open distribution and exchange of TRP for research purposes, preserve the potential commercial value of TRP, assist the further development of TRP for public use, and protect the College and its employees from liability claims arising from the use of College TRP by others.

1. **Identification of TRP**

   Each item of TRP should have an unambiguous identification code and name sufficient to distinguish it from other similar items developed at or by the College or elsewhere.

2. **Distribution of TRP for Research Purposes**

   a. **Biological TRP**
Biological materials owned by the College may usually be distributed for research purposes only, and subject to an agreement by the recipient that commercial development or commercial use or further transfer of the biomaterials shall not be undertaken. A standard transmittal letter for biological materials is available from Technology Development. Costs of materials handling may be recovered from the recipient, and returned to the account that funded those costs. When costs are charged for TRP distribution, adequate documentation must be maintained for audit purposes.

If there is a possibility of biohazard or other risk associated with the transport, storage, or use of a particular biological TRP, or if the recipient is likely to use the TRP for clinical research, Technology Development must be contacted in advance for the appropriate disclaimer and protective agreement.

b. **Software TRP**

Distribution for research purposes only of computer software owned (and not merely licensed by the College) by the College may be made without restrictions unless subject to a preexisting agreement or unless eventual return or control of subsequent use by the Inventor is desired. For example, the Inventor may wish recipients to follow a specific research protocol. Any such distribution is subject to the applicable contract or grant provisions and an agreement by the recipient that commercial development of the software is not to be undertaken.

3. **Distribution of TRP for Commercial Purposes**

Scientific exchanges should not be inhibited due to potential commercial considerations. However, since TRP may have potential commercial value as well as scientific value, the Inventor may wish to make TRP broadly available for other scientists by means which do not diminish its value or inhibit its commercial development.

Commercial distribution of College owned TRP is managed by Technology Development. Biological materials and software are disclosed to Technology Development in the same fashion as a patentable inventions, for which the first step is preparation and submission of an Intellectual Property Disclosure Form.

a. **Distribution Agreement**

If TRP developed by the College as a result of research activities is to be distributed to outside users for commercial purposes, the distribution agreement must contain provisions negotiated by Technology Development covering the terms under which the property may be used, limits on the College's liability for the TRP or products derived therefrom, and other conventional license agreement terms including those relating to any intangible property rights (such as patents) which also may be associated with the use of the tangible property.
b. **Income Distribution**

Any TRP-related royalty income will be distributed according to the Net Royalty Income Distribution Schedule of Provision VIII (B).

**VIII. Revenues from Intellectual Property**

A. All revenues derived from intellectual property will be received by and administered by Technology Development consistent with all applicable College policies. Each Inventor shall receive a portion of any funds, in excess of expenses, which the College collects as a result of the invention. College costs for patent prosecution, licensing, and license maintenance, shall be reimbursed by gross revenues. The Schedule for Distribution of Net Revenues is designed to provide personal incentives to Inventors. The royalty distribution in effect at the time of the invention shall be applied in calculating the inventor's share as long as revenue is generated.

B. **Net Royalty Income Distribution Schedule**

Technology Development distributes net royalty income according to the following schedule:

<table>
<thead>
<tr>
<th>Inventor¹²</th>
<th>Inventor's Research³</th>
<th>Inventor's Department⁴</th>
<th>Intramural Research Fund</th>
<th>Research Development Fund⁵</th>
<th>College General Fund⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>15%</td>
<td>5%</td>
<td>10%</td>
<td>20%</td>
<td>(5%)</td>
</tr>
</tbody>
</table>

1. 50% of first $500,000; 45% above $500,000.
2. The Inventor has the option to allocate funds from this category to other categories subject to the approval of the Dean.
3. Funds allocated to the Inventor's research will be placed in a designated research account. Should the Inventor leave New York Medical College, two-thirds of the funds will be transferred to the Intramural Research Fund, and one-third will be transferred with the Inventor to another non-profit entity for his or her research.
4. These funds will remain with the Department should the Inventor leave.
5. An Inventor's department may pay patenting costs out of a designated purpose or private practice fund. In this case, the Inventor's department would receive an additional 5% from the College's Research and Development Fund which would then receive 15% of net royalty revenue.
6. 5% of income over $500,000.

