

Group on  
Student Affairs  
**GSA**



**AAMC**

Tomorrow's Doctors, Tomorrow's Cures®

# GSA

## GSA Member Handbook

### Group on Student Affairs

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Association of  
American Medical Colleges

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## Welcome

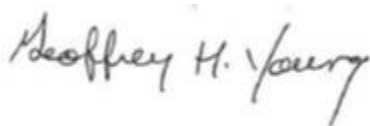
On behalf of your colleagues in the AAMC Group on Student Affairs (GSA), welcome to the GSA! We are delighted that you represent your school as a GSA Institutional or Individual Representative or Affiliate Member. We look forward to you participating fully at the regional and national levels. You will find members of the GSA knowledgeable and eager to share their experiences with you as you transition to your new role. The AAMC Student Affairs and Programs (SAP) staff also stand ready to serve you as you journey into the GSA and will strive to answer your questions promptly and thoroughly. We hope the following information is a helpful introduction to the structure of the AAMC and specifically the GSA.

GSA Representatives are the principal school liaisons for the GSA area(s) they represent (admissions, student affairs, student diversity affairs, student financial assistance, and student records); they are therefore expected to keep their school colleagues informed regarding relevant national issues. For example, AAMC memoranda addressed to the “GSA Institutional Representative in Admissions” are usually distributed only to the one individual at the school officially designated by the Dean as the school’s Institutional Admissions Representative to the GSA. If you are a GSA Institutional Representative, it is extremely important that, as you receive information from the AAMC, you circulate that information to your institutional colleagues, as appropriate.

The GSA sponsors many sessions at the annual meeting each year. The annual meeting will be hosted in Philadelphia, PA this year and in Chicago, IL in 2014. In addition, the GSA sponsors Professional Development Conferences for GSA members and other interested medical school faculty. Finally, in collaboration with the Group on Diversity and Inclusion (GDI) and the Organization on Student Representatives (OSR), we will host the 2014 GDI/GSA/OSR National Spring Meeting in San Diego, California. We hope that you and your colleagues will join us for this meeting.

Again, welcome to the GSA. The Student Affairs and Programs staff of the AAMC hope that the information contained in this handbook will be helpful in acquainting you with both AAMC and the GSA.

Sincerely,



Geoffrey H. Young, Ph.D.  
Group Program Leader, Group on Student Affairs  
Senior Director, Student Affairs and Student Programs

## About the AAMC

### Mission

Founded in 1876 and based in Washington, D.C., the Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 141 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians.

Through its many programs and services, the AAMC strengthens the world's most advanced medical care by supporting the entire spectrum of education, research, and patient care activities conducted by our member institutions. The AAMC and our members are dedicated to the communities we serve and steadfast in our desire to earn and keep the public's trust for the role we play in improving the nation's health.

### Vision

The vision of the AAMC and its members is a healthy nation and world in which:

- America's system of medical education, through continual renewal and innovation, prepares physicians and scientists to meet the nation's evolving health needs.
- The nation's medical students, biomedical graduate students, residents, fellows, faculty, and the health care workforce are diverse and culturally competent.
- Advances in medical knowledge, therapies, and technologies prevent disease, alleviate suffering, and improve quality of life.
- The nation's health system meets the needs of all.
- Concern for compassion, quality, safety, efficacy, accountability, affordability, professionalism, and the public good guide the health care community.
- Medical schools and teaching hospitals continually earn the trust and support of the public for their special missions.

The AAMC and our members are a dynamic force in realizing this vision.

### AAMC History

In June 1876, as America prepared to celebrate its first century as a nation with a gala centennial exhibition in Philadelphia, representatives of 22 medical schools met in that same city and formed the Provisional Association of American Medical Colleges. The call for the meeting stated that "the object of the convention is to consider all matters relating to reform in medical college work."

Over the course of several days, the group considered eight questions and one resolution, and adopted a constitution, bylaws, and articles of confederation. From this modest beginning, the AAMC began its existence, firmly grounded in the notion that it should lead its members "in the advancement of medical education in the United States, and the establishment of a common policy among medical colleges in the more important matters of college management."

The association's beginnings were fraught with disagreement among its members about the appropriate course of action necessary to improve medical education. Just a few years after its initial meeting, one medical journal of the day stated that "the late meeting of this association at Richmond was a pronounced failure and the indications are that it was the beginning of the end of the organization."

## **The AAMC Today**

Today, the AAMC survives and thrives, a testament to medical schools' impetus to provide the best possible education for tomorrow's doctors. Although the improvement of medical education is still its core purpose, the AAMC's agenda now also encompasses the biomedical research that underpins that education, the health care system that reaps its benefits, and the management of the medical schools and teaching hospitals where that education occurs.

## **AAMC Orientation**

Each year, the AAMC hosts orientation sessions to provide an overview of its structure, programs, and services. The sessions are especially useful to individuals who are new to academic medicine or who have new responsibilities that require a better understanding of the AAMC. Session details are added to the AAMC Meetings calendar as dates are confirmed and are also promoted via e-mail communications from the various councils, organizations, and professional development groups.

## **AAMC Web Site**

The AAMC's Web address is: [www.aamc.org](http://www.aamc.org). This Web site provides information regarding the association's programs and services, meetings, staff contacts, and annual meeting program, as well as special initiatives of the association. The Web site also includes a student and applicant hub ([www.aamc.org/students/](http://www.aamc.org/students/)) containing information for those considering medicine as a career, applicants to medical school, enrolled medical students, and residents. In addition to the general AAMC Web pages, each AAMC council, organization, and group has its own Web pages. Information and documents of interest to particular groups of constituents are updated frequently. GSA representatives are encouraged to visit the GSA's Web site ([www.aamc.org/members/gsa](http://www.aamc.org/members/gsa)) on a regular basis.

## AAMC Structure

### Academic Affairs

Academic Affairs builds capacity in academic medicine to improve the health of the nation. We strengthen institutions, develop leaders, turn data into information, and support those who serve. Academic Affairs supports several constituent groups: the Council of Deans, Group on Business Affairs, Group on Institutional Planning, Group on Student Affairs, Group on Women in Medicine and Science, and the Group on Faculty Affairs. We also maintain critical partnerships with entities and organizations such as, the Veterans Affairs, the American Medical Association section on Medical Schools and others. Key areas within Academic Affairs are:

- LCME and Accreditation Services serves as the AAMC Secretariat to the Liaison Committee on Medical Education (LCME), the nationally recognized accrediting authority for M.D. programs in the United States and Canada.
- Leadership and Talent Development helps medical school deans, hospital CEOs, faculty, and administrators manage and accomplish the missions of their institutions through specially tailored forums, services, and executive and faculty development programs. The unit staffs the Women in Medicine program, Group on Faculty Affairs, and Faculty Forward.
- Student Affairs and Programs supports medical school efforts in the areas of admissions, academic progress and promotion, and financial aid. The unit staffs the Group on Student Affairs and the Organization of Student Representatives.
- Medical School Resources and Analyses makes essential data available to medical school leaders and provides the tools leaders need to use the data to drive change

### Health Care Affairs

Health Care Affairs focuses on the interface between the health care delivery system and academic medicine. It provides an array of services and data that supports the unique missions of teaching hospitals, health systems, faculty practice plans, and graduate medical education programs, including educational and advocacy programs, data collection and analysis, ad hoc surveys, special reports, and individualized presentations on a variety of topics. The unit supports the Council of Teaching Hospitals and Health Systems, the professional development groups on Chief Medical Officers, Resident Affairs, Faculty Practice, and the Compliance Officers Forum. They have recently convened a new set of academic leaders, Chief Innovation and Transformation officers. They manage the Advisory Panel on Health Care Delivery and have a large regulatory shop that helps shape policy that affect AMCs.

### Medical Education

The Medical Education Cluster collaborates with constituents and other education associations to transform the current models of physician education and workforce preparation across the continuum. Current initiatives aim at leveraging the integration of a competency-based framework for the purpose of creating a true continuum that will prepare physicians for safe, current, compassionate and collaborative patient-centered care.

Initiatives include:

- Development of new tools for assessment of personal competencies in medical schools applicants.
- Faculty development and creation of collections of resources in MedEdPORTAL linked to competencies for interprofessional collaborative practice, quality improvement and patient safety, oral health in medicine, care of LGBT patients.
- A pilot in pediatrics to test feasibility of advancement by competencies across UME and GME.



- An emerging project to bring clarity to core competencies for entering residency. Medical Education is “home” for MedEdPORTAL and staff are deeply engaged in the development of the eFolio Connector (new name coming).

Medical Education staff convene, connect, engage, support, inform and stimulate community among constituents to advance medical education to better meet the needs of the public we serve. The unit supports the Group on Educational Affairs, Group on Regional Medical Campuses and Organization of Resident Representatives

### **Operations and Services**

Operations and Services oversees and coordinates support for both internal operations of the AAMC as well as the major revenue-producing services it sponsors. The unit is also responsible for many of the data collections and data services that the Association provides.

Internal operations that the cluster supports include the following:

- Finance and Administration manages the association's finances, including accounting, financial planning, and investments; human resources; and business services including facilities management. It also oversees the AAMC's Membership and Constituent Services unit, which provides support for AAMC meetings, membership services, publication fulfillment, and the Reference Center.
- Legal Services manages provides legal counsel and services in support of AAMC's mission, vision, and strategic priorities, including amicus briefs, contracts, ethics and fraud prevention, intellectual property, privacy, records management, and court papers.
- Information Technology and Enterprise Services is responsible for the association's communications and technology infrastructure, software development, data warehouse, and information security, and also provides a variety of enterprise services that are critical to sound business management.
- Business Strategy and Development provides guidance and assistance in the development of new ventures and revenue-producing opportunities, expanding existing services, and coordinating work with members or vendors.

Services that the cluster oversees include the following:

- Application Services is responsible for the American Medical College Application Service (AMCAS), the Electronic Residency Application Service (ERAS), the Find-a-Resident program, the Visiting Student Application Service (VSAS), and an emerging new program, Global Health Learning Opportunities (GHLO).
- Admissions Testing Services is responsible for the Medical College Admission Test (MCAT) and related programs.
- Research and Data Programs houses many of the AAMC databases on medical schools, medical school faculties, and medical students. It conducts studies and issues reports that support medical school accreditation, strengthen medical school management, and inform policy.

### **Public Policy and Strategic Relations**

AAMC's Advocacy efforts craft and disseminate messages about medical schools, teaching hospitals, and their importance to the nation's health care system.

- Communications leads the AAMC's efforts to advance public understanding and support of America's medical schools and teaching hospitals and their importance to the nation's health via

media and public relations, electronic and print publications, public opinion research, and advertising. The office supports the Group on Institutional Advancement and is responsible for Project Medical Education, a unique program that brings policymakers and their staff, opinion leaders and the media to AAMC-member institutions to experience the process of medical education and training.

- The AAMC established Diversity Policy and Programs (DPP) to ensure diffusion of promising practices that increase diversity within the faculty and student body of the nation's medical schools and teaching hospitals. To ensure our members are capitalizing on the full range of talent, DPP has reframed and repositioned diversity and inclusion as drivers of institutional excellence with the target outcome of improving the health of all. DPP supports the Group on Diversity and Inclusion, offers professional development programming for aspiring physicians and mid-career faculty members, and delivers technical assistance to build organizational capacity for diversity and inclusion.
- Government Relations directs advocacy efforts to meet the federal legislative challenges that face medical schools and teaching hospitals on a wide range of issues, including Medicare and Medicaid funding, federal support for medical research and public health, federal student loan programs, health professions education funding, and veterans' medical care and health research. The office supports the Governmental Relations Representatives, the Medicare Special Action Committee, the Ad Hoc Group for Medical Research, and the Health Professions and Nursing Education Coalition.
- Strategy and Innovation Development is responsible for the development of overall AAMC strategy, through which we fulfill our mission to improve the health of all; for measuring the AAMC's organizational performance to determine how successful we are in achieving our mission; and for spreading the tools and processes of innovation throughout the AAMC by leveraging the creativity and passion of AAMC staff.

### **Scientific Affairs**

Scientific Affairs supports the research efforts of medical schools, teaching hospitals, and their faculty by working to create an environment that facilitates the conduct of the full scope of medical and health sciences research; strengthening medical schools' and teaching hospitals' capacities to sustain and foster research, and promoting high standards of excellence and integrity in academic research. The unit supports the efforts of the Council of Academic Societies, the Graduate Research Education and Training Group, the Forum on Conflicts of Interest, the Group on Research Advancement and Development, and the Advisory Panel on Research.

### **Professional Development Groups**

The AAMC supports a number of professional development groups for individuals in leadership positions at member medical schools, teaching hospitals, and academic societies. AAMC professional development groups foster growth and leadership skills and provide opportunities for networking and information sharing.

All individuals at U.S. and Canadian medical schools with an interest in medical education may join the Group on Educational Affairs (GEA). Membership in all other groups requires appointment by the medical school dean, teaching hospital executive, or academic society president.

Chief Medical Officers Group (CMOG)  
Governmental Relations Representatives (GRR)  
Graduate, Research, Education, and Training Group (GREAT)  
Group on Business Affairs (GBA)  
Group on Diversity and Inclusion (GDI)  
Group on Education Affairs (GEA)  
Group on Faculty Affairs (GFA)  
Group on Faculty Practice (GFP)  
Group on Information Resources (GIR)  
Group on Institutional Advancement (GIA)  
Group on Institutional Planning (GIP)  
Group on Regional Medical Campuses (GRMC)  
Group on Research Advancement and Development (GRAND)  
Group on Resident Affairs (GRA)  
Group on Student Affairs (GSA)  
Group on Women in Medicine and Science (GWIMS)

Membership Councils and Organizations  
Council of Deans (COD)  
Council of Faculty and Academic Societies (CAS)  
Council of Teaching Hospitals and Health Systems (COTH)  
Organization of Student Representatives (OSR)  
Organization of Resident Representatives (ORR)

Forums  
Forum on Conflict of Interest in Academe (FOCI Academe)  
Compliance Officers' Forum (COF)

# The Group on Student Affairs

## Purpose

The purpose of the Group on Student Affairs (GSA) is to advance medical education and, specifically, to represent the interests of medical schools and medical students in the areas of admissions, student affairs, student diversity affairs, student financial assistance, and student records.

## Membership

There are three ways to become a member of the GSA:

- **Dean-Designated Institutional Representative**

The AAMC's Group on Student Affairs (GSA) is composed of school representatives whose functional areas of responsibility within the medical school include admissions, student affairs, student diversity affairs, student financial assistance, and student records. The Dean of each medical school appoints appropriate individuals to each of these GSA representative roles. In some instances, the Dean appoints a sixth GSA representative, a Member-at-Large. These individuals are automatically registered as GSA Institutional Representatives in the AAMC constituent database.

- **Individual Representatives**

The GSA Rules and Regulations also permit certain individuals to become Individual Members. Typically, these individuals hold administrative positions in one or more of the GSA's functional areas, but they are not appointed by the Dean to be the institution's designated GSA Institutional Representative(s) in the area(s). For example, a school's associate dean for admissions may be the GSA Admissions Institutional Representative; the director of admissions at that school may participate in GSA by becoming an Individual Member. Another school may decide that the director of admissions is the better choice for GSA Admissions Institutional Representative; in that case, the associate dean for admissions could become an Individual Member, if desired. These individuals are registered in the AAMC constituent database as GSA Individual Members upon confirmation of their status.

- **Affiliate Member**

The Deans of Canadian medical schools are invited to designate GSA representatives in one or more of the areas served by the GSA. These individuals are automatically registered as GSA Affiliate Members in the AAMC constituent database.

# Organizational Structure

## **GSA National Officers**

A GSA Institutional representative is elected to a one-year term as GSA National Vice-Chair, and then automatically succeeds to a one-year term as GSA National Chair-Elect, followed by a one-year term as GSA National Chair, followed by a one-year term as Immediate Past Chair and a final year long term as GSA Previous Past Chair. The GSA Rules and Regulations require that GSA officers be GSA Institutional Representatives; the GSA Rules and Regulations can be accessed on the GSA Web site at: <http://www.aamc.org/members/gsa/about/bylaws.htm>.

## **GSA National Chair**

The GSA National Chair provides national leadership for the GSA, including leadership for the numerous projects undertaken by the GSA. This individual chairs the GSA Steering Committee and GSA National Business Meeting. The GSA National Chair is a member of the GSA National Committee on Student Financial Assistance as well as the GSA Steering Committee.

## **GSA National Chair-Elect**

The GSA National Chair-Elect is program chair for the GSA's programs at the annual meeting. The planning process usually starts at the end of annual meeting one year and extends throughout the term of the GSA National Chair-Elect, culminating in the GSA program at the next annual meeting where the individual becomes GSA National Chair. In addition, the GSA National Chair-Elect is a member of the GSA National Committee on Student Affairs and the GSA Steering Committee.

## **GSA National Vice-Chair**

The principal responsibilities of the GSA National Vice-Chair are to develop an understanding of the major issues affecting each area of the GSA (admissions, financial aid, student affairs, student diversity affairs, and student records) and to undertake projects and assignments as requested by the GSA National Chair. The GSA National Vice-Chair assists the GSA National Chair-Elect on the GSA annual meeting Program Planning Committee in order to prepare for his/her service the following year as chair of that committee during his/her tenure as GSA Chair-Elect. The GSA Annual Planning Committee is responsible for planning the GSA activities that occur at the annual meeting. The GSA National Vice-Chair is also a member of the GSA National Committee on Admissions and the GSA Steering Committee, and chairs the Selection Committee for the GSA Exemplary Service Award.

## **GSA Immediate Past National Chair**

The principal responsibilities of the GSA Immediate Past Chair are to assist the GSA National Chair, as requested, in the completion of GSA projects and in leadership transition. The GSA Immediate Past National Chair serves as a member of the GSA National Committee on Student Records and the GSA Steering Committee, and chairs the GSA Nominating Committee.

## **GSA Previous Past Chair**

The principle responsibilities of the GSA Previous Past Chair are to assist the GSA National Chair, as requested, in the completion of GSA projects and in leadership transition. The GSA Previous Past Chair serves as a member of the GSA National Committee on Student Diversity Affairs and the GSA Steering Committee.

## National Committees

### **GSA Steering Committee**

The GSA Steering Committee is the executive committee for the Group on Student Affairs and is comprised of the GSA regional chairs and the chairs of the GSA national committees. The areas represented by the GSA encompass a wide range of issues, policies, and operational characteristics that require study and deliberation on an ongoing basis. In order to provide a mechanism for the study of issues and problems associated with this full range of complex and diverse issues, the GSA Steering Committee established national committees in the areas of admissions, student affairs, student diversity affairs, student financial assistance, and student records. These national committees through its Coordinating Committee are advisory to the GSA Steering Committee. In addition, liaison members of the GSA Steering Committee include representatives of the AAMC Organization of Student Representatives (OSR), Council of Deans (COD), and the National Association of Advisors for the Health Professions (NAAHP).

### **Committee on Admissions (COA)**

The GSA National Committee on Admissions (COA) provides guidance on national policy and procedural issues regarding the admission of students to medical school, and the admission of transfer students or candidates with advanced standing. The Committee receives regular reports regarding two services of the AAMC: the American Medical Colleges Application Service (AMCAS) and the Medical College Admission Test (MCAT). The Committee discusses issues of national interest that are brought to its attention by GSA constituents or AAMC staff. The Committee develops plans for sessions at the fall AAMC Annual Meeting for consideration by the GSA Steering Committee. The Committee may identify projects, such as a national survey or the development of a brochure, where an issue is of national importance and interest. The Committee is advisory to the GSA Steering Committee, and, as such, makes regular reports to the Steering Committee and seeks approval of the Steering Committee for special projects.

### **Committee on Student Affairs (COSA)**

The GSA National Committee on Student Affairs provides guidance on issues related to medical students, including personal and career counseling and advisement, health services for medical students, the ethical and professional development of students, and preparation of students for the transition to residency training. The committee discusses issues of national interest that are brought to its attention by GSA constituents or AAMC staff. The committee assists in the development of plans for sessions for the annual meeting and for Professional Development Conferences for consideration by the GSA Steering Committee. The committee may identify projects where an issue is of national importance and interest, such as Student Wellness, The Match and SOAP. The committee is advisory to the GSA Steering Committee, it makes regular reports to the GSA Steering Committee and seeks approval of the GSA Steering Committee for special projects.

