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## APPENDICES TO THE BYLAWS OF THE FACULTY

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

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

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



**ARTICLE II**

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

Mission

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

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

## ARTICLE III

### POLICY

#### Preamble

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

#### Section 1--Definition of Policy

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

#### Section 2--Development of and Change in Policy

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

#### Section 3--Establishment of Policy

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

#### Section 4--Implementation of Policy

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

#### Section 5--Involvement of Faculty in New Policies

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

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



**ARTICLE IV**

**FACULTY ASSEMBLY**

Section 1--Purpose

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

Section 2--Membership

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

- A. Series I Faculty  
FULL-TIME  
  
Professor  
Associate Professor  
Assistant Professor  
Instructor
- B. Series II Faculty  
FULL-TIME OR SALARIED FOR 50% TIME OR MORE  
  
Professor of Clinical  
Associate Professor of Clinical  
Assistant Professor of Clinical  
Instructor of Clinical  
  
Research Professor  
Research Associate Professor  
Research Assistant Professor  
Research Instructor

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

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

Adjunct Professor  
Adjunct Associate Professor  
Adjunct Assistant Professor  
Adjunct Instructor

D. Emeritus

Section 3--Organization

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

that individual remains a member of the facu

and place of the election one month prior to

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

**ARTICLE V**

**ACADEMIC POLICY COUNCIL**

Section 1--Authority

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

Section 2--Organization

A. Presiding Officer

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

B. Secretary

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

C. Membership

The membership of the APC shall include:

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

D. Additional Membership

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

E. Voting Rights

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

Section 3--Responsibilities

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

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

Section 4--Committees of the Academic Policy Council

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

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

- B. Committee Chairperson

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

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

C. Committee Membership

Committees shall include members of the faculty not serving on the APC. Ex-officio members who are charged with carrying out the actions of a committee shall not be voting members of that committee. Ex-officio members who are not charged with



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

J. Operation of Committees

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

K. Committee Support

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

L. Standing Committees

**Admissions Committee**

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

**Bylaws Committee**

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

**Committee on Committees**

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

### Continuing Medical Education Committee

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

### Curriculum and Evaluation Committee

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

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

#### **Graduate Education in Biomedical Sciences Committee**

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

#### **Graduate Medical Education Committee**

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

#### **Library Committee**

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

#### **MPH Admissions Committee**

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

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

### **MPH Curriculum and Evaluation Committee**

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

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

### **MPH Students Academic Progress and Promotion Committee (SAPC)**

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

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

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

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

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

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

#### **Research Development Committee**

It shall be the responsibility of this committee to facilitate the development and maintenance of an institutional biomed

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

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

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

#### **Institutional Safety Committee**

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

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

#### Section 5. Meetings of the Academic Policy Council

- A. Meetings shall be held at monthly intervals at a regular time and place to be agreed upon. The schedule of meetings for the next year shall be adopted by the APC at the last meeting in each academic year, such schedule to be circulated with the agenda for the

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

H. Conformity of APC Policies to Board of Trustees Policies

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



**ARTICLE VI**

**ORGANIZATION**

**Section 1--Board of Trustees**

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

The Bylaws of the Board of Trust

### Section 3--The Dean

- A. The dean shall serve as the chief academic official of MSM. The dean shall be appointed by the Board of Trustees on recommendation of the president and of a search committee comprised of members of the faculty, the administration and the student body. The faculty members of the search committee shall be appointed by the APC on recommendation of the Committee on Committees.
- B. The dean shall report to the president and be responsible to the president for the development and implementation of all programs of education, medical service and research.
- C. The dean shall serve as chairperson of the APC.
- D. The dean, and the office of the dean, shall facilitate the work of the APC and of its committees and shall administer those policies adopted by the APC.
- E. The office of the dean shall be organized in such a manner as will provide assistance to the work of the faculty and the students. The organization shall include but not be limited to:
  - < An Office of Student Affairs
  - < The Library
- The dean may appoint such assistant or associate deans as may be deemed necessary and may delegate to them certain functions together with the authority necessary for the proper discharge of their duties.
- F. The dean shall draft, with the assistance of department chairpersons, an annual budget for support of the academic programs of MSM and shall submit this proposal to the president.
- G. The dean shall prepare an annual report reflecting the accomplishments, needs, and proposed development of the academic programs of MSM.
- H. The dean shall consult from time to time with advisory committees of the basic and clinical sciences departments regarding matters that relate to the implementation of academic policies:

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

#### Section 4--Academic Departments

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

#### Section 5--Department Chairpersons

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

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

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

- B. Department chairpersons shall be selected on recommendation of an ad hoc search committee of the faculty appointed by the dean. The search committee shall make a recommendation to the dean with respect to the title, department chairperson; it shall recommend academic rank for the nominee to the APC through the Faculty Appointment and Promotion Committee.
- C. A department chairperson shall:
  - 1. Report to the dean
  - 2. Serve as a member the APC and participate in the work of the APC and of its committees.
  - 3. Prepare for the dean a draft of a budget to support the activities of the