**DEFINITIONS:**

Net Royalty Income: Gross invention income received by New York Medical College on account of the patenting, licensing or other commercialization of a patented invention less the costs of the College for patenting; exploiting, protecting, and preserving patents; maintaining patents; the licensing of patent and related property rights; legal fees; any fees or share of patent income paid management or product development organization and such other costs and
reimbursements as may be required by law or are otherwise necessary or appropriate.

Intramural Research Fund: Monies set aside for direct faculty research project support, allocated by the Dean and/or by the Dean upon recommendation of the Intramural Review Committee.

Research Development Fund: Monies to be set aside for development of the general research resources of the College, to be allocated by Administration for purposes such as facilities, equipment or technology administration.

IX. **Dispute Resolution**

Any disagreement on any area covered by this policy shall be resolved through institutional mechanisms culminating as necessary in a final decision by the Chancellor of the University.

X **Modification of Policy**

All modifications of this policy shall require approval of the Chancellor, the President and the Board of Trustees of the College.

* This Intellectual Property Policy of October 1, 1998 supersedes and replaces the Patent Policy of October 19, 1989 and all prior policies.

*Approved: Board of Trustees October 1, 1998*
INVITATION TO BE CONSIDERED UNDER SECTION 503, REHABILITATION ACT OF 1973

New York Medical College is subject to the terms of Section 503 of the Rehabilitation Act of 1973 and will take affirmative action to employ and advance in employment, qualified individuals with disabilities. The term “individual with a disability” for purposes of titles IV and V of this Act, means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such an impairment, or is regarded as having such an impairment. Such term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents such individuals from performing the duties of the job in question or whose employment, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

If you believe you are represented by this Act and would like to be considered under our Affirmative Action Program, please indicate this to your Department Administrator or to the Director of Human Resources so that your personnel records can accurately reflect this status.

If any individual with a disability believes that New York Medical College has been negligent in complying with the provisions of this Act relating to employment of individuals with disabilities, a complaint should be filed with the Director of Human Resources.

INVITATION TO BE CONSIDERED UNDER SECTION 402, VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1974

New York Medical College is subject to the terms of Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, and will take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of Vietnam era.

If you believe you are represented by this Act and would like to be considered under our Affirmative Action Program, please indicate this to your Department Administrator or to the Director of Human Resources so that your personnel records can accurately reflect this status.

Submission of information is voluntary and will be kept confidential to be used explicitly in government record keeping, reporting and other legal obligations including Affirmative Action reports.

PATIENT’S RIGHTS POLICY STATEMENT

Since many of our employees are involved with the care of the sick, particularly at our Affiliation hospitals, it is important that we reiterate the “Patient’s Bill of Rights” posted conspicuously throughout hospitals and faculty practice areas. Communication, respect and
trust among patients and health care personnel are necessary for the furtherance of good patient care.

The purpose for which health care delivery systems exist is to provide the medical care and treatment required by its patients. In providing this care, it is necessary that all employees observe the inherent rights of each patient.

Each patient should receive equitable and humane treatment at all times and under all circumstances, regardless of race, color, religion, sex, age, marital status, national origin, disability, veteran status, or the source of payment for care.

The right of privacy should be safeguarded. This involves prevention of interrogation by individuals from outside agencies not directly connected with the College or its affiliated hospitals, protecting the individual's right to privacy of his/her body and preserving the confidentiality of disclosures regarding the patient’s history, present condition or course of treatment.

POLICY ON FACULTY NOTICE OF TEMINATION

Eligible Faculty

This policy shall apply to faculties who are salaried full time to perform academic duties. It shall not apply to the termination of administrative titles or appointments (such as, for example, head of a department or director of a division or program) if salaried academic duties are continued.

Notice

Each faculty member who shall have been employed by the College for a continuous period of two years should be given not less than one year's notice of the termination of his or her College employment. Each faculty member who shall have been employed by the College for a continuous period of one year, but less than two years, should be given at least six months notice of the termination of his or her College employment. These notice provisions are subject to the conditions and exceptions stated below. Transfer of employment between College divisions or locations is not termination of employment.