### **Committee on Student Diversity Affairs (COSDA)**

The GSA National Committee on Student Diversity Affairs, formerly the GSA-Committee on Diversity Affairs (GSA-CODA), provides guidance on medical student diversity on a local, regional, and national basis, with respect to student recruitment, admissions, enrollment, retention, and graduation. GSA-COSDA represents the diversity affairs representatives and/or faculty at medical schools who are responsible for medical student diversity. GSA-COSDA is composed of a National Chair, four regional diversity affairs representatives; the GSA previous past chair; liaisons to the four other GSA national committees – Admissions, Student Affairs, Student Financial Assistance and Student Records; and

liaisons from the Organization of Student Representatives (OSR), the Hispanic-Serving Health Professions Schools (HSHPS), the National Association for the Advisors for the Health Professions (NAAHP), and the Association of American Indian Physicians (AAIP). The GSA-COSDA National Chair sits as a member of the Group on Diversity and Inclusion (GDI) Steering Committee, linking their efforts of GDI and GSA-COSDA in the promotion of diversity in medicine. GSA-COSDA continues to refine its strategic priorities, develop action plans and involve its constituency in the implementation. The strategic priorities of GSA-COSDA are defined under two overarching themes – increasing diversity in the physician workforce and professional development of its constituency. In order to meet the strategic priorities, GSA-COSDA advances the full cycle of student engagement and educational support spanning the K-12 through medical school educational continuum in order to increase diversity in the physician workforce. GSA-COSDA constituents provide programming and services to engage and support diverse learners in the K-12 pipeline, pre-medical and post-baccalaureate programs, and medical school. They are involved in outreach, recruitment, admissions, retention, support and graduation of diverse students in medicine. The committee is advisory to the GSA Steering Committee, it makes regular reports to the GSA Steering Committee and seeks approval of the GSA Steering Committee for special projects.

### **Committee on Student Financial Assistance (COSFA)**

The GSA National Committee on Student Financial Assistance (COSFA), working with AAMC legislative staff, provides guidance on legislative and regulatory issues regarding the types, availability, and delivery of financial assistance. The Committee receives regular reports from the AAMC legislative staff on the status of specific financial aid legislation and receives regular reports on AAMC data to inform the discussion on the distribution of financial aid to medical students and related institutional policies. The Committee works with AAMC staff to develop content for educational and support programs and activities to assist schools in counseling and educating medical students regarding the financing of their medical education and the repayment of their student loans. The Committee discusses issues of national interest that are brought to its attention by GSA constituents or AAMC staff and develops topics for sessions at the fall annual meeting for consideration by the GSA Steering Committee. The Committee identifies projects, such as a financial planning manual or a national study of default issues, where an issue is of national importance and interest. The Committee is advisory to the GSA Steering Committee, and, as such, makes regular reports to the Steering Committee and seeks approval of the Steering Committee for special projects.

### **Committee on Student Records (COSR)**

The GSA National Committee on Student Records (COSR) provides guidance on legislative and regulatory issues regarding student records, both during medical school and in connection with medical licensure process. The Committee receives regular reports from AAMC staff on the status of projects related to student records. The Committee develops educational and support programs and activities to support medical school registrars. The Committee develops plans for sessions at the fall annual meeting for consideration by the GSA Steering Committee. The Committee is advisory to the GSA Steering Committee and, as such, makes regular reports to the Steering Committee and seeks approval of the Steering Committee for special projects.

### **Regional Organizations**

The GSA has a strong grassroots organization through activities in each of four geographic regions—West, Central, South, and Northeast. Members of each regional GSA elect regional GSA officers in accordance to their rules and regulations.

## AAMC U.S. Member Medical Schools

### Central Region: (34 Medical Schools)

#### Illinois

Chicago Medical School at Rosalind Franklin U. of Medicine & Science  
Loyola University Chicago Stritch SOM  
Northwestern University The Feinberg SOM  
Rush Medical College of Rush University Medical Center  
Southern Illinois University SOM  
U. of Chicago Division of the Biological Sciences The Pritzker SOM  
University of Illinois COM

#### Indiana

Indiana University SOM

#### Iowa

U. of Iowa Roy J. and Lucille A. Carver COM

#### Kansas

University of Kansas SOM

#### Michigan

Central Michigan University COM  
Michigan State U. College of Human Med.  
Oakland U. William Beaumont SOM  
University of Michigan Medical School  
Wayne State University SOM  
Western Michigan University SOM

#### Minnesota

Mayo Medical School  
University of Minnesota Medical School

#### Missouri

Saint Louis University SOM  
University of Missouri-Columbia SOM  
University of Missouri-Kansas City SOM  
Washington University in St. Louis SOM

#### Nebraska

Creighton University SOM  
University of Nebraska COM

#### North Dakota

University of North Dakota SOM & Health Sciences

#### Ohio

Case Western Reserve University SOM  
Northeast Ohio Medical University  
Ohio State University COM  
The University of Toledo COM  
University of Cincinnati COM  
Wright State University Boonshoft SOM

### South Dakota

Sanford SOM The University of South Dakota

### Wisconsin

Medical College of Wisconsin  
University of Wisconsin SOM & Public Health

### Northeast Region: (39 Medical Schools)

#### Connecticut

Frank H. Netter MD SOM at Quinnipiac University  
University of Connecticut SOM  
Yale University SOM

#### Washington, DC

George Washington U. SOM & Health Sciences  
Georgetown University SOM  
Howard University COM

#### Maryland

Johns Hopkins University SOM  
University of Maryland SOM  
USUHS F. Edward Hebert SOM

#### Massachusetts

Boston University SOM  
Harvard Medical School  
Tufts University SOM  
University of Massachusetts Medical School

#### New Hampshire

Geisel School of Medicine at Dartmouth

#### New Jersey

Cooper Medical School of Rowan University  
Rutgers New Jersey Medical School  
Rutgers, Robert Wood Johnson Medical School

#### New York

Albany Medical College  
Albert Einstein COM of Yeshiva University  
Columbia U. College of Physicians & Surgeons  
Hofstra North Shore – LIJ School of Medicine  
Icahn School of Medicine at Mount Sinai  
New York Medical College  
New York University SOM  
SUNY Downstate Medical Center COM  
SUNY Upstate Medical University  
Stony Brook University SOM  
U. at Buffalo SUNY SOM & Biomedical Sciences  
University of Rochester SOM & Dentistry  
Weill Cornell Medical College



**Pennsylvania**

Drexel University COM  
 Jefferson Medical College of Thomas Jefferson U.  
 Pennsylvania State University COM  
 Perelman SOM at the University of Pennsylvania  
 Temple University SOM  
 The Commonwealth Medical College  
 University of Pittsburgh SOM

**Rhode Island**

The Warren Alpert Medical School of Brown University

**Vermont**

University of Vermont COM

**Southern Region: (50 Medical Schools)****Alabama**

University of Alabama SOM  
 University of South Alabama COM

**Arkansas**

University of Arkansas for Medical Sciences COM

**Florida**

Charles E. Schmidt COM at Florida Atlantic U.  
 Florida International University Herbert Wertheim COM  
 Florida State University COM  
 University of Central Florida COM  
 University of Florida College of Medicine  
 University of Miami Leonard M. Miller SOM  
 University of South Florida Health Morsani COM

**Georgia**

Emory University SOM  
 Medical College of Georgia at Georgia Regents U.  
 Mercer University SOM  
 Morehouse SOM

**Kentucky**

University of Kentucky COM  
 University of Louisville SOM

**Louisiana**

Louisiana State University SOM in New Orleans  
 Louisiana State University SOM in Shreveport  
 Tulane University SOM

**Mississippi**

University of Mississippi SOM

**North Carolina**

Duke University SOM  
 The Brody SOM at East Carolina University  
 University of North Carolina at Chapel Hill SOM  
 Wake Forest SOM of Wake Forest Baptist Medical Ctr.

**Oklahoma**

University of Oklahoma COM

**Puerto Rico**

Ponce School of Medicine & Health Sciences  
 San Juan Bautista SOM  
 Universidad Central del Caribe SOM  
 University of Puerto Rico SOM

**South Carolina**

Medical University of South Carolina COM  
 University of South Carolina SOM  
 University of South Carolina SOM Greenville

**Tennessee**

East Tennessee State U. James H. Quillen COM  
 Meharry Medical College  
 University of Tennessee HSC COM  
 Vanderbilt University SOM

**Texas**

Baylor College of Medicine Texas A&M HSC COM  
 Texas Tech University HSC Paul L. Foster SOM  
 Texas Tech University HSC SOM  
 U. of Texas SOM at San Antonio  
 U. of Texas Medical Branch SOM  
 U. of Texas Medical School at Houston  
 U. of Texas Southwestern Medical Ctr. at Dallas

**Virginia**

Eastern Virginia Medical School  
 University of Virginia SOM  
 Virginia Commonwealth University SOM  
 Virginia Tech Carilion SOM

**West Virginia**

Marshall University Joan C. Edwards SOM  
 West Virginia University SOM

**Western Region: (18 Medical Schools)****Arizona**

University of Arizona COM

University of Arizona COM-Phoenix

**California**

Keck SOM of the University of S. California

Loma Linda University SOM

Stanford University SOM

University of California, Davis, SOM

University of California, Irvine, SOM

University of California, Los Angeles David Geffen SOM

University of California, Riverside, SOM

University of California San Diego, SOM

University of California, San Francisco, SOM

**Colorado**

University of Colorado SOM

**Hawaii**

University of Hawaii, John A. Burns SOM

**New Mexico**

University of New Mexico SOM

**Nevada**

University of Nevada SOM

**Oregon**

Oregon Health &amp; Science University SOM

**Utah**

University of Utah SOM

**Washington**

University of Washington SOM

**Canada: (17 Medical Schools)****Alberta**

University of Alberta Faculty of Medicine and Dentistry

University of Calgary Faculty of Medicine

**British Columbia**

University of British Columbia Faculty of Medicine

**Manitoba**

University of Manitoba Faculty of Medicine

**Newfoundland & Labrador**

Memorial University of Newfoundland Faculty of Medicine

**Nova Scotia**

Dalhousie University Faculty of Medicine

**Ontario**

McMaster University Michael G. DeGroote SOM

Northern Ontario SOM

Queen's University Faculty of Health Science

The University of Western Ontario – Schulich SOM &amp; Dentistry

University of Ottawa Faculty of Medicine

University of Toronto Faculty of Medicine

**Quebec**

Laval University Faculty of Medicine

McGill Faculty of Medicine

University of Montreal Faculty of Medicine

University of Sherbrooke Faculty of Medicine

**Saskatchewan**

University of Saskatchewan COM

## GSA List Serve

### **GSA Members-only content:**

GSALIST is a private, un-moderated listserve available to Institutional Group on Student Affairs (GSA) Representatives, Individual GSA Members, and Affiliate GSA Members at the dean, associate dean, director, or assistant/associate director levels, to members of GSA committees, and to specific AAMC staff members with responsibility for GSA committees or for AAMC programs and services related to medical schools and medical students (e.g., MCAT, AMCAS, CiM, ERAS).

Current GSALIST subscribership includes approximately 1300 GSA representatives who hold administrative positions in one or more of the five areas of GSA expertise at an AAMC-member medical school: Admissions, Student Affairs, Student Diversity Affairs, Student Financial Assistance, and Student Records.

The GSALIST owners are the AAMC staff to the GSA, currently led by Geoffrey Young, Ph.D., GSA Program Leader.

### **GSA Subscribership**

Access to GSALIST is limited to:

- "Institutional GSA Representatives," who are the dean-designated persons at each AAMC-member medical school holding an administrative appointment in one or more of the five areas of GSA expertise. Typically, there are five such Institutional GSA Representatives at each member medical school. In some circumstances, a sixth Institutional GSA Representative, a member-at-large, may also be appointed by the dean; this individual shall also be an administrator in one or more of the five areas of the GSA's expertise.
- "Individual GSA Members," who are self-nominated or nominated by other GSA representatives and who hold an administrative appointment at a AAMC-member medical school in one or more of the five areas of GSA expertise.
- "Affiliate GSA Members," who hold an administrative appointment at a Canadian medical school in one or more of the five areas of GSA expertise.
- Members of GSA committees.
- Specific AAMC staff members who staff GSA and Organization of Student Representatives (OSR) committees or AAMC programs and services.

Additionally, the AAMC Group on Student Affairs Steering Committee will make exceptions on a case by case basis.

### **Rules and Etiquette**

Appropriate professional etiquette in GSALIST messages is expected of all subscribers. All messages sent to GSALIST directly by GSALIST subscribers that do not contain forwarded materials from other sources will be posted, upon receipt, to GSALIST. In the case of forwarded messages, GSALIST owners will post the forwarded message only when, in their judgment, the forwarded material is applicable to the GSALIST audience and when the identity and institutional affiliation of the sender of the original message is included in the forwarded message. These precautions ensure that GSALIST subscribers will be able to judge the accuracy of information posted to GSALIST and that inaccurate information will not appear on GSALIST.

In addition, at the request of the GSA Steering Committee, the use of GSALIST to post information about the availability of administrative positions at medical schools or related position descriptions is strongly discouraged. The GSALIST exists to promote two-way communication among GSALIST subscribers about issues of importance to the GSA, not to serve as a job board.

Finally, at the request of the GSA Steering Committee, the content of GSALIST messages should be accessible only to professional staff with GSA-related responsibilities at member medical schools. Since GSALIST subscribers will, at times, post information of a sensitive nature to GSALIST, GSALIST subscribers should exercise personal and professional judgment in forwarding specific GSALIST content to administrative staff members in their school offices who are not GSALIST subscribers.

### **Survey Policy**

In order to avoid “survey fatigue” of its members, the GSA Steering Committee adopted the following policy on January 29, 2009:

“The Group on Student Affairs does not review outside surveys for content, structure, validity or ultimate use. It is a policy of the Group on Student Affairs not to endorse or forward surveys which are not created through its organized committee structure. The GSA will accept suggested surveys and will consider those suggested through the appropriate committees.”

Each of the five GSA national committees (admissions, student affairs, student diversity affairs, student financial aid, and student records) as well as the steering committee itself will review requests for surveys at their regularly scheduled meetings. Survey requests should be forwarded to the AAMC staff person responsible for the committee to which a member wishes to submit a survey. Survey requests should **not** be placed on the listserv. Approved surveys will be sent out by AAMC staff after approval by a national committee and the steering committee.

### **Signature Blocks**

All GSALIST subscribers should create a signature block that includes their name, title, institution, address, telephone and fax numbers, and email address. This signature block should be included in all GSALIST messages. With this information, GSALIST subscribers can easily identify the source of the GSALIST message and contact the sender directly to discuss topics or ask questions that they may not wish to discuss publicly with all GSALIST subscribers.

### **Posting Messages**

To post messages to GSALIST, send an email to [gsalist@lists.aamc.org](mailto:gsalist@lists.aamc.org).

### **Subscribing to the Listserv**

Access to GSALIST is limited to Institutional GSA Representatives and Individual and Affiliate GSA Members, each of whom has a GSA code in their AAMC database record designating the type of GSA-related administrative position(s) they hold at their medical school. Questions about joining the GSA can be addressed to [gsa@aamc.org](mailto:gsa@aamc.org)

Institutional GSA Representatives and Individual and Affiliate GSA Members are automatically subscribed to GSALIST when their contact information is recorded in the AAMC database with a code designating the type of GSA-related administrative position(s) they hold at their medical school.

Please note that, as a security measure, GSALIST messages can be sent only from the email address contained in the GSALIST subscriber's AAMC database record, since that address is used to verify the identity of the sender and the authenticity of the message. GSALIST messages sent from "alias" email addresses will be "bounced," (i.e., not posted to GSALIST). For this reason, it is essential that GSALIST subscribers advise AAMC GSALIST staff members immediately of any changes in their email address and use only the one email address contained in their AAMC database record when submitting email messages to GSALIST.

### **Subscribing to the Digest**

A GSALIST DIGEST is available for subscribers who wish to receive GSALIST messages in a digested, three-time-per-week format. In the regular format, each subscriber receives each individual GSALIST message as it is sent. The number of GSALIST messages ranges from none to several per day, depending on the time of year and interest in the issue being discussed. In the digest format, a single email containing all GSALIST messages for a specific time period is sent to subscribers three times per week. Subscribers wishing to receive the GSALIST DIGEST should send an email to [gsa@aamc.org](mailto:gsa@aamc.org) with the message "Prefer digested listserv format" in the Subject line. Please be advised that this is an "EITHER-OR" opportunity; subscribers can receive GSALIST messages in one OR the other format. Subscribers indicating a preference for the GSALIST DIGEST will no longer receive individual GSALIST messages.

### **Unsubscribing**

All Institutional GSA Representatives and Individual and Affiliate GSA Members are automatically subscribed to GSALIST. Any GSALIST subscriber wishing to unsubscribe from GSALIST should send a blank message to [unsubscribe-gsalist@lists.aamc.org](mailto:unsubscribe-gsalist@lists.aamc.org).

### **Preventing Mail Loops**

Responses will go only to the sender of the current message. You may reply to the entire list by sending an email to [gsalist@lists.aamc.org](mailto:gsalist@lists.aamc.org)

### **Vacation Rules**

Please unsubscribe from GSALIST when installing rules for automatic reply or a "vacation" program.

### **Help**

For assistance with, or questions about, GSALIST, send an email to [gsa@aamc.org](mailto:gsa@aamc.org).

### **Reminder**

Send all GSALIST administrative requests (e.g., "subscribe" or "unsubscribe" messages) to [gsa@aamc.org](mailto:gsa@aamc.org). Send all email postings for GSALIST directly to [gsalist@lists.aamc.org](mailto:gsalist@lists.aamc.org).

## Committee Charges

### **Committee on Student Financial Assistance**

The mission of COSFA is to provide guidance on legislative and regulatory issues regarding type, availability, and delivery of financial assistance to medical students. COSFA achieves its mission through:

- Receipt of regular reports from the Association staff on the status of specific financial aid legislation and national Association data describing the distribution of financial aid to medical students.
- Consideration of educational and support programs and activities to assist schools in counseling medical students regarding the financing of their medical education and the repayment of student loans.
- Development of sessions for the Annual Meeting for consideration by the GSA Steering Committee.
- Identification of special projects related to issues of national importance and interest.
- Participation in Professional Development Conferences.

### **Committee on Student Records**

COSR represents and provides opportunities for professional development for medical school student records administrators (a.k.a., registrars) who are based in medical schools or elsewhere in their parent institutions.

### **Committee on Admissions**

All GSA national committees are advisory to the GSA Steering Committee and to the AAMC. The COA receives and responds to information, requests, concerns and issues relating to medical school application and admission. The COA works closely with the GSA and other AAMC and external constituents in reviewing and deliberating on admissions issues referred to it. The COA works in collaboration with AMCAS, MCAT on a regular basis and with other AAMC services as needed. The COA may also be called upon to comment on, and make recommendations about, planned and ongoing AAMC projects, programs or services that relate to medical school application and admission.

The COA, while not a policy-making component of the AAMC, is routinely consulted and acts as the voice of the admissions community when the AAMC is deliberating issues and policies related to application and admission to medical school. We welcome your thoughts. The COA's recommendations regarding any changes in AAMC policies and procedures are considered first by the GSA Steering Committee and, if approved, are forwarded by the GSA Steering Committee to the AAMC Council of Deans for further consideration.

### **Committee on Student Affairs (COSA)**

The GSA National Committee on Student Affairs (COSA) provides guidance on issues related to student counseling, including personal counseling, career counseling and advisement; health services for medical students; the ethical and professional development of students; and the preparation of students for the transition from medical school to residency. The Committee discusses issues of national interest that are brought to its attention by GSA constituents and AAMC staff. The Committee develops plans for sessions at the fall AAMC Annual Meeting for consideration by the GSA Steering Committee. The Committee may identify projects, such as a health services survey or an infectious diseases resource manual for student affairs officers, where an issue is of national importance and interest.

The Committee is advisory to the GSA Steering Committee and, as such, makes regular reports to the Steering Committee and seeks approval of the Steering Committee for special projects.

### **Committee on Student Diversity Affairs**

The GSA National Committee on Student Diversity Affairs, formerly the Committee on Diversity Affairs (CODA), provides guidance on medical student diversity on a local, regional, and national basis, with respect to student recruitment, admissions, enrollment, retention, and graduation.

The strategic priorities of COSDA are defined under two overarching themes – increasing diversity in the physician workforce and professional development of its constituency. In order to meet the strategic priorities, COSDA advances the full cycle of student engagement and educational support spanning the K-12 through medical school educational continuum in order to increase diversity in the physician workforce. COSDA constituents provide programming and services to engage and support diverse learners in the K-12 pipeline, pre-medical and post- baccalaureate programs, and medical school. They are involved in outreach, recruitment, admissions, retention, support and graduation of diverse students in medicine. The committee is advisory to the GSA Steering Committee, it makes regular reports to the GSA Steering Committee and seeks approval of the GSA Steering Committee for special projects.

# Organization of Student Representatives

## Description, Participation, and Function

The Organization of Student Representatives (OSR) represents medical students nationwide and provides an active role for students in advancing the AAMC mission to improve the nation's health. Additionally, the OSR seeks to ensure that students actively participate in directing their education, preserving their rights, and delineating their professional responsibilities. To this end, the OSR gives medical students a voice in academic medicine at the national level and strives to foster student involvement and awareness in this arena at a local level. The OSR works closely with the GSA and is administratively housed in the AAMC's Academic Affairs, Student Affairs and Programs.