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

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

C. Series III

Series III appointments are reserved for individuals who contribute in one or more areas of academic endeavor (teaching, scholarly activity, and service). Academic titles in series III are qualified by a modifier and are awarded to faculty who are voluntary or





C. Specific Requirements

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

D. Procedures

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

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

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

E. Term

1. Series I

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

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

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

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

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

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

## 2. Series II

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

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

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

## 3. Series III

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

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

## F. Expectation of Continued Appointment

The academic functions performed by MSM are facilitated by a policy which defines for the faculty what they may reasonably expect regarding continued appointment. Although an academic tenure policy has not been estab

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

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

### Section 5--Evaluation

#### A. Faculty Evaluation

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

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

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

#### B. Chair Evaluation

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

## *ARTICLE VIII*

### ACADEMIC FREEDOM, FACULTY GRIEVANCE, JUST CAUSE AND DUE PROCESS

#### Section 1--Academic Freedom

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

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

### Section 2--Faculty Grievance

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

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

#### Section 4--Due Process

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

**ARTICLE IX**

**ACADEMIC TITLES WITHOUT FACULTY STATUS**

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

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

**ARTICLE X**

AMENDMENTS TO THE BYLAWS

Section 1--Procedure

- A. These Bylaws may be amended by introducing at a regular meeting of the APC a motion setting forth the changes desired.
- B. If approved by a simple majority of the AP



*ARTICLE XI*

ADOPTION OF BYLAWS

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

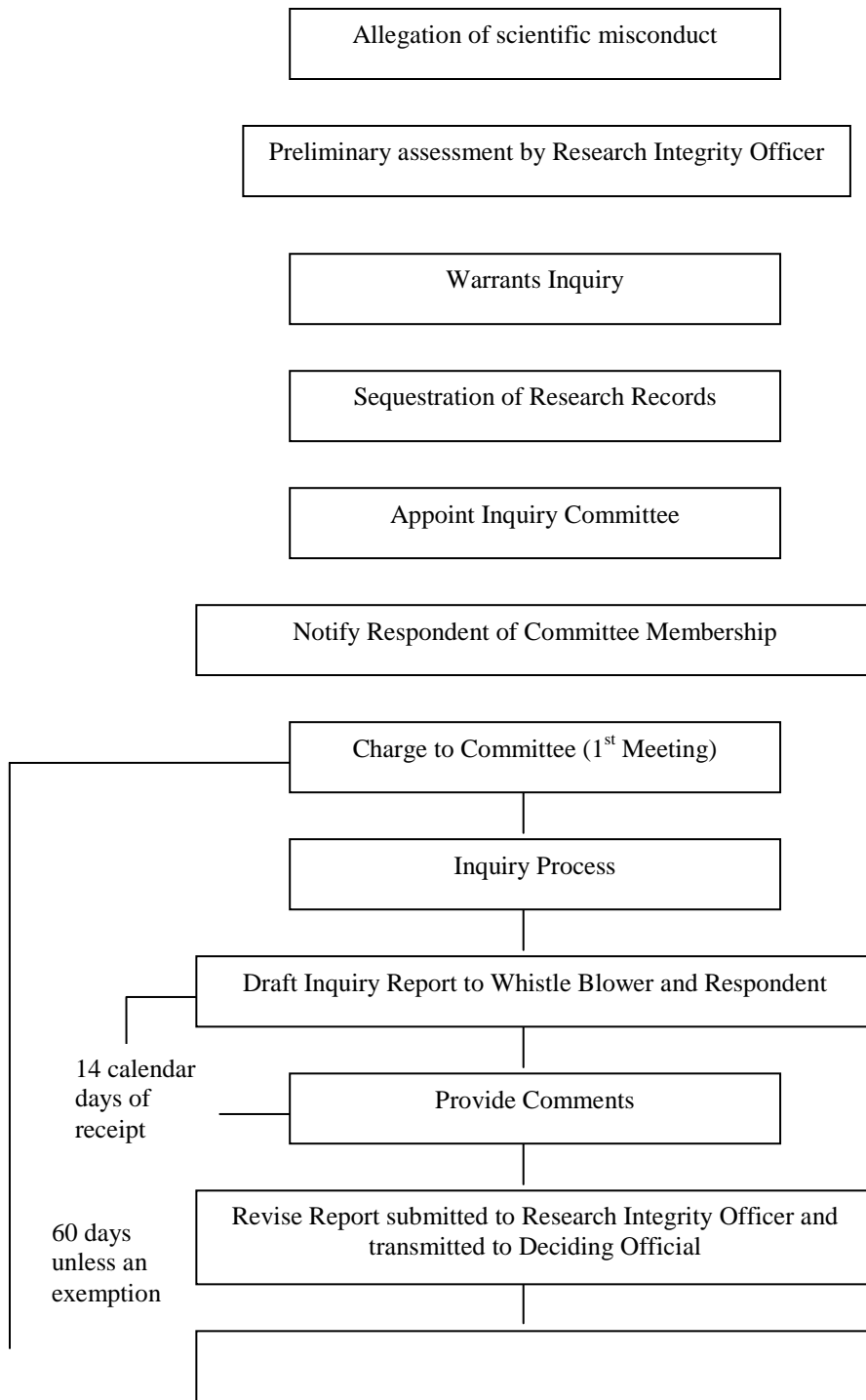
After having made such a recommendation, the matter shall automatically be laid on the table until the next meeting of the APC. During the interval before the next meeting, any member may submit written suggestions for change.