Conditional Notice

When a faculty member is informed of the intended future termination of his or her employment conditioned on the occurrence or non-occurrence of some future event (including, but not limited to, improved performance), and the faculty member is eventually terminated based on the occurrence or non-occurrence of such event, notice of termination is deemed to have been given as of the date of the original notice of the conditional termination.
Payments in Lieu of Notice

If a faculty member is terminated on less notice than is prescribed above, he or she should be paid severance at or after termination at his or her base salary rate for the period necessary to make the period of notice prior to termination plus the period for which base salary is paid after termination equal to the prescribed notice period. At the College’s option such payments may be made after termination in installments corresponding to the College’s payroll periods or in one or more lump sums. Such payments shall be net of payroll taxes and without benefits except as provided below.

Exclusive Benefits

The notice and/or payments provided for by this policy shall be the exclusive benefit payable to faculty in connection with termination of employment except for accrued vacation pay to which a faculty member may be entitled in conformity with College vacation policy and appropriate retirement benefit payments which the College will make based on the severance paid.

Effect of Resignation or New Employment

- If a faculty member shall resign from College employment after any notice of termination but before the designated termination date, no severance shall be due or paid to the faculty member under this policy.
- In the case where payments are to be made to a faculty member after termination in lieu of all or part of the notice of termination prescribed in paragraph 11 above, all such payments shall cease and there shall be not further obligation to make such payments under this policy from and after the date the faculty member commences new employment. It shall be a condition of any payments under this policy that a terminated faculty member provide prompt and accurate information to the College with regard to his or her employment status and compensation after termination.

Condition of Availability of Funds

The College endeavors where possible to reserve the right to payment of severance from funds received under affiliation agreements, faculty practice and other external sources of funding. Payments to terminated faculty pursuant to this policy to be made from affiliation agreement of faculty practice funds or other external sources of funding shall be conditioned and dependent on the reasonable availability from the applicable sources of funds with which to make such payments.

Terminations for Cause

This policy shall be inapplicable to terminations judged by the Dean or his/her designee to be for cause.
Tenure

Nothing contained in this policy shall limit or modify rights of tenure granted to faculty members pursuant to the tenure policy adopted by the College's Board of Trustees.

POLICY ON REPORTING STUDENT INCIDENTS

I. Purpose
To establish guidelines for the reporting of incidents.

II. Scope
This policy applies to all College faculty, staff and students.

III. Definition
Incident is defined as any unusual occurrence.

IV. Policy

New York Medical College endeavors to assure a safe and secure campus environment, supportive of the professional and personal growth of its students. To achieve this objective, the university must be promptly informed of incidents involving its students.

V. Procedures

In the event of an incident involving a student or students, a serious illness or injury, a major risk to safety, or a crime on the Valhalla campus or at the 95th Street student housing in Manhattan, the following notification procedure will be followed:

1. Immediately after notifying the appropriate emergency services (e.g. 911), the College's Security Office, located in Room 223B in the Basic Sciences Building (914-594-4226), should be informed.

2. The security officer on duty will contact the Director of Security immediately.

3. The Director of Security will assess the incident and notify the Chancellor, the Vice-President for Finance, the Vice-Chancellor for University Student Affairs, the Vice-President and General Counsel, and the Dean of the school in which the student(s) is enrolled. The Vice President of Communications will be notified if the incident has the potential for becoming public via the media.
4. A comprehensive incident report will be completed by the Security Office and forwarded to the Chancellor, the Vice-President for Finance, the Vice-Chancellor for University Student Affairs, and the respective Dean.

5. Following notification, review of the report, and further investigation as needed, appropriate further action will be taken by the university and academic administration of the school(s) involved.

**SEXUAL HARASSMENT POLICY STATEMENT**

New York Medical College is committed to providing all of our employees an environment free from conduct constituting harassment and to discipline any employee who violates this policy.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, religion, national origin, age, medical condition, disability, marital status, veteran status, citizenship status, or other protected group status. New York Medical College will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex when (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as the basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment may include explicit sexual propositions, sexual innuendoes, suggestive comments, sexual oriented “kidding” or “teasing,” “practical jokes,” jokes about gender-specific traits, obscene language or gestures, displays of obscene printed or visual material, and physical contact, such as patting, pinching, or brushing against another’s body. This does not refer to occasional comments of a socially acceptable nature.

New York Medical College’s policy is to investigate all such complaints thoroughly and promptly. To the fullest extent possible, the College will keep complaints and the terms of their resolution confidential. If an investigation confirms that harassment has occurred, the College will take corrective action as the facts and circumstances warrant, which may include disciplinary action up to and including immediate suspension or termination of employment, as is appropriate.