The OSR is comprised of one primary and three alternate representatives from each of the 141 medical schools in the United States. The 17 medical schools in Canada are also invited to participate in OSR activities, although they do not have voting privileges. The OSR's Administrative Board is comprised of the OSR National Chair, OSR National Chair-Elect, OSR National Immediate Past-Chair, five OSR National Delegates (Community and Diversity, Legislative Affairs, Medical Education, Communications, and Student Affairs), and four OSR Regional Chairs. The OSR reports to the Council of Deans and relates to all three Councils of the AAMC and the Organization of Resident Representatives, as well as the AAMC Board of Directors. The OSR is represented at AAMC Leadership Forum meetings by five Administrative Board members. In addition, the OSR appoints representatives to serve as liaisons on various national committees of import to the AAMC, including the GSA national committees. The OSR is not a component of the GSA, although the GSA and OSR have an ongoing interest in dialogue, issues, and joint meetings. The OSR meets twice a year, once at the AAMC Annual Meeting and again during spring regional meetings; institutional support of OSR representatives to attend these meetings and play an active role in the OSR is crucial to the success of the OSR.

The OSR's priorities include:

- Student debt and the cost of medical education
- Diversity recruitment efforts
- GLBTI issues and concerns
- ACGME US residency program match data
- Diversity of representation within the OSR
- National Board of Medical Examiners' issues
- National Resident Matching Program issues
- Humanism in medicine
- Physician workforce increase
- Institutional mental health services and resources
- Academic medical centers and industry conflicts of interest
- Institutional mental health services and resources
- Communication with other medical student groups
- Assuring the continued strength of the academic environment under health care reform and managed care



# Committee on Admissions Handbook

## COA Committee Roster

### Chair

Carolyn J. Kelly, M.D. (July 2014 - November 2017)  
Associate Dean for Admissions and Student Affairs  
University of California, San Diego School of Medicine

### Central Region

Christina Grabowski, M.S.A. (July 2014 - November 2017)  
Assistant Dean for Medical School Admissions and Financial Services  
Oakland University William Beaumont School of Medicine

### Northeast Region

Catherine (Cate) Dayton, Ph.D. (November 2014 - November 2017)  
Director of Admissions  
Cooper Medical School of Rowan University

### Southern Region

Robert (REL) Larkin (November 2014 - November 2015)  
Director of Admissions  
University of Central Florida College of Medicine

### Western Region

Theodore R. Hall, M.D. (August 2014 - November 2017)  
Interim Associate Dean of Admissions  
University of California, Los Angeles David Geffen School of Medicine  
thall@mednet.ucla.edu

### GSA National Vice-Chair

Thomas Koenig, M.D. (November 2014 - November 2015)  
Associate Dean for Student Affairs  
Johns Hopkins University School of Medicine

### NAAHP

Ruth Bingham (August 2014 - August 2016)  
President, NAAHP  
Director Pre-Health Advising Center  
University of Hawaii at Manoa

### OSR

Claire Sadler (May 2013-May 2015)  
Keck School of Medicine of the University of Southern California

### GSA-COSDA Representative

LaTanya J. Love, M.D. (November 2014 - November 2017)  
Assistant Professor of Pediatrics and Internal Medicine  
Assistant Dean for Admissions and Student Affairs  
And Diversity and Inclusion

Medical Director, Student Health Sciences  
University of Texas Medical School at Houston

**Emeritus**

Maria Zimmerman, MGPGP (November 2014 - November 2015)  
Director of Admissions  
Temple University School of Medicine

## The Role of the Admissions Officer

The admissions officer typically has administrative responsibility for the operation of the admissions office, recruitment, the admissions committee, the admissions process and often the matriculation process. In some schools, the admissions officer is appointed by the dean, while, at others, the admissions officer is selected by a faculty governance group as its representative in the admissions process. In some institutions, the administrative appointment is for a defined period; at others, the appointment does not carry a specific term. The admissions officer is, at some schools, a member of the tenured faculty in the basic or clinical sciences; at others, he or she may be a clinical faculty appointee or an administrative staff member. The appointment as admissions officer usually includes an identified salary, or an administrative salary supplement for a faculty member, and sufficient staff support to carry out admissions-related activities. Often an Assistant or Associate Dean of Admissions and/or Director of Admissions will be tasked with leading the admission team.

### Understanding the Mission of the Institution

The admissions officer in each medical school directs an appropriate process that should be linked to the mission, goals, and diversity interests of the institution whereby applicants are recruited to the institution, assessed for suitability for admission, offered acceptance, and matriculated in the first-year class. Each school must decide which applicants will benefit most from the school's educational program, contribute to the diversity that will drive excellence in the school's learning environment, and best serve the needs of its patients, community and the medical profession at large. This decision entails taking an inventory of the strengths and resources of the school and the needs of the community it serves, linking these to the mission, goals and diversity interests of the institution. Most medical schools share a commitment to education, research, and patient care. The emphases given to these three areas of endeavor will differ from institution to institution, based upon the mission of the school and the resources available to the academic medical center.

The following examples of mission statements from three medical schools illustrate a range of missions and goals:

"The University educates health professionals who have the unique skills, knowledge, and commitment needed to improve the lives and health of the medically underserved."

"To educate future physicians and foster their capacity to make discoveries and lead innovation in the science and practice of medicine."

"To further the healing and teaching ministry of Jesus Christ 'to make man whole.'"

These three schools seek students who will succeed academically and serve the needs of society. However, their mission statements lead them to look for applicants and students who have developed a track record that demonstrates the knowledge, skills, attitudes, and behaviors that will best prepare them to fulfill particular challenges. Most important to the first school will be applicants who demonstrate a track record of service to communities marginalized by the current healthcare system. Of greatest interest to the second school will be applicants who have demonstrated creativity and independent productivity in scholarly activities. The third school will evaluate applicants, in part, for their commitment to the school's religious values and beliefs. Because applicants' personal characteristics differ from their academic achievements or so-called metrics (e.g., grades and Medical College Admissions Test [MCAT] tests scores), the admission criteria, policies, and procedures for each of these schools will also differ.

## The Admissions Office

The admissions officer is responsible for the admissions office, including: staffing; record keeping; supporting other campus offices with applicant and outcomes data, and interacting with anyone who has interest in the admissions process.

### Staff

The number and the types of personnel needed to staff the admissions office depend entirely upon the size of the applicant pool, the institutional admissions process, the number of dual-degree programs, the budget, and the other duties and responsibilities of the chief admissions officer. One of the most important aspects of the admissions office is the training of staff members since they are the first persons to greet and interact with the public (applicants, applicants' family members, public officials, faculty and staff, etc.). It is crucial that they understand the importance of confidentiality, general admissions policies, how to cope with disappointed and sometimes demanding individuals, and, above all else, how to remain calm in stressful situations.

The admissions office staff should:

- Understand that information about an applicant should not be provided to a third party, including applicants' parents, other family members and friends, public officials and faculty
- Be familiar with application processes and deadlines
- Have a mastery of general requirements for admission
- Understand the implications of the Federal Educational Rights and Privacy Act (FERPA)
- Be familiar with the school's Technical Standards for admission and graduation.
- Know when to ask for assistance and direction from supervisors.

### Records

While some schools still utilize paper files, most schools use electronic methods for acquiring, transmitting, managing and storing applicant records.

#### a) An Electronic Office

With the introduction of the electronic transmission of application materials, many schools have developed procedures that take advantage of a paperless process with due respect to security. These include:

- Creating electronic records.
- Developing online electronic secondary/supplemental applications.
- Receiving electronic letters of evaluation/recommendation.
- Scanning letters of evaluation/recommendation into the electronic record.
- Web-based tracking for applicants.
- Committee member review of online applications.
- Web-based file review for interviewers.
- Online composition and submission of interview reports.
- Holding committee meetings via "chat rooms."

#### b) In-House Processes versus External Vendors

Admissions offices will have a choice to make if they decide to adopt a customized electronic application process. The medical school's Information technology (IT) department could develop the

program to manage the application process on site, or a commercial vendor could customize its standard process to fit the school's needs. Commercial vendors generally will charge up-front development costs and will keep a certain percentage of the application fee as their charge to build and maintain the program. With an in-house development team, the school benefits from building a program specifically customized to the school's needs, where the developers and maintenance personnel are immediately available and the complete application fee can be applied to the cost of development and management. On the other hand, building an institution-specific program from scratch is a difficult task that requires significant in-house expertise, a large up-front investment, and some reassurance of stability in the IT department so that the program can be properly maintained over time.

The American Medical College Application Service (AMCAS) operates a centralized application service and offers all participating AAMC medical schools "School Tools" software that can receive and manage electronic applications and transmit admissions decisions.

### **Support**

The admissions office should be prepared to support many offices in the medical school to include the Dean, the development office, student affairs, diversity affairs, financial affairs, the student records office, and other such offices. This support will mainly be in the form of supplying data and reports but may also include participation in community events, high profile visitors, and tours of the medical school. For example, although another office may direct the orientation program for new students to the institution, the admissions office will be expected to provide data for the incoming class. Since some information is used for news releases by the public information office, accuracy and completeness are important. School specific policies about data release and confidentiality must be understood and followed. The admissions office might also be asked to provide data to assist an awards committee in the selection of scholarship recipients among the incoming class.

#### **a) List of Matriculants**

The admissions office should compile a list of matriculants by name. While the AMCAS application should have correct spellings, it will not provide information about pronunciation of names; thus it is wise to collect phonetic pronunciations from candidates in case there is a "roll call" at any special ceremony. The AMCAS application will contain preferred and permanent addresses for an applicant, but it will not contain a student's address upon matriculation; thus a form or access to an online database should be provided for incoming students to provide this information. Any data containing individual student names or any other type of information can be used only for internal purposes unless prior releases have been collected from the students.

#### **b) Demographic Summary**

The admissions office should, within limitations imposed by state statute, compile demographic data about the class that includes:

- State-of-origin or Nation-of-origin
- Gender percentages
- Racial and ethnic self-descriptions.
- List of undergraduate schools attended by the entering students.
- Interesting "factoids" such as married couples, twins, and students with interesting personal and professional backgrounds and experiences. The admissions office should obtain permission to use

this information from entering students because institutional public information officers and news reporters will sometimes seek them out for “human interest” stories in local media.

Some schools also collect marital status and spousal information, especially if there is an organization for spouses on campus.

### **External and Internal Relations**

For many, the first impression of the medical school is through contact with the admissions office. There is never a second chance to make a first impression. Admissions office staff must anticipate the innocent inquiry of prospective applicant, the irate response of family of an applicant denied admission, staff, faculty, administration and alumni who want to advocate for an applicant and a person or constituency that may wish to influence a decision. Friendly and professional deportment must prevail, confidentiality must be maintained and fairness and integrity must reign at all times. See also Relationships with Internal and External Offices and the need for policies that pertain to External Factors in the Admissions Process.

## Recruitment

Applicants may gravitate to a given medical school for a variety of reasons. State supported schools may offer differential tuition or preferential consideration for in-state residents. Some schools structure their curricular emphasis to meet the perceived needs of their communities for a specific type of physician. Many schools offer unique opportunities for training and developing specialists and/or physician scientists. Admissions officers should clearly understand and work in harmony with the mission, goals and diversity interests of their institution.

Recruitment may be understood to include the efforts that a school makes to attract the kind of student who, upon graduation, will become the physicians who reflect and embody the school's mission, goals and diversity interests. These values are determined by institutional leadership. Recruitment should focus on identifying and communicating with applicants who meet these expectations. Admissions criteria must be in harmony with this goal. It may be helpful for admissions committees to develop mission statements that complement the mission, goals and diversity interests of their school. The mission statement can, in turn, help guide and inform the selection process.

Visits to undergraduate schools and meetings with premedical advisors will help inform prospective applicants about qualities that the school values and seeks in matriculating students. Educating potential applicants and their advisors is important.

### Feeder schools

It is important to become familiar with the advising systems, curricula, and other unique characteristics of the schools whose students commonly apply to your medical school. For example, it is important to understand if an advisor for premedical students also advises students for other health professions. Visiting the school and meeting with premedical advisors, the premedical advisory committee, if one exists, and faculty who teach and write letters for medical school applicants is paramount to understanding a school's culture and educational programs which, in turn, can allow a medical school admissions officer to create a solid relationship with a feeder school.

It is also wise to identify potential feeder schools from which the medical school does not receive applications in significant numbers. Student, Applicant and Resident Research at the Association of American Medical Colleges (AAMC) can provide medical school admissions officers Institutional Profile Summary Reports for undergraduate institutions with data on the number of graduates, applicants and acceptances to medical school broken down by major, gender and race/ethnicity.

There are several ways to create and build productive relationships with feeder schools. Some of these are described below.

#### a) College Fairs and Other Programs

Many undergraduate schools have "Graduate and Professional School Day" programs or "Career Fairs." Some larger high schools also include various career options in their "College Nights." Participation in these events can create a solid foundation for a future mutually beneficial relationship between the medical school and the feeder institution.

#### b) Medical School Open Houses

An open house at a medical school can be an effective venue for meeting prospective applicants and premedical advisors. Such an event requires careful and meticulous preparation; but it also affords an



opportunity to engage medical students and faculty in recruitment. Pertinent topics for presentation at an open house include the schools' mission, goals, and diversity interests, advice on preparation for becoming a competitive applicant, the application process, what the school expects of its students and a curriculum overview. Medical student panels are always popular especially to discuss topics such as their daily routine, student organizations and opportunities for engaging in professional and extra-curricular activities. Such programs also afford an opportunity to showcase the school with a tour of clinical facilities, research laboratories, computer learning facilities and simulation laboratories.

### c) Recruitment Materials

A user-friendly Website is essential and may effectively replace many printed materials. It should state the school's mission, goals and diversity interests, describe programs available, outline the application and selection processes, including deadlines, describe the curriculum and highlight any special or unique features of the institution. All Web and printed publications should be reviewed annually and updated to assure accuracy and effectiveness.

### **Premedical Student Resources**

Many undergraduate schools have established chapters of premedical organizations and clubs such as the American Medical Student Association, Student National Medical Association and Alpha Epsilon Delta. These organizations are often sponsored or supported by the premedical/pre-health professions advisor. Admissions officers should be prepared to work with both advisors and officers of these groups to offer support and assistance to assure their success and effective function.

Admissions officers should be a resource to advisors and provide consultation for potential applicants with unique needs or special situations. Admissions officers should be active in their support of regional and national pre-health professions advisor organizations. The National Association of Advisors for the Health Professions (NAAHP) offers many resources and ideas for issues or topics that could be addressed.

### **Students and Alumni**

Some of the most effective recruiters for a medical school are its own students and alumni. Medical school alumni are often willing to speak to college and high school groups in their communities. It is critical that alumni understand that, unless they serve as members of the admissions committee, they have no role in the selection of prospective medical students and should limit their role to providing accurate information and stimulating interest in the school. Admissions officers should be aware that physicians trained decades ago may be uninformed about current goals and diversity interests of their alma mater and possess outdated perceptions.

### **Scholarships**

Admissions officers should be aware of and provide applicants accurate information about the availability of all types of financial assistance (scholarships, grants and loans) available at their institution, whether or not they participate in the selection of recipients. The availability of financial aid is important for attracting applicants, especially those who perceive that a medical education is beyond their financial means. For applicants who receive multiple offers of acceptance, financial assistance is often an important factor for applicants as they make their decisions. Offers of financial aid should never be used to coerce an early or irreversible commitment from an applicant to attend a specific institution; if scholarship offers are made prior to May 15, they should include an explanation that accepting an offer does not preclude holding additional offers of acceptance.

## **Special Populations**

The dean of admissions, the admissions office staff and entire admissions committee should clearly understand the medical school's mission, goals and diversity interests and how they should guide efforts to identify and recruit candidates for admission. The admissions office should develop a close working relationship with the school's diversity affairs office. Most U.S. medical schools have made a commitment to identify and encourage the matriculation of students from groups underrepresented in medicine. Holistic review is a flexible, highly-individualized process by which balanced consideration is given to the multiple ways in which applicants may prepare for and demonstrate suitability as medical students and future physicians. It affords an opportunity for schools to design a legally defensible process to screen, interview and select applicants in alignment with an institution's mission, goals and diversity interests. Applicable state law and institutional regulations must be recognized and followed in these efforts.

## Admissions Committee

The medical school dean, in consultation with a faculty committee or governance group and/or the chief admissions officer, frequently selects committee members. The admissions officer typically assumes responsibility for training committee members and providing administrative support of committee activities.

### Role and Responsibilities of the Admissions Committee

The admissions committee and subcommittees, if any, reviews applications, interviews applicants and renders admissions decisions. Committee members are responsible for ensuring that the application and admission processes and policies conform to the mission and goals of the institution. For that reason, the committee develops policies and procedures that will select students in a fair and equitable manner. One policy component includes establishing the selection criteria by which each applicant will be evaluated. Subcommittees may be established as part of an institutional infrastructure required to efficiently conduct the process.

### Composition of the Committee

It is desirable that the committee broadly represent the multiple dimensions of diversity that support the mission and goals of the medical school. Representation of both basic scientist and clinical faculty members, men and women, and, based on institutional policies, other persons, including students, residents, and members of the community at large, is essential. Since a diverse student body makes up a core value in medical education, the admissions committee should also include members of groups underrepresented in medicine. Every committee member should contribute toward fulfillment of an institutional goal of achieving excellence through diversity in the educational environment.

What characterizes all committee members is that they are volunteers with busy lives who work in academia, patient care, and/or research and have personal responsibilities that limit their time commitment for committee service. When the supply of available committee members appears to have been exhausted, some schools utilize emeritus and retired faculty members for committee work.

The committee chair can be elected or appointed, and the chair may be either a faculty member or the admissions officer. It is important for the chair to determine his or her voting status on the admissions committee since this status differs from school to school. At some schools, the chair of the committee has a vote, while at other schools the committee chair has an ex-officio, non-voting position on the committee.

### Methods of Selecting Committee Members

Medical school admissions committee and subcommittee members include, but are not limited to, paid and volunteer faculty, community physicians, medical students, residents, alumni, representatives of the parent university, and others.

Committee members are generally not relieved of their usual duties for their committee service. This fact makes committee work a challenge for some members, particularly junior faculty, and requires a rotation system to ensure that all members of an institution's faculty share committee responsibilities equitably. Therefore, most admissions committee members serve on the committee for a time-limited term. When term limits apply, it is helpful to stagger terms to minimize committee turn over at the end of each admissions cycle. This stability contributes to consistency in the admissions process.

Some institutions have created systems for the medical school to recognize committee service at the time of consideration for promotion and/or tenure. Unfortunately, some schools do not have a formal mechanism for assigning “credit” for committee work and similar school activities. While institutions in the past rarely reimbursed committee members or their home departments for the time and effort that faculty expend on committee work, the movement towards mission-based budgeting may change this.

Medical schools rely on their faculty to volunteer to serve on the admissions committee; but in some schools (particularly smaller medical schools), faculty resources are sometimes insufficient to meet the need. In these instances, many deans will ask their department chairs to designate a certain percentage of their faculty’s time for committee service, including their admissions committee. While most committee members enjoy serving on the admissions committee, the method of appointment sometimes leads to faculty being assigned to committee tasks for which they may not be fully prepared. It then becomes the responsibility of the admissions officer to prepare all committee members for service and evaluate the performance of committee members to ensure that applicants for admission are assessed fairly, comprehensively and consistently.

### **Defining Admissions Criteria**

Once the medical school has defined its educational goals and diversity interests, admissions committee members should participate in creating a process that identifies applicants whose life experiences, personal attributes, level of academic achievement and career goals conform to those of the institution and who are most likely to contribute to, and benefit from, the school’s learning climate. Admission criteria (experiences, attributes and metrics) should be applied equitably during the screening, interview and selection processes. Admission officers and committees should familiarize themselves with the concept of holistic review; for resources and tools, consult the AAMC Holistic Review Project. Consider the previously cited example of an institutional mission statement:

“To educate future physicians and foster their capacity to make discoveries and lead innovation in the science and practice of medicine.”

This school’s admissions committee would most likely establish admissions criteria by describing the characteristics of an ideal “future physician.” Society expects its physicians to aim toward the highest standards of excellence in the practice of medicine, in the generation and dissemination of knowledge, in sustaining the interests and welfare of patients, and in responding to the healthcare needs of society. Medical groups have listed among the professional attributes they expect of medical students and practicing physicians’ altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. A school’s admissions decisions must be based on evaluating these attributes and attitudes in its applicants.

In addition, the “capacity to make discoveries and lead innovation in the science and practice of medicine” demands that admissions committee members at this school seek in applicants, evidence of independent thinking, creativity, and sustained productivity. This process requires a review of applicants’ achievements in their scholarly pursuits, experiences and a critical review of letters of evaluation from their mentors.

Other schools with different institutional missions and educational goals establish criteria by which they assess their applicants on the basis of the experiences and personal attributes that characterize the students they wish to train and physicians they wish to graduate.