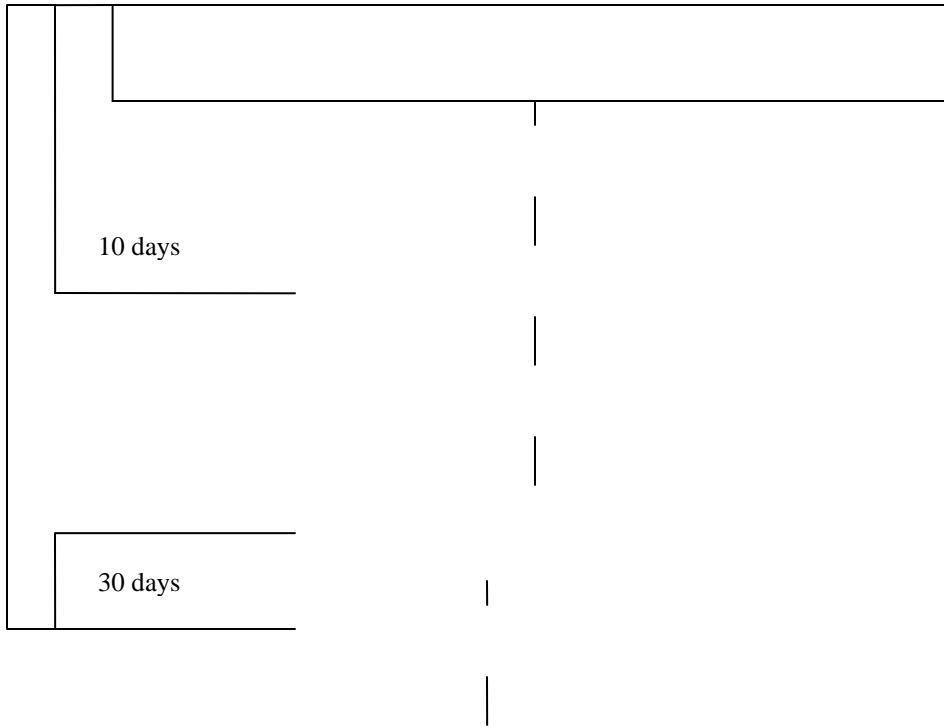
When the matter is taken up at the next meeting the written suggestions shall be considered and acted upon. The APC may then take final action to recommend the Bylaws to the Board of Trustees.

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

Research Integrity Policy for Responding to Allegations of Scientific  
Misconduct

## Procedures for Responding to Allegation of Scientific Misconduct





## I. Introduction

### A. General Policy

Morehouse School of Medicine (MSM) is committed to excellence in the discovery and dissemination of knowledge. This requires that faculty and staff adhere to the highest standards of integrity with regards to research. This is important to ensure that the discovery and dissemination of knowledge is done

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

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

## II. Definitions

- A. *Allegations* means any written or oral statement or other indication of possible scientific misconduct made to an institutional official.
- B. *Conflict of interest* means the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.
- C. *Deciding Official (Dean and Senior Vice President for Academic Affairs)* means the institution official who makes final determinations on allegations of scientific misconduct and any responsive institutional actions.
- D. *Good faith allegation* means an allegation made with the honest belief that scientific misconduct may have occurred. An allegation is not in good faith if it is



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

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









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

D. Charge to the Committee and the First Meeting

The Research Integrity Officer will prepare a charge for the inquiry committee that describes the allegations and any related issues identified during the allegation assessment and states that the purpose of the inquiry is to make a preliminary evaluation of the evidence and testimony of the respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible scientific misconduct to warrant an investigation as required

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

1. Confidentiality

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

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and the report.<sup>11</sup> The respondent also will be notified of the extension.

## VI. Conducting the Investigation

### A. Purpose of the Investigation

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

### B. Sequestration of the Research Records

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

### C. Appointment of the Investigation Committee

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

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

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

D. Charge to the Committee and the First Meeting

1. Charge to the Committee

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

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

2. The First Meeting

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

E. Investigation Process

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

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

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

## VII. The Investigation Report

### A. Elements of the Investigation Report

The final report submitted to ORI must describe the policies and procedures, under which the investigation was conducted, describe how and from whom information relevant to the investigation was obtained, state the findings, and explain the basis for the findings. The re





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

## IX. Requirements for Reporting to ORI

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

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

X. Institutional Administrative Actions

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

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

- < withdrawal or correction of all pending or published abstracts and papers emanating from the research where scientific misconduct was found.
- < Removal of the responsible person from the project.