New York Medical College affirms that it is the responsibility to each member of management to create an atmosphere free of sexual harassment. It is also the duty of each employee to respect the rights of fellow employees.
All New York Medical College employees are responsible for helping to assure that we avoid harassment. If you feel that you have experienced or witnessed harassment, you are to immediately notify Human Resources at (914) 594-4560.

**SMOKE-FREE POLICY STATEMENT**

The purpose of this policy is to reaffirm New York Medical College’s special responsibility as an academic health center to protect faculty, employees, students and the general public from the harmful effects of smoking, to promote the health and safety of all, and to ensure compliance with applicable codes and regulations established by various local, city, state and federal regulatory agencies.

The policy shall be applicable to the College’s owned or leased premises at the Valhalla campus including the public areas and lounges and Grasslands Housing and dormitories, including the living quarters of Grasslands dormitories and Housing.

It is the policy of New York Medical College to establish a smoke-free environment at all of its owned and leased premises effective January 1, 1991, to provide information to faculty, employees and students on the potential health hazards of smoking and of the availability of smoke-free programs and to ensure that employees who smoke respect the rights of others who do not wish to be exposed to the bad effects of inhaling smoke. This includes not smoking within 20 feet of building entrances or in front of any student, employee or patient facility.

Violations of this policy will result initially in referrals to smoke-free or rehabilitation programs or other remedial measures as a requirement for continued employment and finally appropriate disciplinary action. Complaints of violation can be reported to Human Resources (914) 594-4560. This policy shall be published annually, posted in conspicuous places on College premises and incorporated into the orientation program of new employees and students. Your cooperation and adherence with the above shall be appreciated.
College Facilities

THE VALHALLA CAMPUS

Administration Building (Sunshine Cottage)
The Administration Building, completely renovated in 1985-86, is entirely dedicated to administrative functions.

Alumni Center
The Alumni Center was completely restored in 1985 and now houses the offices of the Alumni Association, Parents' Council, and reception and meeting rooms.

Basic Sciences Building
The Basic Sciences Building, extensively renovated in 2001, is used primarily for teaching and research. The building contains two auditoria, seminar/case-study rooms and core research facilities. Also located in the Basic Sciences Building are the College's, Graduate School of Basic Medical Sciences, basic science research laboratories, the Health Sciences Library, the Comparative Medicine Department, the campus bookstore, cafeteria and a student recreational area.

7 Dana Road Building
Previously a vacant building, a section of the Dana Road Building was renovated and transformed into a multimillion-dollar clinical skills and simulation center and biotechnology incubator. The building has a 115 person multifunctional classroom and also contains several simulation laboratories which house human body simulators.

Grasslands Housing
The Grasslands Housing complex is composed of 10 garden-style buildings and five suite-style buildings. The garden-style buildings contain studio, one, two and three bedroom apartments for families and older students; single students reside in 80 shared apartments in the suite-style buildings. In the center of the housing complex is the Student Center Building that contains a laundry room, study room and exercise room.

Medical Education Center
This four-story, 50,000 square foot building, constructed in 2001, provides a zone for medical education separate from the current research facilities. The ground level of the new building includes a lobby, additional library space and the 250-seat Nevins Auditorium. Student modules are located on the second and third floor of this tower. The fourth floor of the building is devoted to a new Gross Anatomy Facility.
The existing Health Sciences Library was expanded by more than forty percent with the addition of approximately 6,000 gross square feet in the new Medical Education Center. Renovations to the library included expansion of space for holdings and collections, separation of office and support space, study and teaching space, an elevator for handicapped access, and correction of maintenance and major HVAC problems. A special room adjacent to the library houses an Anatomage Table. The Anatomage Table is the most technologically advanced anatomy visualization system which offers unprecedented technology as an advanced tool for anatomy education.

The state-of-the-art 250-seat Nevins Auditorium enables the College to hold conferences and seminars for large groups.

The student modules on the second and third floors accommodate up to 216 students in a variety of flexible configurations within eighteen module classrooms. Each module may be divided into small group teaching and study rooms. The student module floors have specific preparation areas for educational and scientific materials, as well as student lockers and rest rooms.

The fourth floor of the Medical Education Center is devoted to a new, state-of-the-art Gross Anatomy Facility complete with embalming rooms, prep rooms, cold and warm storage, student and staff rest rooms and shower facilities.