The Supreme Court's 2003 decisions on the University of Michigan affirmative action cases support the notion of a diverse student body enriching an educational experience and the right of a university to use a race-conscious admissions process in achieving this goal. Taking race and ethnicity into account as one of many dimensions of diversity used in creating a student body is an important obligation of the committee on admissions, except when prohibited by state law. Admissions committees should be cognizant of the multiple dimensions of diversity that go beyond race, ethnicity and gender and align with a school's mission. For more information consult AAMC Holistic Review Project.

### **Admissions Policy Development**

Admission criteria, policies and procedures should be transparent and widely disseminated in school publications and on the school's Web site. It is desirable to have a forum for discussing and modifying policies. The admissions office should maintain minutes of meetings at which policy matters were discussed and decisions rendered. If policies are subsequently approved by faculty governance or administrative groups, this should be noted on published policies along with the date of such approval. The above documentation can be invaluable at the time of accreditation or reaccreditation.

Translating the mission, goals and diversity statement of a medical school into a specific set of admissions criteria and developing policies and procedures to implement them are difficult tasks. Since a school's mission statement typically declares a rather broad statement of purpose, it is important to translate that statement into a set of educational goals and objectives, each of which will have implications for the selection of entering students in a manner that contributes to educational excellence through the diversity interests of the school. Committee members should welcome the opportunity to participate in creating a set of policies to guide and manage the admissions process.

### **Committee Orientation and Training**

Every person involved in screening, interviewing and selecting applicants for admission should be thoroughly familiar with the mission, goals and diversity interests of the institution. An in-depth orientation program for new committee members should include a review of admissions policies and procedures. There is no substitute for training in which they can test their decision-making skills with a group of seasoned file reviewers and interviewers. "Good practices" can be discussed and implemented, and simulated admission exercises can be presented and reviewed.

The admission officer, and staff, when possible, should attend sessions pertinent to medical school admissions at regional and national AAMC meetings. Information acquired at these meetings should form the basis of annual professional development sessions for members of the admissions committee that keep them abreast of changes in policies, procedures and technology that impact the admissions process.

The admissions officer and staff should develop a manual that explains its application and admissions process in detail and that clarifies school policy. This manual is usually developed by the admissions officer in collaboration with committee members, and it is disseminated to all members of the committee for reference.

## Admissions Process

The admissions process includes all procedures related to the recruitment, application, review, interview, selection, and matriculation of students. It also includes the policies, procedures, events, and actions related to these activities. Each school develops its own set of standards and guidelines. The admissions officer is responsible for ensuring that committee members and applicants understand policies and procedures, and that the policies are applied equitably and transparently in all recruitment and admission functions. Brochures, websites, handbooks, and any other media used to inform the general public about admission to the medical school should clearly state the school's admission policies.

### Applications and Evaluating Applicants

Centralized medical school application services have evolved that simplify simultaneous submission of a single application to multiple medical schools and provide applications in a standardized format. These services act only as an information clearinghouse and do not influence the schools' screening or selection of applicants.

The service used by most allopathic medical schools is administered by the AAMC – the centralized American Medical College Application Service (AMCAS). Medical schools using this service have online access to AMCAS applications that contain biographical information, a personal essay, a summary of experiences, academic course work verified by transcripts, MCAT scores and letters of evaluation. This application is for entering first year student only; it should not be used to apply for transfer or advanced standing (see Other Admissions Processes, Transfer or Advanced Standing).

State-supported public medical schools in Texas use a separate application processing system, the Texas Medical and Dental Schools Application Service (TMDSAS). TMDSAS does not handle advanced standing or transfer applicants.

#### a) Determination of Recipients of Secondary Application Materials

Some medical schools send secondary applications to all applicants. Supplemental information provided by the applicant may be used when screening candidates for interviews and during the review of completed applications when making admissions decisions.

Other medical schools screen applicants before sending secondary applications; some applicants are rejected at this point. In the past, this determination has often been based on metrics alone (cut offs for undergraduate and/or graduate school Grade Point Averages [GPAs] and/or MCAT scores); however holistic review encourages including consideration of experiences and personal attributes at this screening step. Individual schools should develop their own criteria for determining which candidates will be asked to submit secondary application materials; however, it is recommended that these criteria be based on institutional research and periodic outcomes review.

Each school should develop clear and consistent policies on secondary applications and publish them on websites and in recruitment materials so they are conveyed to all applicants.

#### b) Letters of Evaluation/Recommendation

The number and type of evaluation or recommendation letters required in support of an application is a decision left up to individual schools.

Each medical school should publish institutional policies and procedures regarding letters of evaluation and recommendation. They should explain their policy on letters from third parties that are not solicited by the applicant or the medical school. Many undergraduate institutions have premedical advisory committees that prepare either letter packets or a composite letter for their students; medical schools should clearly state if, and how, such committee letters will be used.

Electronic submission of letters is becoming the norm, especially since the advent of the AMCAS Letter Writer Application. Individual schools should establish policies and procedures for handling letters from individuals who may not be able to submit letters electronically.

#### c) Screening Applicants for Interviews

In determining which candidates will be further evaluated and/or offered interviews, the admissions office should set guidelines for evaluating application files that can be consistently and fairly applied to all candidates.

Many schools establish thresholds for metrics (GPAs and MCAT scores) only to determine which applicants will receive ongoing consideration. The holistic review project encourages inclusion of applicant experiences and personal attributes, including demographic factors, in this screening step. These preliminary selection criteria should be aligned with the school's mission, goals and diversity interests.

Most schools interview with two goals in mind. They hope to confirm initial impressions of the applicant and identify personal attributes that should impact the selection process but are not easily recognized in the written application.

#### d) The Interview Process

The interview serves several purposes:

- To evaluate an applicant's personal attributes and readiness to enter medical school.
- To afford the applicant the opportunity to acquire information about the medical school.
- To recruit applicants to the medical school.

Interviews may take very different formats:

- One interview per applicant
- Two or more interviews per applicant
- One-on-one or group (one interviewee with multiple interviewers) interviews
- Multiple mini (short duration) interviews with individual interviewers
- Multiple interviewees with multiple interviewers
- Interviews with students, either alone or with faculty interviewers

All of these interview formats have merit; the one adopted by each institution should best fit its assessment and decision-making processes.

Interviews may be relatively free form or highly structured; publications suggests the latter are more effective in acquiring consistent and reliable assessment. Some institutions use one interview to evaluate the academic performance, ability and priorities and the quality of scholarly activities, with the second

interview focusing on interpersonal skills, attitudes, and attributes. Regardless of format, the interview can evaluate both scholarly and personal attributes.

Interview day activities should highlight the strengths of the medical school. Popular activities include a tour of facilities, an opportunity to attend a class, and lunch or other informal time to meet with current medical students. Applicants should have the opportunity to ask questions of current students in a non-evaluative setting. A wrap up session at the end of the day may also be useful to assure that applicants leave with correct impressions of the school and have all their questions answered.

Schools that perform regional interviews without an actual visit by the applicant to the medical school campus will miss the opportunity to showcase the school's facilities. These schools should consider a substitute activity, such as a campus visit or second look/preview weekend for accepted applicants.

The interview report makes up an important component of the admissions process. It must provide adequate information to enable the committee to make a final decision regarding the applicant. The committee should have the best possible sense of the applicant's strengths and weaknesses. The interview report itself should provide the most important information for the committee's use.

The interview report should not include any inappropriate information (see Legal Basis of Admissions Committee Conduct). The interview report should include new information and a recommendation.

#### e) Committee Deliberations and Decisions

Admission decisions are difficult; this process must not be taken lightly. Committee members will often take part in lengthy discussions as they select the applicants who will become the best students for their school and the physicians they wish to graduate. Admissions committee deliberations should include the life experiences, personal attributes and metrics that most closely align with the school's mission.

There are many ways to rank applicants, but the most important issue is to use a system that ensures consistency in the selection process. Standards for rendering decisions must be in place before the selection process begins.

The committee has several decision options for an applicant who has been interviewed:

- **Accept-** An offer of acceptance should be conditional and contingent upon meeting expectations of the admissions committee. It should note that the offer may be rescinded due to, but not limited to, any of the following: failure to complete course work in progress, decline in academic performance, unprofessional behavior, and an unacceptable criminal background check.
- **Hold-** This list may become an alternate list at some point in the process.
- **Reject**
- **Alternate-** Many medical schools formulate an alternate list from which applicants will be selected during the summer or after May 15.

#### **Notification of Decisions**

Applicants should be notified of all admissions committee decisions in a timely manner; however, notification of decisions is governed by a published set of AAMC recommendations, commonly referred to as the "traffic rules." AAMC Recommendations for Medical School and MD-PhD Admission Officers ensure that MD and MD-PhD applicants are afforded timely notification of the outcome of their



applications and timely access to available first-year positions and that schools and programs are protected from having unfilled positions in their entering classes. AAMC Recommendations for Medical School and MD-PhD Candidates ensures that all M.D. and M.D.-Ph.D. candidates are provided timely notification of the outcome of their application and timely access to available first-year positions, and that schools and programs are protected from having unfilled positions in their entering classes.

Admissions decisions may be communicated in person, by telephone, electronic mail or written letter. Telephone conversations leave no permanent record of the content of the conversation and therefore offer little evidence if the information that was communicated comes into question. On occasion, it is important to be able to point to a specific document sent to an address designated by the applicant if and when an admission decision is contested. Electronic mail communication is fast and reliable and most applicants have access even while traveling; however, the confidentiality of this mode of communication is not always secure. Many schools communicate a final decision to each applicant in writing to either the applicant's preferred or permanent address.

### **Criminal Background Checks (CBCs)**

The initial impetus for conducting criminal background checks (CBCs) on applicants accepted to medical school and enrolled students came from state legislatures passing statutes requiring medical schools to review criminal history information and from hospitals and other clinical institutions establishing policies requiring background checks for all employees and trainees.

Medical schools should anticipate receiving criminal history information on applicants either self-reported in the AMCAS application or reported by a third party vendor that conducts CBCs on accepted applicants. Therefore, each medical school must develop policies and procedures for the collection, evaluation, storage, and management of criminal history information and inform applicants and enrolled students about them.

To assist medical schools with this task, the Group of Student Affairs (GSA) national Committee on Admissions developed an Informational Guide to Effective Practices for Criminal Background Checks that contains the view of the AAMC governance and member medical schools on this subject, best practices for conducting CBCs and factors to consider for reviewing criminal history information. Appendices include sample documents used by medical schools, a description of CBCs facilitated by AAMC, disparities in the criminal justice system and a contact list of persons willing to answer questions about the CBC policies and procedures at their school.

A centralized AAMC-facilitated CBC service is available to medical schools that participate in AMCAS.

### **Requests for Accommodations**

A process must exist for reviewing a written request from a disabled applicant for accommodations required to meet a school's technical standards (below). An admissions officer must be prepared to work with the offices of student affairs, disabilities and legal counsel to review the request and determine how the accommodation can be provided.

The admissions officer should be familiar with case law pertaining to disabilities. In the Section 504 of the Rehabilitation Act of 1973, as amended, specifies that "no otherwise qualified handicapped individual...shall, solely by reason of his/her handicap be excluded from participation in, be denied the

benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.” The purpose of the American with Disabilities Act (ADA) of 1990 is to provide opportunities for persons with disabilities and ADA Amendment Act (ADAA) afforded new rights and protections to these persons and heightened awareness of the needs of this population.

Once applicants with disabilities are accepted to a medical school, the school must provide certain accommodations to those persons so that they can enjoy the same services, benefits, and educational and training opportunities as those without disabilities. The law requires “reasonable” accommodation, but the meaning of the word in this context has been subject to many interpretations.

*Medical Students with Disabilities: A Generation of Practice* provides medical schools an overview of the state of the law. The guidance provided in this document should provide the reader with a general sense of how to work through the challenging application of Section 504 and the ADA in the context of undergraduate medical education. *Medical Students with Disabilities: Resources to Enhance Accessibility* speaks to the current state of resources available to medical schools as they accept and matriculate a growing number of medical students with a wide range of disabilities. Specifically, there is an emphasis in this publication on the assistive technologies available for medical students.

#### a) Technical Standards

Each school must define the minimum essential functions or requirements needed to complete its educational program. These should be described in technical standards for admissions and graduation that also prescribes established procedures and timetables for any accepted student who will require special accommodations to request them. The school should also provide guidelines as to the documents required to determine the nature and extent of the disability and the type of accommodation required by the student. The admissions office should ask the student to request the accommodation in writing, within the deadline dates established and announced by the institution. Deadlines should be established that affords schools sufficient time to provide anticipated accommodations.

The admissions officer should ensure that admissions staff and committee members are familiar with the technical standards at the school and that potential applicants can access them in school publications and on the school’s Web site. A copy of technical standards should be provided to all accepted applicants who should be required to acknowledge whether or not accommodations will be needed to meet the school’s technical standards required for graduation.

As part of the accreditation (or re-accreditation) process, the Liaison Committee on Medical Education (LCME), the joint accreditation committee of the American Medical Association (AMA) and the AAMC will ask to see a copy of the school’s technical standards for admission and graduation.

For any issues relating to the ADA and/or technical standards, it is always advisable for admissions committees to consult with their institution’s general counsel’s office.

#### b) Learning Disabilities

Technical standards describe above most often focus on physical disabilities; however, learning disabilities are also covered under Section 504 of the Rehabilitation Act, ADA and ADAAA if they substantially limit one or more major life activities, including learning. Unlike many physical disabilities, learning disabilities may not be apparent and whereas some students have been diagnosed

with them at an early age, many more are unaware of such conditions until they encounter academic challenges with increased demands.

If learning disabilities are not explicitly described in technical standards, medical schools should establish and publish policies pertaining to them. These policies should include the documentation that will be required to verify eligibility under the above Acts and type of professionals from whom a diagnosis will be accepted (such as a medical doctor, psychiatrist, licensed doctoral-level clinical allied health professional, doctoral-level education psychologist, or a combination of such professionals with expertise in the diagnosis of learning disabilities). Evaluations should be comprehensive, current and include specific requests for accommodations. The documentation should support the student's request for reasonable accommodations, academic adjustments, and/or auxiliary aids on the basis of a disability that substantially limits one or more major life activities, including learning.

Any prior accommodations granted by other educational institutions should be also submitted also. School policies should stipulate that these documents will be maintained in the confidential medical record of the student, and with appropriate written consent by the student, shared with individual faculty and staff on a need to know basis.

Policies on learning disabilities should also explain how conditions that develop during the course of medical school enrollment will be handled.

#### Other Admissions Processes

##### a) Combined/Joint-degree Programs

Many schools provide one or more combined or joint-degree programs. These programs afford students to achieve an additional degree to the M.D. degree in less time than it would take to obtain the two separate degrees. Some examples include:

- M.D. and Master's in humanities.
- M.D. and M.B.A.
- M.D. and M.P.H.
- M.D. and J.D.
- M.D. and Ph.D. degree in one of the basic sciences.

At some schools, these combined degree programs can be selected on the AMCAS application. At other schools, these programs may entail a separate or complementary application. The admissions process for each degree-granting program may be separate and often require coordination with other colleges in the university or other programs within the medical school. The selection process typically includes faculty from both degree programs.

The selection process, by necessity, involves answering several questions:

- Will there be joint or separate admission committees for each degree program?
- What is the role of each admissions committee?
- Will students from these combined or joint degree programs be included in the final tally for the entering M.D. class?
- Where will the admissions and academic records of these students be maintained?
- Who is responsible for the recruiting student to these programs?

- Which school's or program's academic policies and regulations will determine the academic standing of these students?
- Who supplies the personnel and financial resources needed to fund the program?

#### b) Medical Scientist Training Program (MSTP)

The MSTP sponsored by the National Institute of General Medical Sciences (NIGMS) is distinct from combined M.D.-Ph.D. programs offered by the majority of medical schools. This program encourages and supports the training of students with outstanding credentials and potential who are motivated to undertake careers in biomedical research and academic medicine. Training support includes a stipend, tuition and travel funds. MSTP students participate in an integrated program of graduate training in the biomedical sciences and clinical training offered through medical schools. Graduates receive the combined M.D.-Ph.D. degree, and the majority of them pursue careers in basic biomedical or clinical research.

The MSTP currently has 40 participating programs involving 45 degree-granting institutions with a total of 933 trainees. There are approximately 75 medical schools that do not have NIGMS MSTP training grants but do offer opportunities for combined M.D.-Ph.D. degree programs.

#### c) Transfer or Advanced Standing

There is an expectation that students will graduate from the medical school at which they initially matriculated; however, compelling circumstances sometimes require students to seek transfer to another medical school. These circumstances frequently relate to students with complex marital or family situations. The process for accomplishing this is transfer with advanced standing. At some schools the responsibility for handling advanced standing transfer applications falls to the admissions office; at other schools it is the responsibility of the student affairs or academic affairs office. Admissions officers should consult the GSA Guidelines for the Consideration of Applications for Transfer or Advanced Standing.

Each medical school should establish a policy on whether or not advanced standing transfer applicants will be considered and this policy should be published in recruitment literature and on the Web site. The policy should include requirements for admission for transfer or advanced standing (such as pre-matriculation metrics, academic performance in medical school, passing score on United States Medical Licensure Examination (USMLE) Step 1).

When considering a policy on advanced standing transfer applicants, medical schools should consider the following:

- Will the school consider applicants from foreign medical schools, dental or osteopathic schools, Canadian schools, and/or only from LCME-accredited allopathic medical schools?
- Does the school's curriculum permit transfer into the second year or does the school consider applications only for transfer into the third year?
- If transfer into the second year is permitted, who will determine if curricula at the sending and receiving schools are sufficiently similar to qualify for transfer to advanced standing?

If applications are accepted, a published procedure should include the medical school office to which inquiries should be directed, where applications should be submitted, an application deadline, and which office within the institution will render a decision about such applications.

The AAMC maintains a Transfer Policies Search Web site with information on the transfer policies of all LCME-accredited medical schools. A school that accepts an applicant for transfer in any given year must notify the student affairs or academic affairs dean at the school from which the student is transferring. It is also essential to request a written statement regarding the current enrollment and academic standing of the applicant from the school at which the transfer applicant is currently enrolled. It is the receiving school's responsibility to inform the AAMC of any transfer applicants accepted to the school.

#### 6) Evaluation of Admissions Processes

Each medical school should establish a mechanism to regularly evaluate the effectiveness of its admissions process for all programs. Committees may accomplish this goal through outcomes reporting on rates of promotion, retention, and graduation; passage of United States Medical Licensure Examination steps; and student selection of specialty and practice options that are in keeping with the school's mission. Other endpoints may be selected by the committee as it formulates policy to attract and matriculate a student body that better "fits" the mission of the medical school.

## The Matriculation Process

It is the admissions officer's responsibility to report the dates of medical school orientation programs to the AAMC and, when the time arrives, the list of matriculating students and their dates of matriculation and projected graduation. This is most often accomplished using the matriculation (MA) admissions action in the AMCAS application. The only exceptions to this protocol are schools participating in the Texas Medical and Dental Schools Application Service (TMDSAS). Admissions officers in public medical schools in Texas report their actions directly to TMDSAS which, in turn, reports to the AAMC.

### Matriculation and Orientation

The admissions office or the student affairs office frequently bears responsibility for organizing the orientation program for entering medical students. The following suggestions can help in managing the orientation program.

#### a) Orientation Programs

Orientation programs vary widely. Some schools hold a one-day event; others host multi-day or weeklong events. Activities may include: social events, team-building exercises, family visitation day, a White Coat ceremony, curriculum overview, ethics discussions, and sessions on wellness, professionalism, academic and personal support services. It is also important to introduce members of the medical school support staff so that the entering class will understand what services are available to them. These services usually include campus security, the medical library, the learning resources center, information technology, the counseling center, the student health center, mental health access, benefits office and various student organizations, school committees, the honor council, and student government.

Running a large-scale orientation program may require placing some ongoing admissions functions on hold. Applicants for the next year's class should be aware that admissions office personnel might be temporarily unavailable during this time.

#### b) Records Transition

Sometime after acceptance but before matriculation, the admissions office should discard all superfluous information in applicant files and securely destroy confidential information such as electronic or hard copies of letters of evaluation and interview reports, these confidential documents were intended for admissions purposes only.

The admissions office should have a plan in place for the orderly transfer of all applicant files to the registrar/student records office. Some schools' admissions offices maintain control of the new student files until they have received all materials from accepted applicants. For example, some immunization records may arrive in the admissions office after orientation week so that file transfers often continue into the first semester. Other schools make the transfer immediately upon matriculation and orientation. Since that time of year is particularly hectic in the admissions office, developing a plan that minimizes confusion is paramount. Reviewing the plan each year can assure that the plan is efficient and that the transfer moves smoothly.

The Family Educational Rights and Privacy Act provides student access to their files; however, it does not stipulate what documents must be maintained in student files.