B. Restoration of the Respondent's Reputation

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

C. Protection of the Whistleblower and Others<sup>32</sup>

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

D. Allegations Not Made in Good Faith

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

E. Interim Administrative Actions

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

## XII. Record Retention

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

the records upon request.<sup>34</sup>

Issued January 2005

NOTES:

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

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

INTERNATIONAL PROGRAM ACTIVITIES

APPENDIX II



## APPENDIX TO FACULTY BYLAWS

### International Program Activities

1. General Faculty Policy

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

2. Faculty Already Appointed

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

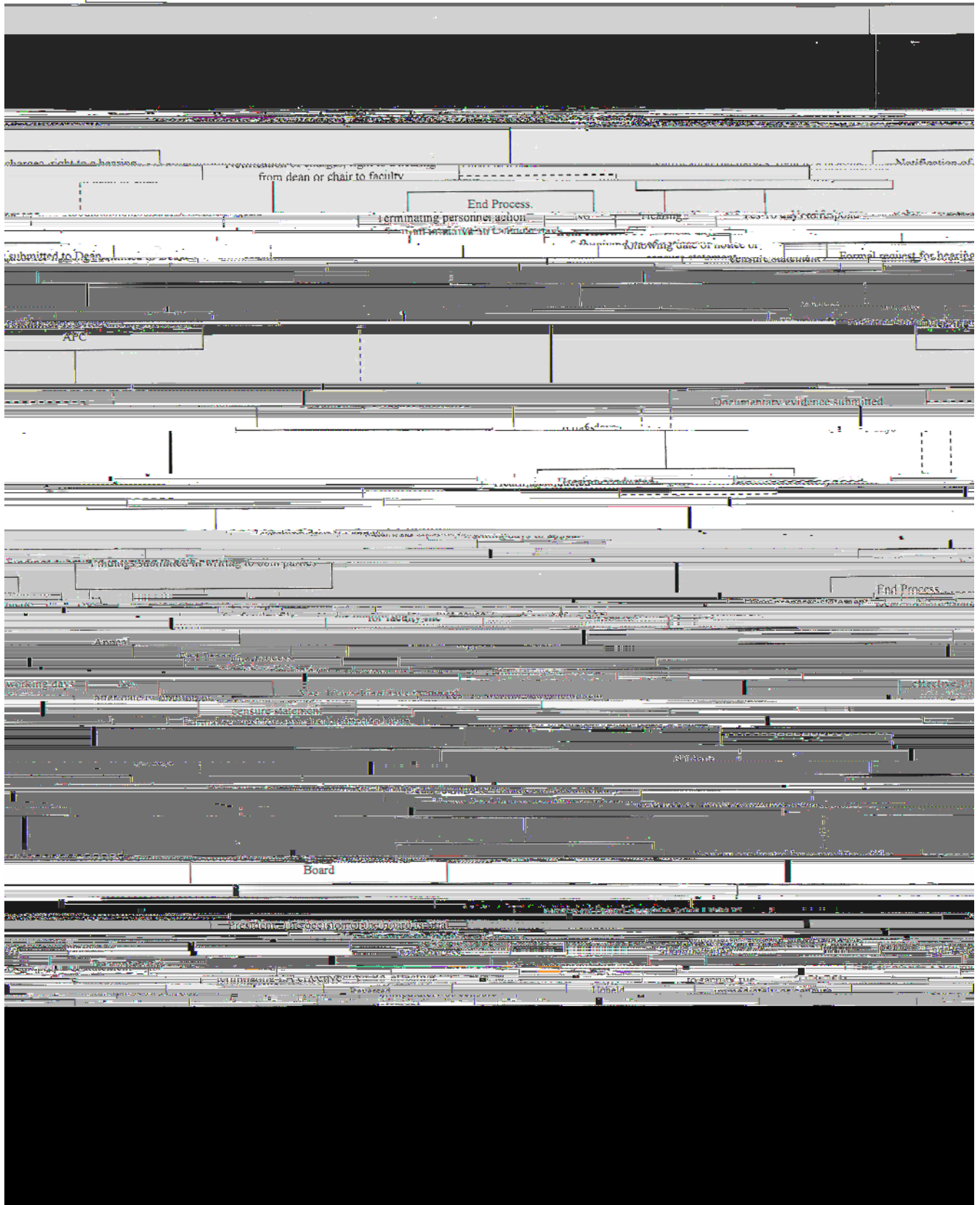
If such appointment is approved, the faculty member shall be eligible for continued academic appointment, promotion and fringe benefits as though he or she were engaged in regular academic pursuits. Funds released by transferring the faculty member's salary to the budget supporting the international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

3. Faculty Recruited for International Activities

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

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

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



## APPENDIX TO FACULTY BYLAWS

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

#### Introduction

The Bylaws of the faculty of the Morehouse School of Medicine (the "School of Medicine") provide for the censure or dismissal of a member