**Skyline**
The 19 Skyline Drive Building is a 250,000 square foot 5 story building purchased by the College in 2013 with areas devoted to research and patient care. The ground level includes a lobby, additional library space and a 115 seat auditorium. The first floor also includes a lobby which serves as the building's main entrance. The first and second floors have been renovated and primarily house the offices of the various clinical departments of the College.

**Vosburgh Pavilion/School of Health Sciences and Practice**
The north wing of this four-story building is devoted to patient care, clinical research and some College administrative departments. The south wing, renovated in 1995, contains the School of Health Sciences and Practice and houses classrooms, computer facilities, study space, a student lounge and faculty offices for the School of Health Sciences and Practice. On the ground floor is the state-of-the-art Center for Interactive Learning, the hub of the College's distance learning program.

**19 Bradhurst Avenue**
The Brander Cancer Research Institute is located in this building.
Security Department

Emergency and General Number-914 594-4226

Security Department Administration

Director 914 594-4577
Daytime Supervisor 914-594-4662
Evening Supervisor 914 594-4339

General Information

The Security Department is located in the Basic Sciences Building room 223 and operates 24 hours-7days a week. The Department is responsible for overall campus security, emergency response, investigations, crime prevention, and management of the parking and identification badge programs. The department is staffed by a director, (1) associate director, (1) assistant director, (16) full time and (9) part time uniformed security officers. All security staff are employees of the college. Security officers are New York State licensed security officers who receive (8) hours of pre-employment training, (16) hours of on the job training and (8) hours of annual refresher training as required by New York State. Additionally, officers receive training annually in CPR/AED, fire extinguisher usage, response to hazardous materials emergencies and threat awareness. The security staff are not armed and do not have police or peace officer arrest powers. Officers are assigned to both fixed posts and motor patrols. Primary law enforcement jurisdiction for student housing lies with the Mt. Pleasant Police Department. The rest of the campus is under the jurisdiction of the Westchester County Department of Public Safety. The security director works closely with both of these police agencies on matters affecting the campus including criminal investigations, crime prevention and emergency response. The Security Department website includes links to the annual campus security report and the daily crime and fire logs.

Reporting Criminal Incidents and Other Emergencies

All on-campus emergencies, suspicious activities, or criminal offenses should be reported to the security department by calling 914 594-4226. Security is responsible for immediate response to such situations and will as required notify police, fire or EMS and direct them accordingly.

Identification Badges

Photo identification badges or ID badges are issued by the Security Department after the completion of the new employee orientation program provided by the Department of Environmental Health and Safety. The ID badge must be visibly displayed at all times while faculty members are on campus. The electronic proximity style ID badge is swiped at an ID badge reader to access college building and parking lots. Lost ID badges must be reported
immediately to security so they can be deactivated. There is a $5.00 replacement fee for lost ID badges. Defective or damaged ID badges should be brought to the security office for replacement. Faculty members who are not wearing an ID badge may be asked by a campus security officer to produce and display their badge. Guests of Faculty members must sign in with Security and obtain a visitor pass.

**Limited Areas Access**

Access to the Comparative Medicine Department is added to a faculty member’s ID badge once a completed application for authorized access to comparative medicine signed by the Director of Comparative Medicine is presented to the Security Department.

A faculty member must have authorization from the Department of Cell Biology and Anatomy in order to have access to the Gross Anatomy Laboratory added to their ID badge.

**General Parking Information**

The Security Department is responsible for issuing parking stickers and enforcing campus parking rules. Faculty members are issued a non-expiring static cling style employee parking sticker which must be affixed to the lower right portion of the passenger side windshield. Only one permit is issued per faculty member but the sticker is interchangeable between vehicles. Lost stickers should be reported to the Security Department. Faculty members should contact security to update any changes to their vehicle make, model and/or license plate. Vehicles cannot be stored in campus parking lots. Faculty are given identification badge access to park in either gated parking lot (1) Basic Sciences Parking Lot or gated parking lot (5) Gravel lot located near the SHSP. Faculty members who park illegally will be notified by security to move their vehicle and/or be issued a warning notice. Repeat violators are subject to suspension or revocation of parking privileges and/or tow. Faculty members who are expecting guest/s should contact security to arrange for visitor parking.

*Updated: September 2016*