**Early Matriculation (EM)**

Early matriculation is for applicants who begin any published school-sponsored summer pre-matriculation program (such as Health Careers Opportunity Program or similar programs) that entails attendance prior to a school's published regular M.D. orientation date. It should include a bilateral binding agreement that states the applicant will matriculate to your medical school.

The EM admissions action in the AMCAS application can be used to designate students enrolled in such pre-matriculation programs. The use of the EM action states to other medical schools that this student will withdraw from all alternate lists and matriculate at your medical school this year. EM admissions actions should be changed to MA on the published orientation start date for your school's entire entering first year class.

The EM action should not be used if either: 1) you allow summer students to remain on other schools' alternate lists (and opt out of attendance prior to your published regular M.D. orientation date) or 2) your summer program does not guarantee admission but is probationary in nature (i.e. a student not performing well will not be allowed to matriculate to your school in that same year).

If you wish to use the EM action, please be sure to report your starting date for your pre-matriculation program to AMCAS via the Medical School Reference Survey or by contacting your school representative.

**Deferred Matriculation to Future Class (DF)**

Some accepted applicants request a deferral of their matriculation to a future year's entering class. Medical schools should establish policies on whether or not requests for deferments will be accepted. Some schools do not limit the number of years an accepted applicant can defer matriculation, while other schools place a limit of one or two years on the deferral. Still other schools do not grant deferral of matriculation under any conditions.

Schools granting delayed or deferred matriculation may require the accepted applicant to commit to their school for the following year's entering class and forbid the applicant from applying to any other medical schools in the interim. Other schools grant deferrals without such conditions or contingencies. In either situation, the school should ensure that the applicant understands the specific conditions associated with the deferment.

If requests for deferral are considered, each school should develop procedures for reviewing requests and rendering decisions. It is advisable for the school to establish a specific deadline for the deferred applicant to enter school or lose the offered position. Written communication between the school and the applicant provides documentation of the deferral agreement and reduces the risk of future misunderstandings. In all cases, the school should maintain communication with the applicant and check the applicant's AMCAS or other application information for accuracy. Policies and procedures for delayed/deferred matriculation should be published in recruitment literature and on the Web.

## Legal Basis of Admissions Committee Conduct

It is not unusual for admissions officers, staff and members of the admissions committees to confront a range of legal issues during the admissions process; therefore, it is strongly recommended that admissions officers consult with institutional legal counsel for advice on specific situations. This section of the handbook provides links to pertinent resources; however, this section of the handbook should not be construed as legal advice.

Additionally, medical school admissions officers should be aware of specific state laws that relate to the application and admissions processes. For example, some states' laws prohibit supplying certain types of applicant demographic information to admissions personnel as they assess application files and make admission decisions. Other states' laws define the ratios of applicants to be selected from specific geographic regions.

The following resources are pertinent to medical school application, admission and matriculation processes; consult the actual laws for the most current and accurate information.

### **The Office of Civil Rights**

Federal law prohibits all colleges and universities from discriminating based on race, color, national origin, sex, disability, and age. The Office of Civil Rights of the U.S. Department of Education enforces civil rights laws in programs or activities that receive federal financial assistance from the Department of Education.

### **Family Educational Rights and Privacy Act (FERPA)**

This federal law protects the privacy of student records and applies to all schools that receive funds under an applicable program of the U.S. Department of Education. It was enacted to ensure the accuracy, integrity, and confidentiality of students' educational records maintained by colleges and universities. FERPA relates to the educational records of enrolled students and not to the files of applicants.

More specific information about institutional responsibilities regarding student educational records (e.g., policies and procedure development and publication, records retention/ destruction) is published in the Handbook for Student Records Administrators by the GSA National Committee on Student Records.

### **Affirmative Action**

For a comprehensive review of the 2003 Supreme Court Decisions, refer to: Assessing Medical School Admissions Policies: Implications of the U.S. Supreme Court's Affirmative-Action Decisions.

### **Disabilities**

Several federal laws exist to protect qualified individuals from discrimination based on their disability.

- Section 504 of the Rehabilitation Act
- Americans with Disabilities Act 1990 (ADA)
- ADA Amendment Act 2008 (ADAAA)

#### **a) Technical Standards for Admission and Graduation**

Schools should establish, review at regular intervals, and publish "technical standards for admission and graduation." These technical standards should set forth the essential functions that must be performed by



medical students and the essential requirements that must be fulfilled to earn the M.D. degree. Many medical schools specify that candidates for the M.D. degree must have abilities and skills in at least five areas: observation, communication, motor coordination, intellectual ability, and behavioral and social attributes. While a medical school is prohibited by ADA from asking about an applicant's disability status during the application process, schools are permitted to ask each applicant if he/she can perform the essential functions and fulfill the essential requirements of a medical student, with or without accommodations. Such an inquiry, however, should be made of all accepted applicants rather than only of an applicant thought to have a disability.

Each essential function and requirement identified in the technical standards should be the focus of (a) specific attempt(s) at assessment for all enrolled students at some interval(s) during the educational program. To require an applicant for admission to be able to perform a function that is deemed "essential," but then never to assess that specific function during the undergraduate medical education program, could legitimately result in questions about how "essential" that function actually is for a graduate physician. Many medical schools distribute these technical standards to applicants and accepted applicants, with a request that the accepted applicant sign a statement to the effect that he/she meets these technical standards, with or without accommodations.

It is the responsibility of the applicant or student who believes that he/she has a disability to pursue an assessment to determine if an impairment exists. The applicant or student is also financially responsible for the costs of such an assessment.

#### b) Post-admission Inquiry

Applicants with a disability should be assessed for admission on the basis of the same intellectual and psychosocial criteria as any other applicant. After an applicant has been found to have demonstrated evidence that he/she is otherwise qualified for admission and has been made an offer of admission, then the medical school can ask each accepted applicant about disabling conditions that may adversely affect his/her ability to perform the essential functions and fulfill the essential requirements of a medical student.

Each medical school should develop and publish policies and procedures regarding the process by which accepted applicants can request special accommodations. In addition, each medical school should develop and publish related procedures and timetables, as well as contact information for institutional personnel responsible for receipt and processing of requests for accommodations.

#### c) Identifying Accommodations

If an accepted applicant indicates the presence of a disabling condition and requests an accommodation, then the medical school has an obligation to provide reasonable accommodations to the disabled student and assist him/her in successfully performing the essential functions and fulfilling the essential requirements of a medical student. However, a school is not required to accommodate a disabled student if the accommodation(s) would fundamentally alter the nature of the education program or if the accommodation would present a direct threat to the health or safety of others. In a case where an offer of admission is revoked based on an accepted applicant's disability, the medical school will be expected to be able to demonstrate that the decision was based on educationally relevant, necessary, and justifiable grounds.

**Title VII of the Civil Rights Act 1964**

This federal law prohibits [employment] discrimination on the basis of gender (including pregnancy), race, color, national origin, and religion. The statute applies to private sector employers with 15 or more employees and public sector employers at the federal, state, and local level. Title VII prohibits employment decisions based on stereotypes and assumptions about abilities, traits, or the performance of individuals on the basis of their protected status.

**Title IX of the Education Amendments of 1972**

This federal law prohibits discrimination based on sex.

**Age Discrimination Act of 1975**

This federal law prohibits discrimination on the basis of age.

## Other School Policies

Each medical school should have published policies and procedures covering the topics listed below. Admissions officer and staff are encouraged to familiarize themselves with these topics and coordinate relevant communication with pertinent institutional officials.

### External Factors in the Admissions Process

These are defined as influences that originate outside of the standard process that seek to alter the admissions decision-making process for selected applicants. Any such influence contradicts the LCME Standards listed below which relate to the Functions and Structure of a Medical School:

MS-4 states that “The final responsibility for selecting students to be admitted for medical study must reside with a duly constituted faculty committee. Persons or groups external to the medical school may assist in the evaluation of applicants but should not have decision-making authority.”

MS-7 states that “The selection of individual students must not be influenced by any political or financial factors.”

#### a) Legacy Issues

A difficult issue is the expectation of alumni, residency alumni, or faculty members who feel that their children or grandchildren should receive an advantage. Each medical school should develop policies regarding the handling of legacy applicants so that these situations can be dealt with consistently and proactively.

Schools may:

- a) Consider them as they would any other applicant; or
- b) Grant them a “courtesy” interview regardless of competitiveness; or
- c) In an effort to increase good will among the children of alumni or faculty, offer an "advisement session" to those who are not considered competitive.

#### b) Political Inquiries

A firm policy of not giving out information over the telephone and requesting that the inquiry and or support come in writing will assist in easing these situations. Many inquirers will make a phone call, but will think twice about writing a letter.

To avoid conflicts of interest and possible misunderstandings, it is advisable to channel all inquiries from political figures to the same person in the admissions office, preferably the dean/director of admissions. Upon receiving a telephone inquiry, it helps to explain that staff members are bound by institutional policies and procedures and cannot discuss information about an applicant, but that they will convey the caller's interest to the dean/director of admissions.

If a written inquiry is submitted, it should be acknowledged, in writing, by the dean/director; paper trails can be very helpful. An appropriate response (e.g., a generic letter in which only names of applicants and recipient addresses are changed) would thank the politician for bringing that particular applicant's name to the school's attention, but also explain the competitiveness of the applicant pool and the challenges involved in making decisions on admission due to the ratio of applicants to places in the school. It is important to remember at all times that the information provided by an applicant is

confidential, as are the results of the interview(s) and the admissions committee discussion. It is important to have the support of the dean in this area.

### c) Other Special Interests

Other constituencies that may inquire, with hopes of influencing the admissions decision are donors, faculty members, other college administrators (division heads, department chairs, deans), and current students. Regardless of the source of the inquiry, admissions information is confidential and therefore, the same recommendations offered above for handling political inquiries should apply.

## **International Students**

Since the policy regarding international students differs for many private and public medical schools, each medical school is encouraged to have published institutional policies and procedures relating to the consideration and admission of international applicants.

For information and clarification on immigration to the United States see U.S. Citizenship and Immigration Services (USCIS).

The following are offered as points of clarification:

- An international student is not a citizen or a permanent resident of the U.S. but has received permission to complete undergraduate and/or graduate studies in the U.S., and has been issued a student visa (F status). Some international students fall under other special categories, such as "refugees" or "asylees".
- A permanent resident is someone who has been granted authorization to live and work in the U.S. on a permanent basis. As proof, a person is granted a permanent resident card, commonly called a "green card."
- Refugees or asylees may apply for permanent resident status in the U.S. one year after being admitted as a refugee or being granted asylum status.
- A refugee is required by law to apply for permanent resident status one year after being admitted to the U.S. in refugee status.
- An asylee is not required to apply for permanent resident status, but may do so if they wish.

## **Counseling Unsuccessful Applicants**

Schools vary in their ability to engage in post-application counseling. Admissions officers with no background in counseling may find the concept of advising an intimidating task. Also, the sheer number of unsuccessful applicants may overwhelm available resources. Admissions offices that do not offer post-application counseling should refer an applicant back to the pre-health advisor for appropriate guidance. Under these circumstances, ongoing communication with advisors is critical so that students get consistent advice.

Schools that do afford counseling to unsuccessful applicants find that a concise review of the applicant's strengths and weaknesses relative to the school's mission can be an effective approach. This review should not reveal the content of letters of recommendation. Applicants should be reminded that while following advice may improve the competitiveness of a subsequent application, it does not guarantee subsequent admission. Documentation of all meetings with applicants is critical and will ensure transparency when and if the applicant reapplies.

**Non-traditional Students**

Non-traditional applicants are those who do not apply to medical school immediately before or after college graduation. In this case, motivation for medicine will be an important factor to assess. These applicants often have a level of maturity and invaluable life experiences beyond that of a traditional applicant.

## Relationships with Internal and External Officers

### President's Office

Alumni, government officials, and other individuals may attempt to influence the admissions process by communicating directly with the university president. A staff member in the president's office or board of trustees' office is often assigned to respond by contacting the admissions officer. Usually, the president's representative has no interest in influencing the admissions committee's decision, but he or she does wish to provide a service to the constituent by alerting the admissions officer of the contact. The admissions officer should establish procedures for handling these inquiries, which may include providing selected status information and general information about admissions standards and numbers of applicants, and/or an offer to keep the president's office informed of the final outcome of the application. These procedures should be well documented by the admission officer. When the influence on the president is so powerful or persuasive that the president does indeed want to exert influence on the medical school to admit an applicant, that information should be shared with the dean, who will act based on the relationship between the dean and the admissions officer and the internal guidelines for such circumstances. The admission officer should have a mechanism in place to communicate such information to the appropriate officials within the medical school leadership.

### Legal Counsel

At most major universities, the office of the general counsel employs several attorneys and administrative staff members who can assist medical school admissions officers. Typically, university attorneys have broad expertise, including educational law, administrative law, constitutional law, contracts, copyrights, disability law, employment law, health law, patents, sports law, tax law, and trademarks. There may be any number of reasons to consult personnel in the office of the general counsel. These may include:

- Seeking to understand the Family Educational Rights and Privacy Act (FERPA) that governs access to student academic records.
- Ensuring that the admissions process is fair and equitable and that it does not discriminate against any individuals or groups.
- Helping to craft accommodation policies and procedures for disabled students.
- Advice on creating and implementing a process of appeal for admissions or academic decisions.
- Ensuring that affirmative action policies and procedures meet the standards established by the U.S. Supreme Court in the recent University of Michigan cases.
- Assisting with the compliance of any State or local legislation as it relates to admissions.
- Commenting on draft responses to correspondence from applicants, legislators, and other interested parties who express concern with the outcome of the admissions process.

In many cases, it is not only reasonable but advisable to ask a representative of the office of the general counsel to attend subcommittee or task force meetings dealing with changes to the admissions process, implementing new application materials, or admissions policies. The general counsel of a university typically operates in an advisory and consultative capacity. These attorneys are a significant resource. It is always preferable that proactive attempts be made to prevent legal challenges to the admissions process.

### Dean's Office

The medical school dean has ultimate responsibility for admissions, usually through an associate or assistant dean for admissions. The admissions officer should maintain regular communication with the

dean. It may be appropriate to assign one person in the admissions office, perhaps the director or assistant dean, to be the major contact person for the dean's office by sharing copies of e-mails or other "general update" communications with others directly affected by the admissions process. Relationships with the dean of the medical school can be complex and frequently reflects the style of the dean. Many deans maintain a strict "hands-off" relationship regarding admission decisions, while a few others reserve the right to select a few members of the entering class based on their own criteria and interests.

Some deans desire only periodic reports from the admissions officer of applications received and admissions offers made, while others perceive admissions committees' assessments of applicants solely as recommendations for the dean to consider in making admissions decisions. The relationship between the admissions officer and the dean will depend upon the culture of the school, faculty governance policies and procedures, the personalities of the admissions officer and the dean, and prior institutional history. The admissions officer is the intermediary between the dean and the admissions committee and faculty, and he or she is well advised to establish parameters for the application and admissions process with the dean and to convey these guidelines to members of the admissions committee. An open and regular communication channel is critical in this relationship.

### **Alumni/Development Offices**

Medical school development officers count on alumni for financial support of programs. They appropriately wish to be helpful to alumni. At times, however, the roles of the admissions officer and the development officer may come into conflict. For example, when an alumnus or donor asks a contact in the development office to request a "favorable" review of a child's/neighbor's/employee's medical school application.

It is appropriate for the admissions officer to establish "ground rules" with development office personnel about what influence, if any, such requests and inquiries may have on the admissions process. The admission officer would be well served to have a single point of contact so as to not confuse the communications. At some medical schools, there is an agreement, implicit or explicit, that the children of alumni will be interviewed by members of the admissions committee, regardless of the strength of their credentials. At schools where no such understanding exists, the admissions officer should advise development office personnel about institutional criteria for interviews, guidelines for responses to inquiries, and the type of information, if any, about an applicant that can be shared. Establishing this type of understanding early on will assist development office staff in their communication with alumni and donors. One approach is an agreement for a "personal review" of an application by the admissions officer, with a follow-up telephone or individual counseling session with the applicant if an interview is not granted. This approach provides useful information to the applicant without compromising the integrity of the admissions process. Alumni may have no information about the relative competitiveness of their candidate, the size of the applicant pool, or the criteria used in admissions decisions. Ultimately, the dean will have to be comfortable with the balance struck among being fair to all applicants, selecting the strongest students, and accommodating those individuals with special links to the institution.

On occasion, development office staff encourage alumni to become involved as supporters of special programs or events at the medical school. At some institutions, the alumni society sponsors the school's "White Coat" ceremony, graduation events, or Match Day activities. Alumni groups may also create and support endowments or scholarship funds that directly benefit recruitment opportunities. It is all the more important, then, that the admissions officer and his or her development office colleagues are clear about communication, potential influence, information disclosure, and follow-up procedures for

inquiries about applicants. The admission officer should be very careful to not compromise the overall integrity of the process during any such exchanges of information. The perception of influence must be avoided.

### **Financial Aid Office**

A cooperative relationship between the admissions and financial aid offices must be based on the medical school's mission, administrative structure, and institutional culture. Both offices share the goals of recruiting highly qualified students who will have the financial resources to matriculate and complete their medical educations. Most medical schools have a stand-alone admission office, while financial aid may be administered either by a central university office or a stand-alone office in the medical school. However these operations are structured, there are various ways to foster a cooperative relationship between them.

- The school should consider an office name such as “Office of Student Financial Planning” rather than the more limited “Financial Aid Office.” This nomenclature will encourage all applicants for admission to consider using the services of this office. Not every medical student receives financial aid, but every student requires a financial plan.
- Recruitment materials prepared by the admissions office should acknowledge that medical school is an expensive proposition and detail the resources that the medical school will use to help students create a viable plan for funding their educations.
- The medical school should cover financial planning in the program presented to applicants on interview day.
- Throughout the annual admissions cycle, the admissions office and the financial planning office should establish a regular exchange of information. Both offices should be aware of the status of acceptance offers. Both offices should be informed when financial planning materials are sent to applicants and when financial aid award letters are prepared.
- The financial planning office should prepare preliminary award letters as soon as possible so that applicants will have financial information available to help them in choosing the school at which they will matriculate.
- When an alternate list is prepared by the admissions office, it should determine simultaneously the best means of providing applicants on the alternate list with financial planning materials so that they are fully prepared to matriculate if and when an acceptance offer is made. This may require the sending of financial aid materials before alternates are actually accepted so that applicants accepted late in the admission process have already made appropriate plans to finance their educations.
- When applicants receive an offer of acceptance immediately prior to the first day of classes, the financial planning office should present the services of the financial planning office to help students prepare for matriculation on short notice. An emergency loan fund can often provide these students with funds if their financial aid package will not be available when school starts.
- As much as possible, staff should be cross-trained in the admissions and financial planning offices so that applicants can receive answers to simple questions from personnel in either office. Financial planning staff members should be familiar with AMCAS and the admission “traffic rules.” Admissions office staff should know the school's current tuition for resident and non-resident matriculants and be familiar with such basic financial aid materials as the Free Application for Federal Student Aid (FAFSA).
- Financial planning materials should be included in presentations in to potential applicants and their pre-health advisors.



- Both admissions and financial planning personnel should take part in discussions about utilizing institutional scholarship funds to recruit a talented and diverse student body. The staff should establish a clear distinction between recruitment (“merit”) and need-based scholarships and create policies appropriate to each type of scholarship.
- Both admissions and financial planning staff should establish policies regarding the admission of international students. These students are not eligible for federal financial aid. Therefore, the medical school should be able to describe a realistic financial plan specifying the medical school’s resources, in any, and financial expectations of international students in the event that they are admitted.

### **Information Technology**

The rapid growth of information technology (IT) in the admissions enterprise should prompt deans and directors to develop and maintain a strong and cooperative working relationship with IT colleagues at their schools. Many admissions offices may not enjoy the benefits of a dedicated IT staff, with IT staff members being shared with other school, university, and hospital offices. The size of IT support can range from a fairly large staff with full-time technical support dedicated to the admissions office to a very small staff with no dedicated staff members. Especially in those institutions with little specific IT support, the recent move from a paper-based admissions process to an electronic one has required many admissions officers to become more technologically savvy. With the advent of the AMCAS Web-based application, data downloads, electronic secondary applications, and online letters of evaluation and recommendation, admissions offices are rapidly moving to paperless application processing. While there are many obvious positives associated with this technological evolution, including cost, time, and efficiency, there are also challenges, including technology training, data transmission, and security. As technology continues to evolve, admissions professionals must expand their technological education and stay current with related trends. A strong working relationship with a school’s IT staff is crucial to utilizing emerging technologies.