3. Misconduct in teaching or in the conduct of research; This item shall be interpreted to include, but not be limited to, the present and then current definition of charges of misconduct in research as stated by the United States Public Health Service which presently defines "misconduct" as (1) serious deviation from accepted practices such as fabrication, falsification, or plagiarism, in carrying out research or in reporting the results of research; or  
(2) material failure to comply with federal requirements affecting specific aspects of the conduct of research (e.g., the protection of human subjects and the welfare of laboratory animals);
4. Conduct which significantly impairs his or her ability, or that of others to carry out academic or administrative responsibilities to the School of Medicine;
5. Dishonesty, criminal conduct, or engagi

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

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

Preparation for the Hearing

- A. The Ad Hoc Committee shall elect its own chairperson;
- B. No less than five (5) days prior to the hearing, the Accused shall provide the Ad Hoc

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

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

#### The Hearing

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

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

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

#### The Decision:

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

#### Administrative Action after Ad Hoc Committee Decision:

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

#### Right to Appeal

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





- C. If the decision is made by the Board of Trustees to uphold the Ad Hoc Committee's finding of just cause for dismissal, the Dean shall recommend to the president that the Accused be dismissed effective the date on which the Board of Trustees provides its decision of the accused, and shall forward to the president the decision of the Board of Trustees as well as the Opinion.
  
- D. An action to dismiss a faculty member severs that person's connection with the School of Medicine including remuneration and all rights regarding continued further employment.

INSTITUTIONAL POLICY ON FACULTY SABBATICAL LEAVE

## APPENDIX TO FACULTY BYLAWS

### Institutional Policy on Faculty Sabbatical Leave

#### I. Purpose

The purpose of the sabbatical leave is to provide an opportunity for faculty members to engage in scholarly, creative, professional, research or other academic activities that will enhance the



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

#### VII. Report of Work Accomplished

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



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

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

The Faculty Bylaws.  
Letters of appointment.  
Correspondence.

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

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

#### Findings, Recommendations and Decision

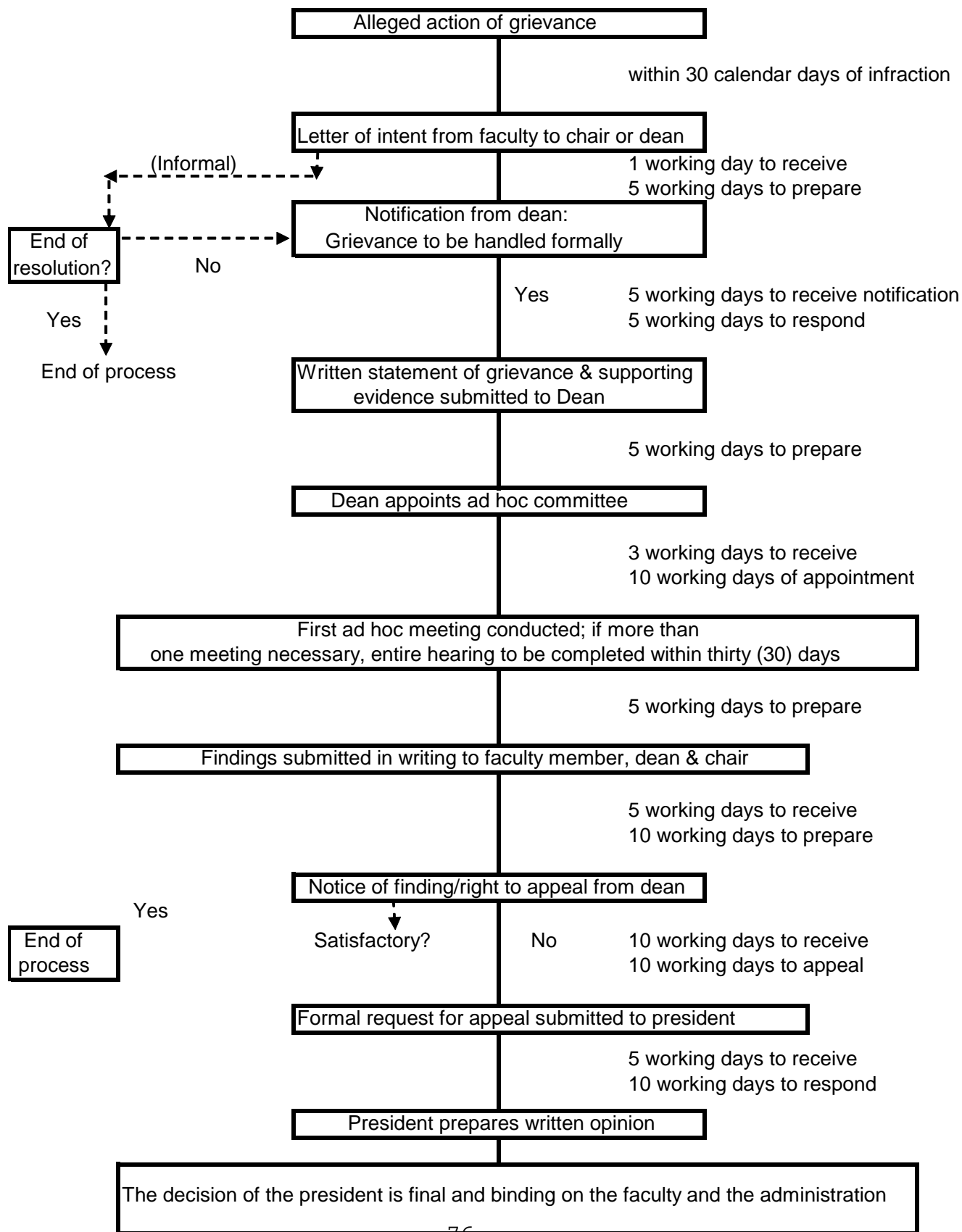
At the conclusion of the hearing, the ad hoc hearing committee shall deliberate privately to reach its findings. As promptly as is consistent with due deliberation, and normally within five (5) working days, the ad hoc hearing committee shall submit its findings in writing to the dean with a copy to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