### **Marketing and Public Relations**

Developing a clear and concise “message” defines marketing and public relations. Most institutional marketing and public relations offices have created such messages for the university and/or its medical school to convey the institution’s mission, goals, diversity interests, values and unique qualities. Working with the public relations office can help the admissions office produce a clear and concise message for its target audiences. The public relations office can also help determine the appropriate media for communicating the message. Marketing and public relations should be viewed as a two-way communication process. The admissions office will attempt to convey a desired message to potential applicants, but it will also require market research on how the target audience perceives the school and/or its admissions process. Some schools seek feedback from accepted applicants who matriculate elsewhere. This research effort could be accomplished informally or more formally, e.g., through the use of a focus group or online survey. The admissions and marketing offices may work together on event planning. The marketing/public relations team can be very helpful in the creation of tools and instruments to evaluate the program’s success. The marketing/public relations office may also design and develop publications, provide photos and layout, work with printers, distribute news releases, produce public service announcements, arrange for speakers, and write speeches.

### **Diversity Affairs**

The admissions and diversity affairs offices need to have a cooperative working relationship. Many activities sponsored by the diversity affairs office relate closely to admissions initiatives. Personnel in the diversity affairs office often help to recruit applicants from groups underrepresented in medicine.

They also work to fulfill the school's goal of a diverse student body. It would be beneficial for the admission staff to meet with the diversity affairs offices prior and after the admission season. This meeting ensures exchange of 'lessons learned,' as well as an opportunity to coordinate proximal and distal recruitment materials, activities, and resources.

Diversity affairs and admissions personnel should share the information they garner from community contacts and student recruitment events. A school's efforts to recruit and retain students from groups underrepresented in medicine are enhanced when both offices work together. For example, the diversity affairs office can provide recruitment opportunities to the admissions office during summer premedical preparation courses. The admissions office can provide the diversity affairs office the names of candidates who would benefit from summer pre-matriculation programs. The diversity affairs officer can identify currently enrolled students to serve as interviewers for the application process and recruiters for accepted applicants. The diversity affairs officer may work with the admissions officer during the interview season and help screen applicants' files and select interviewees. The diversity affairs officer can facilitate matriculation of minority students before, during, and after the admission visit. Some institutions may have early assurance programs or other programs specifically designed to attract students from groups underrepresented in medicine who attend colleges and universities in the region or across the country. The admissions officer and the diversity affairs officer could collaborate in the early identification, recruitment, selection, and follow-up processes. In many institutions, the admissions officer keeps the diversity affairs dean regularly apprised of the status of applicants from groups underrepresented in medicine who are interviewed and accepted. Any such communications should be in compliance with any governing regulations.

### **Registrar/Student Records Officer**

The registrar collects and maintains students' academic records, ensures adherence to FERPA guidelines, trains those with access to student records, and verifies medical education and graduation for graduates who are applying for residency, licensure, and board certification.

When a student matriculates in medical school, the registrar's office creates a current student academic file. Certain documents from the AMCAS application file are transferred from the admissions office to the registrar's office and become part of the student's permanent record. These materials typically include the AMCAS application, a secondary application, transcripts, and admissions decision letters. Any conditions for admission, such as final undergraduate transcripts, are obtained and verified for completion of requirements. The enrolled student's academic record should not include letters of evaluation or recommendation collected from premedical faculty members and pre-health committees during the application process. Such letters should be destroyed when the student matriculates in medical school because their purpose has been served. Destroying these letters upon the applicant's enrollment also ensures that the enrolled student does not have access to these letters, since enrolled students have a right to access the contents of their academic file. The current student file, in the form of electronic and/or paper records, contains documents relating to the student's medical education. The student file should include a Medical Student Performance Evaluation/Dean's Letter; course and clerkship grades; clinical rotation schedules; narrative evaluations of clerkship/elective performance; honors or commendations; leaves of absence, withdrawal, and dismissal; enrollment in combined or dual-degree programs; scholarship awards; special registrations; USMLE Step 1 and Step 2 scores (and, if released to the school, USMLE Step 3 scores); disciplinary actions taken by the school; and documentation regarding transfer in or out of medical school.

Maintaining a complete student education record is essential for production of the Medical Student Performance Evaluation/Dean's Letter, as well as for verification of progress through undergraduate medical education. Upon graduation, transfer, withdrawal, or dismissal from medical school, documents specifically related to the student's medical education are maintained indefinitely. For graduates, these would include the student file documents mentioned above. For other students leaving medical school, additional documentation must be maintained indefinitely in addition to the student file contents. When students transfer to another medical school, transfer documents and acceptance of transfer letters become part of their permanent record. Files of students who withdraw from medical school include written notification of withdrawal from the student and any relevant course registration changes. For students dismissed from medical school, documentation as to the reason(s) for dismissal and a formal letter of dismissal become part of the permanent record.

Medical education verification for hospital privileges, licensure, and loan deferment; letters of good standing; and transmission of the "official" transcript are responsibilities of the registrar. A release of information signed by the student/graduate must accompany requests for verification of medical education. A record of verifications made on behalf of students/graduates should be maintained, either as a part of the permanent record or separately. There may be charges for sending official transcripts. However, it is often general practice to provide the other verification services free of charge.

### **Student Affairs**

The admissions office regularly interacts with the student affairs office to help matriculating students experience the transition to medical school. Collaborative efforts may include:

- Working with the medical school alumni office to identify alumni representatives who are interested in mentoring premedical students or making phone calls to recruited students from their geographic area.
- Communicating with financial aid personnel to meet the financial needs of incoming students.
- Working with the admissions office for accepted applicants who have requested accommodations to meet technical standards. The student affairs office will normally work with the applicant, medical school administration, and other required university offices to determine what is needed, and what may be supplied. The student affairs office will ensure that the admissions office is aware of the status and final outcome of such requests.
- Sharing technology resources. With the advent of electronic transmission of AMCAS data, admissions offices must be cognizant of how the electronic data transfer will affect current paper processes in place throughout the student affairs office continuum. Technology-related projects should be prioritized and integrated across a number of administrative units in the institution.
- Identifying for counseling by office staff any admitted students who may be at risk for, or have a history of, mental health problems. Receiving prior consent from the student to release this information is advised.
- Participating in admissions events. Representatives from student affairs related offices at recruitment, "yield," and new student orientation programs lend expertise and interest to the event. In turn, admissions office staff members should support other student affairs events, such as orientation, second-look events, Match Day festivities, educational programming, and graduation.

Cultivating close ties to personnel in other student affairs offices not only allows for the initiation of new projects with shared resources but also encourages personal and professional growth. Barriers are eliminated, interoffice communication is enhanced, and an expanded knowledge base among staff is

gained. Diversity of thought generates new ideas, and, perhaps most important, medical school administrative staff role model teamwork and collaboration for their students who may not differentiate the various student support offices.

### **Academic Affairs**

The academic affairs office can play a pivotal role in the evaluation of medical school admissions outcomes by providing the admissions office annual updates of medical student promotion, retention and graduation that can be analyzed and shared with medical school admissions committee.

### **Liaison Committee on Medical Education (LCME)**

The LCME is the national accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. The LCME is sponsored by the AAMC and AMA. Accreditation is a process of quality assurance in postsecondary education that determines whether an institution or program meets established standards for function, structure, and performance. The accreditation process also fosters institutional and program improvement. The process is grounded on a comprehensive set of Accreditation Standards that cover institutional setting, educational program, medical students, faculty, and educational resources.

The admissions officer is a vital member of the school's accreditation team. Typically, a faculty person or dean designate is responsible for the overall conduct of the school's accreditation application. Yet, the admissions officer should be prepared to respond to the self-study committee regarding relevant standards related to the admission process, i.e., Medical Student (MS) standards MS-1 through MS-15, and MS 31. This may entail description of the selection process, course requirements, technical standards, accurate promotion of school, policies related to visiting and transfer students, collection of data regarding the applicant pool and enrollment. In addition, the admission officer should work closely with the school's diversity officer in responding to the school's partnerships and programs that enhance diversity of the applicant pool (MS-8) and a medical education program that ensures that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (MS -31) and institutional efforts to promote diversity among faculty, staff, and students IS-16).

## National Association of Advisors for the Health Professions, INC. (NAAHP)

The NAAHP is an organization of more than 1,300 health professions advisors from undergraduate colleges and universities throughout the United States. Patron members represent an additional 250 individuals from professional schools and associations.

The NAAHP was established in 1974 as the only national organization devoted exclusively to the needs of health professions advisors and their students. NAAHP assists advisors in fostering the intellectual, personal and humanistic development of students who are preparing for careers in the health professions. The organization promotes the professional development of health professions advisors, and serves as a resource for health professions advisors, health professional schools, and professional school associations.

The success of the NAAHP is directly dependent upon its four regional associations – Central (CAAHP), Northeast (NEAHP), Southeast (SAHP) and West (WAAHP) – from which it derives its strength and its membership. NAAHP encourages each regional group and each member to share more fully their experiences and information with other regions and advisors.

The NAAHP has grown steadily into an effective national clearinghouse for the opinions of advisors and news from the following health professions: allopathic and osteopathic medicine, audiology, chiropractic, dental, naturopathic, nursing, occupational and physical therapy, physician assistant, podiatric medicine, public health, optometry, pharmacy, health administration and veterinary medicine. In addition, the NAAHP has established collaborations with health professional schools and their associations through advisor liaisons and an Advisory Council comprised of representatives from these associations.

The NAAHP holds a national meeting every other year, while the four regional subgroups typically meet in the alternate years. All meetings, both national and regional, offer pre-health advisors the opportunity to interact with each other, as well as with admissions officers from various health professions schools and educational and professional associations. The NAAHP publishes a quarterly journal, *The Advisor*, which gives all members a nationally recognized forum in which to state their views and share their research studies. Additionally, the NAAHP keeps its advisor members up-to-date through valuable publications and communication links such as:

- **NAAHP-NET** – a monthly online newsletter
- **NAAHP listserv** – a resource for convenient and fast communication with fellow advisors and health professions admissions deans
- **NAAHPsack** – a password protected site for advisor members only
- **HLTHPROF** – a health professions listserv for health professions advisors, as well as health professions school admissions and student affairs staff

NAAHP patron members are listed in the NAAHP Membership Directory and enjoy major benefits such as discounted publication fees and discounted registration and exhibitor fees for national meetings.

# **Committee on Student Financial Assistance Handbook**

## Introduction

Financial Aid's humble beginnings are traced back to a time when one benefactor would assist one student with tuition payments, a room to borrow, or books to lend. Today, financial aid is a complex world of federal, state, and institutional policies governing a myriad of programs, especially in medical education. Aid officers must stay current with regulations, and they must have a good basic knowledge of the philosophy of financial aid and how it can meaningfully affect a student's ability to access education.

The Group on Student Affairs (GSA) Committee of Student Financial Assistance (COSFA) first developed this handbook in 2006 as a resource for medical education financial aid. In 2010, COSFA revised the handbook to keep it current, relevant, and consistent. To keep up with the numerous regulatory changes since that time, COSFA once again has revised this handbook in 2014.

Members of COSFA, past and present, attempted to represent all types of office structure and administration in this handbook. We hope you will find it a useful tool.

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## Understanding the Mission of the Institution

Universities and medical schools are extremely complex organizations that strive to fulfill multiple missions and respond to the needs and interests of various stakeholders. Knowledge of the financial aid office's home institution and how it differs from other institutions provides a useful context. Knowledge of the big picture allows the financial aid officer (FAO) to work more effectively, leverage institutional priorities where possible, and avoid unintentional missteps. Although each medical school is unique, they all deal with some common issues.

### **The Medical School and the University**

Relationships between the medical school and its parent university differ. These differences can have a profound impact on how the school and the university relate, how resources are allocated, how governance and control are exercised, and how the medical school relates to external stakeholders. Some examples of different relationships include the following.

#### *Freestanding Medical School*

Freestanding medical schools are not a part of a university. Although they are rare, some medical schools do exist independently and are not part of a larger university. A benefit of this structure is that the medical school can enjoy greater autonomy and independence. However, freestanding medical schools may not have access to resources available at large, diverse universities and may have less insulation against changes in the financial and/or political landscape.

#### *Integrated Medical School*

In this scenario, the medical school is integrated into the campus of a parent academic institution. This model is most common. The medical school is part of a university and can draw upon the resources of the parent university. In turn, the university may exert varying degrees of influence or control over the medical school's finances. The university's fiscal policies may draw revenue from other schools and resources to benefit the medical school; be "revenue neutral" (i.e., return to the medical school all resources derived from medical school activity minus a "tax" that reflects the actual cost of university-provided services); or use revenues generated by medical school activities to subsidize other university programs.

#### *Health Sciences Campus*

In this scenario, the medical school is a part of a health sciences campus, which is in turn a part of a parent academic institution. In some schools, the medical school and other health-related schools and training programs may be concentrated on a campus that is geographically separate from the parent university. Often, the health sciences programs' need to meet multiple missions—specifically the mission of clinical care—result in the clinical enterprise being established or developed separately from the university proper.

#### *Specialized Health Sciences University*

These medical schools are part of a specialized health sciences university. Some universities exist as an amalgamation of schools and programs devoted solely to the health sciences (e.g., medicine, dentistry, nursing, public health, or allied health sciences). Compared with a medical school that exists within a large, diverse university, a medical school within a health sciences university will be part of an institution focused primarily on the health sciences. The medical school will benefit from its close proximity to faculty, staff, and students in multiple health professions, but it will not have access to the schools and departments that exist in the larger university context.

In addition to the relationships between a medical school and a university, the relationship between a medical school and its clinical partners can also dramatically influence the school's mission and operations. Some schools and universities own the physical property of the medical school (such as its hospitals, clinics, and laboratories) and manage all aspects of faculty members' clinical practices. Some schools operate their clinical missions in property owned, staffed, and/or managed by another entity (e.g., a for-profit corporation, a nonprofit corporation, or a government entity). Some schools assign responsibility, risk, and authority of managing clinical activities to their individual departments. Finally, some schools use a combination of these or other models. A detailed discussion of different models for clinical practice is beyond the scope of this handbook, but these differences can materially and profoundly affect the operations of the medical school and/or the university.

### *Geographically Separated Campuses*

The organization of the curriculum and the location of various components of the school's physical infrastructure may also vary among schools. At some schools, basic science courses and clinical training sites are located together in a single site or on a single campus. Students may experience little change or disruption as they move through the four years of the curriculum. Other schools may consist of geographically separate basic science and clinical campuses. Student support services may or may not be duplicated at each site. Finally, a single medical school may be composed of one or more geographically and/or administratively separate basic science and clinical campuses. In recent years, many medical schools have established regional medical campuses for both basic science and clinical education to assist in meeting institutional goals associated with the regional needs of their state or region. In these settings, faculty, staff, and/or administration may function as one integrated institution or as if they were parts of separate institutions. For example, one FAO may coordinate services for all campuses or each campus may employ their own FAO to work with students.

Ideally, the reporting relationships, revenue flow, and institutional policies and procedures of a specific medical school are aligned to achieve the institution's stated mission and goals. Ideally, the medical school's mission and priorities align with and complement its clinical, commercial, and community partners to optimize health, education, and research outcomes. Achieving this ideal involves continuous communication, assessment, adjustment, and good faith among all partners in the educational, research, and clinical enterprises of the institution.

### **Stakeholders**

When considering the stakeholders of a specific medical school, the faculty, staff, and students immediately come to mind, but there are others who have a significant interest in a medical school's operations. Members of the local community provide the patient base for faculty clinical activities and may serve as staff members in both the medical school and its affiliated clinical practices. In this sense, local can be broadly defined; it can include a particular geographic region or the entire state in which the medical school is located. This is particularly true for public medical schools that have missions to serve the health care needs of the state. Ideally, these schools offer their communities highly specialized tertiary and quaternary care and provide graduates who will serve as physicians throughout the state.

Similarly, each individual medical school can also be a national resource. Medical school faculty train future physicians and advance scientific and medical knowledge through research, thus providing the impetus and direction for changes in curriculum and the practice of medicine throughout the country. Medical school faculty can often have an international presence and impact.

A number of U.S. medical schools have a long history of research and service missions in other countries. Many faculty members collaborate with colleagues in other countries and students travel abroad as part of their formal curriculum or while performing humanitarian charitable work. Collectively, U.S. medical schools function in a realm that is simultaneously local, regional, national, and international in scope.

### **Role(s) of a Medical School**

Traditionally, medical schools and their faculty are involved with education, research, and clinical practice.

Educational missions distinguish medical schools from other institutions involved in research or patient care. Undergraduate medical education comprises the core mission for medical schools but they are engaged in a number of other training activities as well. Many medical schools, in partnership with other schools in their communities, run enrichment programs for high school and college students to encourage their interest in the health care professions. Other medical schools form partnerships with hospitals to provide postgraduate training for residents and fellows in various medical, surgical, and support specialties. Many schools have programs devoted to continuing medical education (CME) that give practicing physicians in the surrounding community the opportunity to keep their knowledge and skills up-to-date for continued licensure eligibility.

Medical school faculties perform a substantial amount of the biomedical research conducted in the United States. Funds from the U.S. government, private donors, philanthropic organizations, and private industry (e.g., pharmaceutical companies) help advance scientific knowledge. This research can be basic science research conducted to elucidate basic scientific principles (also referred to as “bench research”) or be “translational” research, which converts basic science discoveries into clinically useful knowledge.

Medical schools are important to their community’s health care delivery systems and may be the principal source of medical expertise and specialized services for an entire region or state. The faculty clinical practice of a medical school can address the community’s need for health care, serve as a source of revenue for the school, and provide patients for student and resident education and for clinical research. Historically, the clinical practice of faculty members has provided revenue to subsidize the education and research activities within a school. As reimbursement rates for patient care have changed over time, this subsidy has diminished substantially.

### **Medical Education Programs Overview**

As stated by the Liaison Committee on Medical Education, medical schools must provide “a general professional education [that will] incorporate the fundamental principles of medicine and its underlying scientific concepts, allow students to acquire skills of critical judgment based on evidence and experience, and develop students’ ability to use principles and skills wisely in solving problems of health and disease.” Typically, medical schools strive to produce physicians who can begin specialty training in their preferred specialties and residency programs on graduation.

Years 1 and 2 of the curriculum leading to the M.D. degree emphasize the basic science foundation for medicine combined with introductory clinical experiences. Most schools have an integrated curriculum, often organized in blocks of related basic science and clinical topics rather than individual courses. There is less emphasis on lectures and more use of small group and self-directed learning formats. After

the first year, many medical students have extended time off in the summer, giving them time for research or significant service locally or internationally.

The United States Medical Licensing Examination (USMLE) Step 1 examination is typically administered at the end of year 2, though this is not universally true for all medical schools. At many schools, a passing score on this examination is required before students can be promoted to the third year of the curriculum.

Years 3 and 4 consist of core clinical clerkships and elective experiences. Core clerkships typically include internal medicine, obstetrics/gynecology, pediatrics, psychiatry, and surgery; but clerkships can vary from school to school. Many schools include family medicine or a primary care clerkship among their required third-year clerkships. Some state legislatures influence medical school curricular content. Learning is more experiential during Years 3 and 4. Students typically spend most of their time in the hospital or other clinical settings, caring for patients directly under the supervision of faculty, attending physicians, and medical residents.

Third and fourth-year electives are typically taken at the student's home institution, but they may involve student travel to other schools or clinical sites, with associated expenses and administrative challenges. International travel may also be a part of the educational program. The USMLE Step 2 clinical knowledge and clinical skills examinations are typically taken during the fourth year. Most students are required to travel to a distant clinical skills evaluation collaboration center for the examination. Passing these examinations may be graduation requirements. The residency application process occurs during the first half of the fourth year and it too may involve significant student expense for application fees and travel to residency interviews.

Most students complete the curriculum requirements for the M.D. degree in four years. However, some students extend their curricular time with leaves of absence owing to health, USMLE, participation in research (e.g., Howard Hughes Medical Institute), or enrollment in dual-degree programs (e.g., M.D./Ph.D., M.D./M.B.A., M.D./M.P.H.). Residency typically begins in July after graduation from medical school. In the past, newly graduated students would complete a one-year internship that would prepare them for a career in general practice or would be a precursor to additional specialized residency (and sometimes fellowship) training. The term "internship" is rarely used now because the first year of training after medical school has generally been subsumed into an overall residency training program. The first year of training following medical school is now generally called the PGY-1 (postgraduate year 1) year. Medical students may match into categorical residency programs (i.e., programs that begin in the PGY-1 year and provide the training required for board certification in medical specialties), advanced residency programs (i.e., programs that begin in the PGY-2 year after a year of prerequisite training), and preliminary and transitional residency programs (i.e., one-year programs beginning in the PGY-1 year that provide prerequisite training for advanced programs). The USMLE Step 3 examination is usually administered midway through PGY-1; it is the last step in the series of national examinations required for physician licensure in a state. Residency training may last three or more years, depending upon the specific specialty chosen.

After completing residency training, some physicians pursue additional specialized training in a fellowship program that can last one or more years. Medical fields that require fellowship training preceding subspecialty certification include cardiology, gastroenterology, hematology, and infectious diseases. Surgical fields that require fellowship training include craniofacial surgery, pediatric surgery,



and vascular surgery. There are dozens of areas of specialization in which physicians can pursue advanced training and certification. For additional information on the residency application process, please refer to the AAMC Careers in Medicine website ([www.aamc.org/students/medstudents/cim](http://www.aamc.org/students/medstudents/cim)).

## Relationships with Internal and External Officers

Financial aid officers interact with a variety of offices depending on the time of year and/or the structure of the medical school. The following list highlights some of the internal and external offices with which FAOs frequently work.

### **Internal Offices**

#### *Admissions Office*

The FAO will work with admissions office staff to offer financial aid information and advice to prospective and incoming students. The programs can be formal or informal in nature. The financial aid and admissions offices work closely together when members of a new incoming class transition from accepted applicant to matriculant. Collaboration and accurate communication between the two offices ensures that new students receive their aid packages in a timely fashion, thus relieving students of financial concerns as they begin to face the challenges of the rigorous medical school curriculum.

#### *Bursar/Business/Student Accounts Office*

This office is typically responsible for charging, invoicing, and collecting student tuition, fees, and other educational expenses, which are paid from a variety of sources, including financial aid. The FAO will work closely with these offices to set disbursement dates for financial aid, establish appropriate refund dates, and gather information on students with overdue and/or blocked accounts. The level of involvement with these offices will depend on the school and the type of integrated student data system used.

#### *Institutional Student Loan Servicing Office*

Student loan disbursement, servicing, and collections can take place on a centralized or decentralized basis. Schools that use a central location for loan origination and disbursement will need excellent communication procedures in place to make sure students' needs are met for timely processing and disbursements. Interactions with this office may include the coordinating activities such as the reconciliation of loan advancements and federal report preparation (the Fiscal Operations Report and Application to Participate [FISAP] for Title IV Perkins loans and the Annual Operating Report [AOR] for Title VII loans). For schools with a decentralized model, policies and procedures must be established to ensure federal and institutional regulations are met.

#### *Registrar's/Student Records Office*

The Office of the Registrar is responsible for registering current students and maintaining grades and other records for all students, past and present. Tuition charges produced during registration are funneled to the bursar's office. Different schools have different tuition-charging models. Some schools are on a semester or quarter system, which may involve charging students on a flat-rate basis, whereas other schools charge on a per-credit-hour basis. Schools' terms and academic year models also vary in length. Schools may differ in their approach to the first and second years of medical education versus the third and fourth years; clinical years may involve longer academic years than the basic science years. This information must be considered when FAOs develop students' cost of education budgets.

Other areas of concern include the actual enrollment status of students, especially regarding withdrawn students, less-than-half-time students, or students who have extra charges based on enrollment or academic progress. Enrollment reporting to various federal entities, such as the National Student Clearinghouse, is often a cooperative effort between the registrar and the FAO. It is imperative that the

registrar's office and the FAO have timely communication about issues such as enrollment, dual-degree students, registration dates, satisfactory academic progress standards, and graduation.

### *Student Affairs Office*

Most medical schools have a student affairs office that advises students on a variety of academic, curricular, career, and personal issues. The FAO may work with this office based on students' individual circumstances. FAOs will participate in a variety of student affairs programs, including orientation activities, residency fairs, and graduation events. Because the FAO sometimes meets with students experiencing stressful school-related and personal events, it is not uncommon for students to voice personal or academic troubles in the financial aid office. Medical students can experience a great deal of anxiety over financial matters. The financial aid officer may be the first medical school staff person who becomes aware of these issues, even when the problems are not solely financial. FAOs must communicate with student affairs staff promptly so that a trained professional can provide any necessary counseling to the student. Also, student affairs staff should notify the FAO of student issues that may affect financial aid eligibility or student loan deferment status, such as approved leaves of absence and reduced course load. Student affairs staff should be aware of assistance that FAOs may be able to provide students who are dealing with finance-related problems.

### *Multicultural Affairs/Minority Affairs/Diversity Office*

Close communication and collaboration with staff members in the minority affairs office is very important. Depending on each school's administrative structure, a variety of services can be developed to assist and address the needs of the students served by this office.

### *Alumni Development Office*

Financial aid administrators may be asked to share information on their current aid programs for alumni development purposes. Keeping readily available statistics is important to ensure that consistent information is provided to all constituencies. Alumni office staff may ask FAOs to present information about students' financial aid needs to potential donors, showcasing the school's financial aid program and needs. By participating in alumni events, financial aid staff can meet with former students and work on fundraising activities associated with creating endowed scholarships for current and future students.

### *Institutional Advancement/Development Office*

A good partnership with the institutional advancement office is also necessary. Communication between offices is crucial if donor-specific awards and scholarships are to be granted accurately. Providing information about award recipients to institutional advancement office staff should be completed in a timely fashion. It is also important to communicate annual updates of relevant student and graduate information, such as average educational debt of graduating students, percentage of students who borrow to support their medical education, and the average financial need of students. This information helps the institutional advancement team prepare for meetings with potential donors and produce institutional case statements.

### *Financial Planning/Resource Office*

Some FAOs work with a financial planning/resource/budget office to develop financial aid projections. This work can include grant projections, loan repayment schedules, endowment forecasts, and office operating budgets. Each school's FAO will have a different relationship with this office, depending on the reporting structure of the school.

### *Curriculum/Academic Affairs Office*

A centralized academic affairs or curriculum office may coordinate and support all curricular activities for students throughout their medical education. Personnel in this office will know the precise details of students' schedules and workload. Students will register and participate in a number of basic science courses or clinical clerkships and electives with the register's office. The curriculum office ensures that faculty members have all the materials and equipment needed for their educational endeavors. At some schools, the FAO may have minimal interaction with staff members in this office except to be made aware of the school's curriculum to schedule student events. At other schools, the FAO may collaborate with office staff to ensure that financial aid and debt management activities are integrated with other required components of the medical curriculum. In either case, it is important that the FAO be notified of any planned revisions to the curriculum that may affect cost of attendance or student aid eligibility.

FAOs may also interact with academic affairs staff to determine a student's satisfactory academic progress (SAP). Personnel in the academic affairs office frequently determines students' current academic standings, students' plans for remediation of unsatisfactory performance in a course or clerkship, and future curricular activities required of students (e.g., summer school), all of which may have a bearing on the student's need for financial aid.

### *Dean's/Vice Dean's Office*

Depending on the hierarchy and organization of the school, there may be opportunities to have discussions with a variety of upper-level administrators. Typically, the FAO provides periodic reports, statistics, and information about the school's financial aid environment (whether institutional, state, or national) to faculty members, faculty committees, and administrators. This is an excellent opportunity to emphasize the diverse talents and skills necessary to be an effective financial aid administrator.

### *Internal Audit Office*

The FAO will have a significant working relationship with the internal audit office, as it is responsible for completing the internal (A-133) audit ([www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2010](http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010)). This annual audit includes a review of all Title IV programs. Findings are reported to the Department of Education. Other internal audits are made periodically to verify that federal regulations and internal institutional policies are in compliance.

### *Housing Office*

Some schools have a housing office that provides on-campus housing for enrolled students. This office may also keep listings of local apartments and houses available for rent or purchase by students. At schools with available on campus housing, the FAO may communicate with this office to determine housing costs, student information, and housing cost projections.

### *Governmental Relations Office*

Many FAOs work closely with their governmental relations offices to promote specific pieces of local and federal legislation affecting financial aid for students. This is particularly true at times before the Higher Education Act (HEA) is reauthorized or when significant changes are planned for Federal aid programs.

### *Office of the General Counsel*

A good working relationship with an institution's general/legal counsel is helpful to FAOs when dealing with issues of fraud, the IRS, and Family Educational Rights and Privacy Act. Many FAOs work with their legal counsels to review scholarship programs to ensure they comply with affirmative action guidelines.

### *Graduate Medical Education (GME)/House Staff Office*

Some FAOs offer services and programs to their medical center's residents and fellows. Programs on loan repayment and debt management have been in high demand. FAOs may also provide individual, personalized financial counseling services to residents. The GME office frequently helps coordinate these programs with residents.

### *Institutional Research Office*

Many schools have institutional research offices that work with FAOs to provide various data from institutional surveys and national reports. They also provide various agencies with important enrollment information. In addition, many schools use their institutional research offices to perform research on their own student bodies to develop position papers and planning documents for their institutions.

### *Information Technology/Systems Administration Offices*

An important part of the FAO's world revolves around information technology (IT) support and the systems used to develop award letters and packages for students. Many schools have complex systems that include software applications and databases designed to assist in all aspects of the financial aid process. IT support has become a major element in the work environment of the FAO.

### *Office of Disability Services*

Offices of disability services offer programs to promote academic, personal, and vocational success among students with disabilities. These offices facilitate access for students with documented disabilities by working with schools and programs to provide accommodations and other support services for students with disabilities.

### *Office of Student Health Services*

Student health services facilities frequently offer immunizations, mental health services, primary care services, and programs on student wellness, nutrition, sexual health, and other topics. Before developing cost of attendance budgets, FAOs are encouraged to contact the office of student health services on their campus to gather information about the costs of required and elective student health services and student health insurance. These expenses are typically borne by the individual student, with the exception of the assessment and treatment of injuries and exposures sustained by medical students during educationally related patient care activities.

### *Central/Main Campus Financial Aid Offices*

Many medical school financial aid offices work with a central or main campus financial aid office. Financial aid, particularly federal financial aid, is awarded and sometimes processed through a central office. Most schools with decentralized offices communicate regularly with the main campus or central office throughout the year to establish student budgets, award allocations (particularly federal Perkins loan and Federal Work-Study), and other details of aid administration.

### *Human Resources Office*

When placing students who receive Federal Work-Study funding, the FAO must work effectively with human resources personnel to establish the position within the payroll system. FAOs must regularly communicate and monitor human resources and payroll functions to assure they adhere to federal regulations regarding the Federal Work-Study program.

### *Bookstore*

Campus bookstores offer goods and services for students, including textbooks, supplies, medical equipment, and computer software. FAOs should contact the bookstore before each academic year/semester regarding the cost of required textbooks, supplies, and equipment. Once the books and supplies list has been published for each medical school class, the actual cost of the books and supplies can be incorporated into the students' cost of attendance, if, in fact, these materials are required of all students.

## **External Offices**

### *U.S. Department of Education*

Financial aid officers look to the U.S. Department of Education for guidance and regulations regarding Title IV of the Higher Education Act, (Title IV) and other financial aid programs. Information on administering financial aid programs is available on the department's website ([www.ifap.ed.gov](http://www.ifap.ed.gov)) or from documents such as the Federal Student Aid Handbook and Dear Colleague letters. FAOs also work with the Direct Loan program ([www.direct.ed.gov](http://www.direct.ed.gov)) and its processing entity, Common Origination and Disbursement (<https://cod.ed.gov>).

### *U.S. Department of Health and Human Services*

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS) authorize Title VII of the Public Health Service Act. FAOs will look to the DHHS for guidance and regulations regarding all Title VII financial aid programs. Information on financial aid administration is available from the department's website (<http://bhpr.hrsa.gov/index.html>) <http://bhpr.hrsa.gov/scholarshipsloans/index.html>. HRSA is also home to the National Health Service Corps, which administers a scholarship program and loan repayment programs (<http://nhsc.hrsa.gov/>).

### *Lenders, Guarantors, and Servicers*

Schools participate in a variety of loan programs, and they coordinate activities with various lenders, guarantors, and servicers. These entities typically offer a range of services.

### *Scholarship Groups*

Scholarship groups work with FAOs to help students identify available financing options. These awards can vary in amount and eligibility criteria, including academics, field of study, athletics, and membership in groups currently underrepresented in medicine. FAOs also help students use online scholarship databases, such as FastWeb ([www.fastweb.com](http://www.fastweb.com)).

### *Military Groups*

Representatives from the U.S. Air Force, Army, and Navy provide informational programs on campus for students who may be interested in the Armed Forces Health Professions Scholarship Program (HPSP). These representatives provide information about the benefits and obligations of the programs. Note that there are specific Department of Education rules guaranteeing and regulating campus access

for members of the armed services. Armed services personnel cannot be denied access to campus to promote programs, but they are not necessarily granted access to students during class time. Your campus should have a clear policy (written, if possible) regarding groups of all types who are allowed on campus and, more specifically, the circumstances regarding dissemination of information to students.

#### *Internal Revenue Service (IRS)*

For resources, forms, and information, visit the Internal Revenue Service website ([www.irs.gov](http://www.irs.gov)).

#### *State Medical Societies*

State medical societies frequently offer scholarship and loan repayment programs for new and continuing medical students. A database of programs, searchable by state, is available on the AAMC website ([www.aamc.org/stloan](http://www.aamc.org/stloan)).

#### *State Agencies*

State higher education agencies provide information on state education programs and state-sponsored student financial aid programs, grants, and scholarships. Most states require students to complete the Free Application for Federal Student Aid (FAFSA), by the state-specific deadline to receive money to help pay for postsecondary education. Institutions that participate in state-sponsored aid programs may need to file annual reports and participation agreements to maintain eligibility.

#### *Other Organizations*

The financial aid profession is represented by various organizations at the national, regional, and state levels. The National Association of Student Financial Aid Administrators (NASFAA) is the national organization. There are several regional organizations and state organizations as well. All three levels provide training opportunities and annual conferences for FAOs throughout the year. Professional development for medical school FAOs is a function of the Group on Student Affairs (GSA) of the AAMC. Within the AAMC GSA is the National Committee on Student Financial Assistance (COSFA). This committee is composed of the GSA national chair, a committee chair, one representative from each of the four AAMC regions, a student liaison, and a diversity affairs liaison. The committee meets three times a year in person and monthly by conference call to discuss and promote financial aid issues that affect medical students and schools. The committee also assists AAMC staff develop and implement an annual professional development conference (PDC) for health professions financial aid administrators. More information can be found on the AAMC website ([www.aamc.org/members/gsa](http://www.aamc.org/members/gsa)).

## Roles of the Financial Aid Officer

The basic roles and responsibilities of a financial aid officer/administrator are similar from school to school. They include:

- Administrating federal, institutional, state, and private funds
- Awarding financial assistance to eligible students, as defined by criteria established by the funding source
- Educating and counseling students regarding financial matters

FAOs frequently solicit financial aid funding, working with school development personnel, federal agencies (e.g., the Department of Health and Human Services), or private agencies and organizations (e.g., medical societies and philanthropic and civic organizations). Depending on the structure of the medical school (i.e., university financial aid office versus stand-alone medical school office, private versus public institution), the specific tasks FAOs encounter and even the types of aid they administer may differ. One thing is certain: financial aid is a customer-service-oriented profession. Above all, FAOs ensure that students receive the best customer service possible.

### **Counselor**

#### *Financial*

Financial aid officers relate to people concerning a very sensitive issue—money. The FAO essentially dictates to students their living expenses, entertainment funds, and eating habits. FAOs need to empathize with students while remaining objective. Personal beliefs must not cloud the FAO's judgment regarding a student's choices. The FAO's job is to provide objective guidance, training, and tools for students to make wise financial choices. FAOs advise students about their spending habits. Although an FAO's suggestions are not always popular, they are often financially necessary.

#### *Personal*

Students often come to the FAO in a time of personal crisis—the death of a parent, a credit card issue, health care costs, or some other personal dilemma. FAOs must be prepared to handle delicate emotions and know how to support students during these sensitive times, while also finding solutions to the financial problems associated with the crisis situation.

#### *Career*

At times, the FAO is called upon to serve as a career counselor. It is important to be able to outline opportunities and resources that are available to students. Although FAOs should recommend the student meet with other advisory staff for career-oriented discussions, the FAO should have the information and data available to help guide the discussion.

Students predominantly choose a career in an area in which they have the greatest interest and capacity to excel. However, many students concerned with the level of their debt and impressed with the potential income of certain specialties do come to the FAO for career counseling (e.g., those thinking of careers in academic medicine and primary care). Students need to educate themselves about how careers in certain medical specialties and the resulting potential income may affect their future earnings. Students may also need to change their spending choices once they realize their potential income.



### *Data Reporter*

Just as FAOs are responsible for millions of dollars in aid at their institutions, they must also report how those funds were awarded. Each year, schools are required to file the annual Fiscal Operations Report and Application to Participate (FISAP) for Department of Education Title IV aid, the Annual Operating Report (AOR) for Health and Human Services Title VII funding, and the Liaison Committee on Medical Education I-B report for the AAMC. Schools may need to file other annual reports for their own campuses as well. Depending on the institution, some of this work may be completed with a central financial aid office.

### **Reporting Requirements**

<b>Report</b>	<b>Agency</b>	<b>Due Date</b>
Annual Operating Report (AOR)	Health and Human Services	Mid-August
LCME I-B report	AAMC	Early September
Fiscal Operations Report and Application to Participate (FISAP)	Department of Education	September
Institutional reports	Varies	
State reports	Varies	

### **Legislative Advocate**

FAOs need to be active in legislative issues that could affect their institution so they can suggest or advocate changes to financial aid programs. These activities may include letter-writing campaigns and contributions to the federal rule-making process. These activities require that the FAO stay aware of legislation in Congress, have an understanding of federal law and rule-making processes, understand precedence, and know which battles can be won. Understanding the federal reauthorization process for the Higher Education Act is a required role for any FAO.

### **Finance Specialist**

FAOs are responsible for a great deal of internal endowment spending. Some colleges have their comptroller estimate available award budgets; some leave this up to the FAO. The FAO must be financially savvy and know how to calculate available funds using various accounting methods.

### **Educator**

FAOs are responsible for the financial education of students. Federal regulations mandate that entrance and exit interview counseling sessions be conducted. Most FAOs also organize financial education sessions in tandem with the school's regular curriculum or via independently organized seminars and workshops. Sessions often include information about the application process, how to deal with credit issues, budgeting, record-keeping, and current events, such as changes in legislation that may affect the student body. Thus, the FAO must be an effective communicator, to individuals and groups.

**Mentor**

The field of financial aid administration is challenging and requires a skill set not often taught in school. Because of the extrinsic challenges medical students will face, the role of an FAO extends well beyond the tangible. Helping students face their financial challenges in addition to their other responsibilities requires certain personality characteristics or inclinations including empathy, the ability to listen and communicate effectively, and compassion. Therefore, it is important for the FAO to mentor those who are new to this field and to cultivate the skills of supervisees by providing professional development and direction. Supporting the mentoring process by providing the opportunity for new FAOs to attend conferences and workshops is also very important.

In July 2010, the AAMC launched the Financial Aid Officer Resource database to address the needs of financial aid officers new to the job and veterans alike. This database includes a mentor/resource listing of financial aid professionals in the medical school community who can answer questions or provide general support to new financial aid officers or the medical school financial aid community. The Financial Aid Officer Resource database can be accessed from the GSA site ([https://www.aamc.org/members/gsa/committees\\_gsa/cosfa/fao\\_resources/](https://www.aamc.org/members/gsa/committees_gsa/cosfa/fao_resources/)).

**Institutional Partner**

FAOs are institutional partners to many campus departments. As an integral part of the university or medical school structure, the financial aid office is important to other university offices, including:

- Admissions
- Institutional advancement/development
- Student affairs
- Tuition/business/bursar's office
- Registrar

The financial aid office also has many external partners (see Part 4):

- U.S. Department of Education
- U.S. Department of Health and Human Services
- Lenders, guarantors, and servicers
- Scholarship providers, including state medical societies
- The United States Armed Forces and related military groups
- Vocation rehabilitation
- Internal Revenue Service for resources and forms
- Board of regents and other governing boards
- State agencies
- Institutional organizations (e.g., the AAMC)

**Forecaster of Trends**

FAOs must stay informed about how current events, the economy, and political events can affect financial aid. They are expected to be able to predict and explain student debt trends, financial need trends, and other trends, such as the use of tuition discounting, merit- versus need-based scholarships, the financial impact on students enrolling in combined-degree programs. In this regard, knowledge of what has influenced financial aid in the past as well as knowledge of the current financial system (e.g.,

the demise of the Health Education Assistance Loan, (HEAL) program, interest rate changes), will enable the FAO to predict future trends.

**Systems Administrator**

Because the FAO must work with a number of computer systems, he or she may be the main administrator for them. These may include the university's main computer system (e.g., Banner) and specific systems directly related to financial aid, such as Datatel, Powerfaids, federal Common Origination and Disbursement (COD), State Grant, National Student Loan Data System, (NSLDS) and EDConnect.

# Financial Aid Fundamentals

## Overview of Student Aid Programs

Financial aid provides assistance for postsecondary education, gives students the opportunity to evaluate their financial situation, and helps them afford the school they want most to attend. The philosophy most often applied to financial aid awards emphasizes that the student or his/her family are primarily responsible for—and are expected to pay—educational expenses to the extent that they are able.

Eligibility for federal assistance is determined through a process called needs analysis, which determines the expected family contribution (EFC) based on a federal formula. The EFC is the amount a student or his/her family should be able to contribute to the student's educational costs for a given school year. If these resources are insufficient to pay for the costs associated with attending medical school, financial assistance is awarded to meet anticipated expenses. To ensure that aid is awarded in the most fair and equitable manner, the same formula is used to award federal aid to all students, no matter what institution they might attend. A different formula might be used on your campus to determine eligibility for institutional funding.