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

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



## GRIEVANCE PROCESS



POLICY STATEMENT ON FACULTY-INDUSTRY RESEARCH RELATIONS

APPENDIX TO FACULTY BYLAWS

## Statement of Policies

### Nature of the Research Affiliation

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

### Policy No. 1

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

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

### Policy No. 2

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

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

### Policy No. 3

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

#### Policy No. 4

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

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

#### Policy No. 5

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

#### Publication and Dissemination of Research Findings

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

#### Policy No. 6

Sponsors may review materials resulting from re

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

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

***Direct and active management obligations*** include serving as a member of the Board of Directors, Chief Executive Officer, Chief Operating Officer, Director of

PATENT POLICY  
Confidentiality Agreement and Invention Disclosure Forms



## APPENDIX TO FACULTY BYLAWS

### Patent Policy

#### PURPOSE

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

#### ACCOUNTABILITY

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

#### APPLICABILITY

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

#### DEFINITIONS

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

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

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

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

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

## POLICY

### A. Requirements:

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

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

## PROCEDURES

### A. Disclosure of Inventions

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

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

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

- b. seek support for the costs of patent prosecution through a licensing or other agreement. Any income to be distributed shall, in this instance, be income received less costs incurred by the Institution in obtaining and protecting the patent rights
- c. cause the invention to be assigned to a patent management organization. The domestic or foreign patent rights, or both, may be assigned to a patent management organization. Any income to be distributed shall be the income received after the patent management organization has received its portion of the income, less additional costs borne by the Institution;
- d. release to the inventor all rights to the invention unless such rights revert to the sponsor of the program or the Federal Government; and
- e. the Institution has the obligation to make a good faith effort to

Exhibit I

MSM ID No. \_\_\_\_ - \_\_\_\_\_

CONFIDENTIAL

MOREHOUSE SCHOOL OF MEDICINE

INVENTION DISCLOSURE

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

Title of Invention

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2. Investigator to whom communications should be addressed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

DESCRIPTION OF THE INVENTION

3. Describe the characteristics/specifications of the invention

- a. Please give a complete technical description of the invention and its advantages over what was known previously. If necessary, use drawings, diagrams, pathways, etc.
  
- b. What is the technology that presently exists in the area of this invention? What are the advantages of this technology over existing inventions and practices?
  
- c. What need does this invention meet and how is that need presently being met?

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

4. Date of the Invention

## DETERMINATION OF OWNERSHIP AND INVESTORSHIP

5. Ownership of the Invention.

In my opinion this invention:

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

6. Individuals involved in discovery or inventive contribution.

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

Printed Name in Full \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_ Fax \_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Citizenship \_\_\_\_\_

Printed Name in Full \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_ Fax \_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Citizenship \_\_\_\_\_

Printed Name in Full \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_ Fax \_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Citizenship \_\_\_\_\_

D. Are there additional inventors? Yes \_\_\_\_\_ No \_\_\_\_\_



If YES, please list on additional page.

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

Grant# \_\_\_\_\_ Funding Organization. \_\_\_\_\_ P.I. \_\_\_\_\_

Other:

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

Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain below.

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

Relationship with Third Parties

17. List names, address(s), telephone number, and e-mail address of corporations or individuals you would like to have contact with regarding the proposed project.

Exhibit II

Confidentiality Agreement

Effective \_\_\_\_\_, 20\_\_ (the “Effective Dat

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

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

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

Morehouse School of Medicine

“Corporation Name”

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

List of Definitions

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

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

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

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

INTELLECTUAL PROPERTY: COPYRIGHTS AND ROYALTIES  
MATERIAL TRANSFER AGREEMENT

APPENDIX TO FACULTY BYLAWS  
INTELLECTUAL PROPERTY: COPYRIGHTS AND ROYALTIES

person employed by the School.

## DEFINITIONS

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



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

## POLICY

### 1. Copyright Ownership

The terms of a sponsored research or other agreement may determine



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

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

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

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

WITNESSETH:

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

ARTICLE I - DEFINITIONS

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

ARTICLE II - SUPPLY OF MATERIALS AND OBLIGATIONS OF INSTITUTION

- 2.01 Supply of Materials. Upon execution of this Agreement, Morehouse School of Medicine shall supply to COMPANY/INSTITUTION a reasonable quantity of BIOLOGICAL MATERIALS, which shall be delivered to COMPANY/INSTITUTION according to federal and/or state shipping guidelines as prescribed for such BIOLOGICAL MATERIALS.

2.02

[REDACTED]

- a. Safety. **COMPANY/INSTITUTION** agrees to use the BIOLOGICAL MATERIALS in a safe manner and in compliance with all applicable laws and regulations, including National Institutes of Health (NIH) guidelines. BIOLOGICAL MATERIALS shall not be used in humans in any way, including for purposes of diagnostic testing.
- b. Storage. Upon **COMPANY/INSTITUTION'S** receipt of supply of BIOLOGICAL MATERIALS as provided for in paragraph 2.01 hereinabove, BIOLOGICAL MATERIALS shall be stored under **DEFINE PROPER CONDITIONS** until use by **COMPANY/INSTITUTION**.
- c. Integrity of Materials. **COMPANY/INSTITUTION** agrees not to analyze, or have analyzed the composition or formulation of the BIOLOGICAL MATERIALS received hereunder.
- d. **COMPANY/INSTITUTION** Use. BIOLOGICAM5.5(COMP666Tc( )Tj/TT6 1 662.5246 orm)eresearc

4.02 Termination by COMPANY/INSTITUTION. COMPANY/INSTITUTION may terminate this

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

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

#### ARTICLE VI - NOTICES

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

- a. If to Morehouse School Of Medicine:

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

With copy to:

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

- b. If to COMPANY/INSTITUTION:

NAME  
TITLE

ADDRESS  
PHONE; FAX

With copy to:

SCIENTIST  
ADDRESS  
PHONE; FAX

ARTICLE VII - MISCELLANEOUS PROVISIONS

7.01 Non-Use of Names. Except as set forth in paragraph 2.02(g) hereof, COMPANY/INSTITUTION shall not use the names of Morehouse School Of



MEDICINE, INC.

INSTITUTION

---

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

---

[REDACTED]  
[REDACTED]  
NAME  
TITLE  
Date:  
[REDACTED]

---

(Provider) Scientist

[REDACTED]  
[REDACTED]  
COMPANY/INSTITUTION (Recipient)  
Scientist

Date:

---

Date:

---

ATTACHMENT A

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

APPENDIX IX

INVOLVEMENT OF FACULTY IN NEW POLICIES

## APPENDIX TO FACULTY BYLAWS

### Involvement of the Faculty in New Policies

#### Introduction

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

## APPENDIX TO FACULTY BYLAWS

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

#### Introduction

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

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

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

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

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

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

#### A. Framework for Fostering Responsible Research Conduct

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

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

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

B. Current Policies and Procedures at Morehouse School of Medicine

The Public Health Service implemented regulations (effective January 1, 1990) stating that any institution that applies for, or receives assistance under the Public Health Service Act, for any project or program which involves the conduct of biomedical or behavioral research, is required to complete and submit to the Office of Research Integrity (ORI) an assurance regarding procedures for dealing with and reporting possible misconduct in science. In compliance with Public Health Service regulations, MSM has adopted a document entitled, "Research Inte

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

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

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

#### Recommendation on Data Handling

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

#### C. Communication and Publication

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

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

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

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

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

#### Recommendation on Communication & Publication

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

#### D. Correction of Errors

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

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

#### Recommendation on Correction of Errors

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

#### E. Research Training, Supervision and Mentorship



Mentors should limit the number of trainees in their laboratory to the number for whom

F. Conclusions

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

Guidelines for the conduct of research differ from institutional policies that are designed to

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

## APPENDIX TO FACULTY BYLAWS

### Academic Appointment and Promotion Process

APPENDIX XII

POLICY FOR THE TRANSFER OF GRANTS/EQUIPMENT

## APPENDIX TO FACULTY BYLAWS

### Policy for the Transfer of Grants/Equipment

#### Purpose

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

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

### Procedures

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

#### Prior to Approval of Transfer

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

#### Following Approval of Transfer

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

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

Relevant NIH Documents

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

APPENDIX XIII

RELOCATION EXPENSES





MOREHOUSE SCHOOL OF MEDICINE  
ACADEMIC AFFAIRS POLICY  
RELOCATION EXPENSES

**PURPOSE**

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

**SCOPE**

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

**POLICY :**

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

**PROCEDURES**

1. Eligibility :

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

2. Types of Expenses Covered

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

3. Procedures for Reimbursement by MSM

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

4. Reimbursement of Expenses

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

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

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

hire, the institution must credit the

TEACHER/LEARNER RELATIONSHIP



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

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

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

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





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

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

## Step II

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

## ROLES AND RESPONSIBILITIES

**MEDIATOR** : The position of Mediator is an annual appointment established to help resolve conflicts. The role of the mediator is to mediate between the conflicting parties and strive for reconciliation. Either the accuser or the accused may

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

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

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

## COUNCIL PROCEDURES

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



BLOODBORNE PATHOGENS

## PURPOSE

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

## ACCOUNTABILITY

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

## APPLICABILITY

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

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

Any unfixed tissue or organ (other than inta

POLICY

A. Requirements:

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

## 2. Standard Precautions

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

## 3. Engineering Controls

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

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

## 5. Personal Protective Equipment

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

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

## 6. Housekeeping

- a. Each department or facility shall ensure that an appropriate written schedule for cleaning and decontaminating different wo



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

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

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

## Record Keeping

- a.

Exhibits

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

By Direction of the President:

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Dean and Senior Vice-President for Academic Affairs

IMPAIRED FACULTY

## IMPAIRED FACULTY

### PURPOSE

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

### ACCOUNTABILITY

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

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

General Functions of the Faculty Assistance Committee:

A. Publicizing the Faculty Assistance Program

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

B. Advocacy for Preventive Activities

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

C. Assessment of Reports of Impairment

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

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

D. Submission of Annual Reports to the Dean

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

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

- assessment of allegations of impairment;
- presentation of concerns to identified faculty;
- referrals for diagnosis and treatment;
- monitoring of impaired faculty as outlined in section 13F below, until final disposition;
- referral of faculty members who are not cooperative with the Committee process or are non-compliant with assessment, evaluation, or treatment to the Dean;
- at the request of the impaired faculty

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

D. Four possible outcomes of the initial presentation are:

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

E. Referral for Assessment, Diagnosis and Treatment

The FAC shall refer faculty members for clinical evaluation to those resources identified by the Committee as appropriate. Referred faculty members may, however, be allowed to choose an approved resource from among those identified by the FAC or utilize an alternative resource that meets the Committee's approval, and with whom the referred faculty member has no pre-existing relationship. A specially trained professional shall meet with the referred faculty member to discuss the referral process and the faculty member's options.







EXHIBIT I

TO: \_\_\_\_\_[identify specific provider]

AUTHORIZATION AND CONSENT TO RECORDS RELEASE

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

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

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

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

**CONSENT TO TESTING**

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

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print Faculty Member's Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**DECLINATION OF CONSENT**

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

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print Faculty Member's Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# 2415866\_v1

EDUCATIONAL USE OF COPYRIGHTED WORKS

## EDUCATIONAL USE OF COPYRIGHTED WORKS

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

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

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

Guon to

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

2. Multiple copying for classroom use;

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

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

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

3. Examples of “brevity” are:

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

4. Examples of “spontaneity” are:

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



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

5. Examples of “cumulative effect” are:

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

The limitations in

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

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

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

#### E. Copying for Broadcast

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

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

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

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

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

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

- d. If copyrighted music or audiovisuals are used in a closed-circuit, interactive, distance-learning class, some utilization may be made under "Fair Use." No more than 10 percent of a copyrighted work of music may be used, but may not be repeated for the course in the next semester unless permission has been obtained from the copyright holder (see Section V.B above). Under provisions of Section 110 of the Copyright Act, a lawfully obtained copyrighted film or videocassette not labeled “Home Use Only” may be aired to a closed-circuit, interactive, distan

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

- b. In the case of external-environment, not-for-profit, educational, live broadcasts that use of copyrighted material, the same rights and prohibitions as outlined in Section V.F.1 above may apply. If subscription and/or licensing fees are assessed to the recipient of such broadcasts, the broadcasts are for-profit and thus subject to permission and the payment of royalties. In any event, copies may not

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

1. Copying of software

Software operating systems and application programs should be considered copyrighted material unless they are termed “free-ware” or “public domain” by their producers and manufacturers. In most cases, a software program carries a license to which the purchaser agrees upon purchase or at the time of the software's installation. It is customary for software producers to permit the

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

## 2. Copying of computerized files and their contents

- a. Copies (to paper or downloaded to disk) may legally be made of computerized files and their contents, provided that the program license does not forbid such copying. Generally, a computerized file will carry

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

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

I. Legal Advice Regarding Copyright

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

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

J. Seeking Permissions

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



## VI. SANCTIONS

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

- ◁ Sections of this policy are excerpted from the policies of the University of Medicine and

LICENSURE POLICY

Morehouse School of Medicine  
School Policy

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

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

**PURPOSE:**

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

**RESPONSIBILITY :**

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

**POLICY:**

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

[http://www.legis.state.ga.us/cgi-bin/gl\\_codes\\_detail.pl?code=1-1-1](http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=1-1-1)

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

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

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

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

[http://medicalboard.georgia.gov/00/channel\\_modifieddate/0,2096,26729866\\_27815308,00.html](http://medicalboard.georgia.gov/00/channel_modifieddate/0,2096,26729866_27815308,00.html)

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

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

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

**Non-Physician Clinical Staff**

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

**Exceptions**

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

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

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