Financial aid comes from a variety of sources: grants, loans, and Work-Study. Federal sources include funding through the Department of Education, which is authorized by Title IV of the Higher Education Act and is often referred to as Title IV money. Title IV funding includes Perkins loans, Federal Work-Study programs, and Federal Direct student loans. Title VII of the Public Health Service Act authorizes federal assistance for health professions through the Department of Health and Human Services. The Title VII programs are administered under a different set of regulations than Title IV programs and include the Scholarship for Disadvantaged Students (SDS), Loans for Disadvantaged Students (LDS), the Health Professions Student Loan (HPSL), and the Primary Care Loan (PCL). Your state may also offer funds to students who are residents, and your school may have its own institutional loan, grant, and/or scholarship programs.

### Helpful websites:

Title IV aid: [www.ifap.ed.gov](http://www.ifap.ed.gov)

Title VII aid programs: <http://bhpr.hrsa.gov>

HRSA Geospatial Data Warehouse provides HRSA data on health professional shortage areas (<http://hpsafind.hrsa.gov>) and medically underserved areas/ populations (<http://muafind.hrsa.gov>) at <http://datawarehouse.hrsa.gov>.

## Grants and Scholarships

This type of support is considered to be gift aid and repayment is not generally expected unless the student withdraws from the educational program. Gift aid can be awarded based on merit (high academic performance, leadership abilities, or exceptional talent), financial need, or a combination of both. The source of gift aid can be the federal government, state government, the institution, or a private third party. Money received from third parties, such as foundations, is usually referred to as an outside scholarship.

### *Scholarships for Disadvantaged Students (SDS)*

SDS is a federal need-based grant program for disadvantaged students, available through the Department of Health and Human Services. To be eligible, an applicant must either provide parental financial information and demonstrate exceptional financial need as a dependent student or qualify as an independent student. To qualify as an independent student, the applicant must be at least 24 years old when applying for the SDS and must not have been listed on his/her parents' income tax return for three

or more years. Schools must apply directly to the Department of Health and Human Services for SDS funding. A school's funding priority is based on the proportion of graduating students entering primary care, the proportion of underrepresented minority students enrolled at the school, and the proportion of the school's graduates working in medically underserved communities. Not all medical schools participate in this program, and to do so schools must apply. Awards are based on a competitive peer-reviewed grant system and vary among participating medical schools.

### *Service-Obligation Scholarships*

Some scholarship programs require students to commit to service time after all medical education and training is completed, often to the organization providing the educational funding. Funding can be in the form of loan repayment or scholarships. Most programs require one year of service for each year of funding received. One example is the Health Professions Scholarship Program (HPSP) offered by the U.S. Army, Navy, and Air Force. Service payback is performed as a military medical officer. The U.S. Public Health Service also provides the National Health Service Corps scholarship to medical students who commit themselves to practice primary care medicine in federally designated physician- shortage areas throughout the country. Some states also offer service-payback programs. A listing of service-scholarship programs compiled by the AAMC is accessible at [www.aamc.org/stloan](http://www.aamc.org/stloan).

### *Federal Work-Study*

Most medical school curricula are so demanding that students do not have time to participate in the Federal Work-Study program, a federal Title IV campus- based employment program. Work-Study support is based on need and is typically available to both undergraduate and graduate/professional students. Schools must spend at least seven percent of their Federal Work-Study allocation to pay students employed in community service and must have at least one student employed as a reading tutor or involved in a family literacy project. This program might be useful as a resource during the summer months, during joint/dual degree program enrollment, or during periods of eligible research.

## **Loans**

A loan is money the student must repay, usually after graduating or leaving school. Student loans can be either need-based or not and can come from a variety of sources, including federal or state governments, the institution, or a private third party. Much of the loan assistance available for medical students is from the federal government, although institutional loans and private alternative loans can also help meet a student's cost of attendance.

Loans are often divided into two broad categories: subsidized loans and unsubsidized loans. Subsidized loans are interest-free for the student while the student is in school; they are thus less expensive over the life of the loan. Unsubsidized loans accrue interest while the student is in school, making them more expensive than their subsidized counterparts. The borrower is generally not obligated to make either principal or interest payments until after graduation or leaving school.

### *The William D. Ford Federal Direct Loan Program*

The Health Care and Education Act of 2010 amended the Higher Education Act by eliminating the Federal Family Education Loan Program (FFELP) effective June 30, 2010. Beginning July 1, 2010, all new loans are made through the Direct Loan program. All existing FFELP loans made before July 1, 2010, will continue to be serviced as FFELP loans throughout the remainder of the life of the loans.

The Budget Control Act of 2011 changed some aspects of student loans for graduate/professional students, eliminating the in-school interest subsidy for all loans originated on or after July 1, 2012.

#### *Title IV and Title VII Loans*

There are several federal loans that can help meet the costs of a medical education, including support from both Title IV and Title VII programs. Title IV authorizes the William D. Ford Federal Direct Loan Program (which includes the Ford Federal Direct Loan, also known as the Stafford loan, as well as the Direct PLUS and Direct GradPLUS loans) and the federal Perkins Loan Program. These programs are administered by the U.S. Department of Education and provide billions of dollars annually in financial assistance to eligible students enrolled in eligible postsecondary programs of study. Eligibility for these loan programs is based on the student's (including the student's spouse, if married) financial information. The Department of Health and Human Services (DHHS) authorizes the Title VII loans, which include Loans for Disadvantaged Students (LDS) and Primary Care Loans (PCL). To be eligible for the LDS loan, an applicant must provide parental financial information and demonstrate exceptional financial need as a dependent student. To be eligible for the PCL loan, the applicant must meet the same criteria or qualify as an independent student. To qualify as an independent student, the applicant must be at least 24 years old when applying and must not have been listed on his/her parents' income tax return for three or more years.

#### *Direct Lending Program Versus the Federal Family Education Loan Program*

Prior to July 1, 2010, Title IV federal education loans were available either through the William D. Ford Federal Direct Loan Program (DL) or the Federal Family Education Loan Program (FFELP). Although both of these programs offered federal educational loans, a key difference involved how the loans were administered. In the FFELP program, the funds for the loans came from banks and other financial institutions; in the DL program, the funds for the loans come directly from the U.S. Department of Education, which in turn receives the funds from the U.S. Department of the Treasury. The school determines whether to participate in the DL program, the FFELP program, or both.

The Health Care and Education Reconciliation Act of 2010 (HCERA) eliminated the FFELP program. As of July 1, 2010, all Title IV loans are available through the Direct Loan program only.

#### *Ford Federal Direct Stafford Loans*

Prior to July 1, 2012, graduate/professional students were eligible to borrow up to \$8,500 of need-based funds every academic year from a subsidized Ford Federal Direct Stafford loan (with an aggregate limit of \$65,500, including undergraduate loans). In addition, students could borrow up to \$20,500 less subsidized loans per year from an unsubsidized Ford Federal Direct Stafford loan for a nine-month academic year. As of July 1, 2006, Ford Federal Direct Stafford loans had a fixed interest rate of 6.8%. As of July 1, 2013, loans disbursed under the Federal Direct loan program are now variable rate loans. Each July 1, the interest rate will be reset. This rate is based on a 91-day T-Bill. Loan borrowed at that specific rate will remain at that rate unless later consolidated.

The Department of Education has authorized increased unsubsidized loan amounts to be awarded to students enrolled in certain health profession disciplines. Medical students are eligible to borrow up to \$40,500 per year for an unsubsidized Ford Federal Direct Stafford loan for a nine-month academic year (prorated up to \$47,167 when enrolled for 12 months). The overall aggregate loan limit maximum for health-profession students in the Ford Federal Direct Stafford loan program is \$224,000.

Per the Budget Control Act of 2011, graduate and professional students are no longer eligible to receive the in-school subsidy on Stafford loans disbursed on or after July 1, 2012. Students will continue to be able to borrow the same annual Stafford loan amount, but the entire amount will now be unsubsidized.

### *Direct Grad PLUS Loans*

On February 8, 2006, the Federal Deficit Reduction Act was signed by President George W. Bush; it allowed graduate and professional students to borrow funds through the PLUS loan program. Students are eligible to borrow up to their cost of attendance minus other financial aid. Loans borrowed and disbursed on or after July 1, 2013 are tied to a variable rate. Students must be creditworthy, be enrolled in accredited degree programs, and meet other federal aid eligibility requirements.

### *Federal Perkins Loans*

The federal Perkins loan is a campus-based, subsidized loan with a fixed five percent interest rate. Graduate/professional students are eligible to receive up to \$8,000 annually from this program (\$60,000 aggregate, including undergraduate loans). As with campus-based loans, the institution selects eligible candidates for this loan. Priority is given to the neediest students.

### *Loans for Disadvantaged Students (LDS)*

LDS is a deferred-interest loan with a fixed five percent interest rate providing long-term loans to individuals from disadvantaged backgrounds who are enrolled full-time at eligible health professions schools. Schools must certify that they can recruit and retain minority faculty, provide adequate instruction regarding minority health issues, establish arrangements with clinics serving individuals from disadvantaged backgrounds, establish links with feeder schools, and offer mentoring programs to help individuals from disadvantaged backgrounds obtain health professions degrees. Not all health professions institutions choose to participate in this campus-based loan program.

### *The Primary Care Loan (PCL)*

PCL is a deferred-interest loan that provides low interest (five percent) support to medical students who can commit to practicing primary health care after completing their training. Funding for this program originated from the Health Professions Student Loan program (HPSL) and resulted from legislation enacted in 1992 that established new requirements for allopathic and osteopathic medical schools. These changes require allopathic and osteopathic students who receive PCL funds to practice primary health care. Program changes were intended to gradually redistribute medical and osteopathic funds to schools that were committed to training primary care physicians. Borrowers must agree to complete a residency training program in primary care no later than four years after the borrower has graduated from the institution. A borrower must agree to practice primary health care for 10 years (including the years spent in residency training) or through the date on which the loan is repaid in full, whichever occurs first, and must agree to provide annual certification to the school that he or she continues to practice primary health care. For borrowers who fail to comply with the primary care service requirement, PCL will accrue interest at a rate of two percent per year greater than the rate at which the student would pay if compliant (i.e., penalty interest rate of seven percent), with the penalty calculated on the outstanding principal balance on the date of noncompliance.

### *Alternative/Private Loans*

The introduction of the federal Graduate PLUS loan program in 2006 helps schools meet financial need through federal, state, and/or institutional aid sources up to the student's cost of attendance budget (pending credit approval for the PLUS loan). Alternatively, students can pursue alternative/private, non-

federal loans to supplement and/or substitute federal and/or campus funds. Because these loans are not regulated by a federal agency, their interest rates, requirements, and loan benefits vary. When analyzing the true cost of alternative loans, consider the interest rate cap (if there is one), the factors on which interest is calculated (e.g., based on credit ratings), any fees that are charged either up front or when the loan enters repayment, the frequency of interest capitalization, any deferment or forbearance options, and the lender's ability to provide a high standard of service to students and to the institution.

### *Loan Repayment and Forgiveness Programs*

Loan repayment and forgiveness programs are another way physicians can repay educational loans. Physicians contract with these programs to provide service in a designated, medically underserved area in exchange for repayment of a predetermined portion of their education loan balance. Several options are available to help eliminate or reduce student loan payments, including a mix of federal, state, and community loan repayment programs.

### *Federal Loan Repayment Programs*

Current federal programs are intended to recruit competitive candidates who primarily are interested in service to the underserved. For residents with specific career goals, these programs can be an excellent opportunity to eliminate or reduce educational debt. These programs include the following:

- Disadvantaged Health Professions Faculty Loan Repayment Program (DHHS), which encourages physicians from disadvantaged backgrounds to become full- or part-time faculty members at health professions schools. The program pays up to \$20,000 per year for each year of service, with a minimum two-year commitment.
- Indian Health Service (IHS) Loan Repayment Program, which provides physicians up to \$20,000 per year (for a two-year minimum commitment) toward repayment of health professions educational loans while they work for the IHS. Priority is historically given to physicians in the fields of family medicine, internal medicine, obstetrics-gynecology, pediatrics, geriatric medicine, and psychiatry. Eligible physicians are required to fulfill their service agreements through full-time clinical practice at an Indian health program site determined by IHS.
- National Health Service Corps (NHSC) Loan Repayment Program, which offers loan forgiveness to physicians who agree to practice in underserved areas of the country selected by the corps. Eligible medical disciplines include family medicine, general pediatrics, general internal medicine, general psychiatry, and obstetrics-gynecology. This program provides up to \$60,000 in loan repayment for a two-year, full-time commitment, \$60,000 for a four-year, half-time commitment, or \$40,000 for a two-year, half-time commitment. Participants may be eligible to continue loan repayment beyond the initial contract, one year at a time, and pay off qualifying educational loans.
- National Institutes of Health (NIH) educational loan repayment programs offer three intramural loan repayment programs (for NIH employees doing research at NIH) in the following areas: the NIH AIDS Research Loan Repayment Program, which is designed to attract highly qualified physicians to HIV/AIDS research and training; the NIH Clinical Research for Individuals From Disadvantaged Backgrounds Loan Repayment Program, which is designed to recruit highly qualified physicians from disadvantaged backgrounds to serve as clinical researchers; and the NIH General Research Loan Repayment Program, which is designed to attract highly qualified physicians to conduct research at NIH.

NIH also offers five extramural loan repayment programs (for which research is done outside NIH at any nonprofit institution) in the following areas: clinical research, clinical research for individuals from



disadvantaged backgrounds, contraception and infertility research, health disparities research, and pediatrics research.

All NIH loan repayment programs pay a maximum of \$35,000 per year toward outstanding eligible educational debt; a minimum two-year commitment is required for all programs except the general research loan repayment program, which has a minimum three-year commitment. More information on these programs is available at [www.lrp.nih.gov](http://www.lrp.nih.gov).

Financial Assistance Program is offered to medical residents in the U.S. Air Force, Army, and Navy. This program is designed to supplement a resident's salary. Eligible physicians may receive an annual grant of about \$45,000 and a monthly stipend of \$2,088, for a total of more than \$70,000 for each year of participation. Physicians are commissioned as medical officers and have a minimum obligation of two years' active duty service after completing residency training for the first year of participation. Additional years of participation will extend the active-duty commitment on a year-by-year basis.

Income-Based Repayment (IBR) is a payment option for federal student loans. It can help borrowers keep their loan payments affordable with payment caps based on their income and family size. For most eligible borrowers, these loan repayments will be less than 15 percent of their income—and even less than that for borrowers with low earnings. The program will also forgive remaining debt, if any, after 25 years of qualifying payments. Additional information on this program can be found at [www.IBRinfo.org](http://www.IBRinfo.org).

## **Other Programs**

### *AmeriCorps*

AmeriCorps is a program of national and community service providing full-time education awards. For terms of service that were approved using 2009 funds (or earlier), AmeriCorps provides awards of up to \$4,725 a year. For terms of service that are awarded using 2010 funds (and beyond), the award amount is tied to the maximum amount of the U.S. Department of Education's Pell Grant (\$5,350 in 2010; \$5,550 in 2011). Individuals may participate in AmeriCorps either before, during, or after their postsecondary education. These funds can be used to either pay current or future education expenses or to repay federal student loans. More information is available from the Corporation of National Service, 1201 New York Avenue, NW, Washington, DC 20525 ([www.americorps.gov](http://www.americorps.gov)).

### *State or Community Programs*

Many individual states or communities have initiated loan forgiveness or repayment programs for health care professionals. Some state programs receive matching funds from the federal government to assist physicians employed in public clinics or private nonprofit practices. Students should investigate programs carefully before committing to them. Some restrict specialty choice; others do not. Most limit practice location for a specified period of time to the specific state or community affiliated with the program. A list of programs is available at [www.aamc.org/stloan](http://www.aamc.org/stloan).

### *Veterans Affairs Benefits*

Some students who have served in the armed forces are eligible for the Department of Veterans Affairs educational benefits. For up-to-date info, visit their website at <http://gibill.va.gov/benefits/index.html>.

*Vocational Rehabilitation*

Vocational Rehabilitation is a federal/state program designed to obtain, maintain, and improve employment for people with disabilities by working with program consumers, employers, and other partners. The Vocation Rehabilitation Grants to State Programs is the primary vehicle for helping individuals with disabilities prepare for and obtain employment.

## Compliance Issues

### **Reauthorizing and Amending the Higher Education Act (HEA) and the Public Health Service Act (PHS)**

Approximately every five to six years, Congress reviews all Title IV and Title VII programs authorized by the HEA and PHS to ensure that they are serving the purposes for which they were intended. After reviewing the programs, Congress decides whether to reauthorize the programs (permit the programs to continue) and whether any changes need to be made to serve students and taxpayers properly and efficiently. Congress can also amend the HEA and the PHS between these periodic reauthorizations. These amendments occur when Congress modifies particular HEA or PHS provisions rather than rewrites the entire law.

### **Keeping Current With Regulations**

#### *Title IV and VII Rules and Regulations*

A complete listing of the rules and regulations for participation in Title IV programs is available at <http://www2.ed.gov/policy/highered/reg/list.jhtml>. In addition, the Department of Education lists many resources to help institutions and financial aid officers administer federal programs and comply with these regulations on its website at [www.ifap.ed.gov/ifap/toolsforschools.jsp](http://www.ifap.ed.gov/ifap/toolsforschools.jsp). One resource that is updated each year is the Federal Student Aid

Handbook: <http://ifap.ed.gov/ifap/byAwardYear.jsp?type=fsahandbook&awardyear=2012-2013>.

Rules and regulations regarding participation in Title VII programs are available at the Student Financial Aid Guidelines on the Department of Health and Human Services website

at <http://bhpr.hrsa.gov/scholarshipsloans/tools/guidelines>. Additional information is available on the Health Resources and Services Administration, Bureau of Health Professions, website at <http://bhpr.hrsa.gov/>.

All schools are required to supply students with consumer information, which can be found at [www.ifap.ed.gov](http://www.ifap.ed.gov).

#### *Race-Conscious Versus Race-Neutral Scholarships*

The U.S. Department of Education last issued policy guidance on the use of race in financial aid and scholarship awards in 1994. This policy guidance noted five standards that the Office for Civil Rights (OCR) would follow while enforcing Title VI of the Civil Rights Act of 1964 regarding the use of race in financial aid awards. These standards include the following:

- A college may make awards of financial aid to disadvantaged students without regard to race or national origin, even if that means that these awards go disproportionately to minority students.
- Financial aid awards may be based on race or national origin if the aid is awarded under a federal statute that authorizes the use of race or national origin.
- Financial aid may be awarded based on race or national origin if the aid is necessary to overcome the present effects of past discrimination.
- A college may use discretion to weigh many factors, including race and national origin, in its efforts to attract and retain a student population of many different experiences, opinions, backgrounds, and cultures—if the use of race or national origin is a narrowly tailored means to achieve the goal of a diverse student body.

- Title VI applies to colleges and universities that award race-conscious financial aid and scholarships but does not apply to individuals or organizations that are not recipients of federal financial assistance.

Colleges and universities trying to achieve the educational benefits of diversity may use race and ethnicity-conscious financial aid and scholarship policies, but these policies are likely to trigger a heightened standard of legal review—what federal law refers to as “strict scrutiny.” Any race- or ethnicity-conscious program will most likely be upheld under the standard only when that program (1) serves a compelling interest, and (2) is narrowly tailored to achieve that interest.

Recent court rulings have used race and ethnicity in admission decisions, and they may provide some insight to how the courts might rule regarding the use of race and ethnicity in financial aid awards and scholarships. The College Board reviewed federal law and the role of diversity in financial aid awards and published a strategic planning and policy manual in 2005 titled, *Federal Law And Financial Aid: A Framework For Evaluating Diversity-Related Programs: A Strategic Planning and Policy Manual*. This manual may be found at [www.collegeboard.com/prod\\_downloads/diversitycollaborative/diversity\\_manual.pdf](http://www.collegeboard.com/prod_downloads/diversitycollaborative/diversity_manual.pdf).

This manual suggests that higher education institutions must justify their use of race and ethnicity-conscious programs when making financial aid and scholarship awards, clearly defining the interests that are central to achieving the institutions’ educational goals. Institutions should evaluate viable race-neutral alternatives, including policies that can reach the same ends via a less extensive use of race or ethnicity. Race and ethnicity may be used as one factor in financial aid and scholarship decisions only to the extent necessary to reach the institution’s compelling interest—which in many cases is the educational benefits of diversity. Depending on the mission of the program involved and the circumstances of the institution, a college or university may want to consider other race-neutral factors, either in lieu of or in addition to, the consideration of race or ethnicity, which may not be subject to a heightened legal review or strict scrutiny. These factors include:

- Demonstrated experience with and/or commitment to working with historically underserved or underprivileged populations
- Graduation from a historically black college or university or other minority- serving institution
- Experience living and working in diverse environments
- First generation in one’s family to attend college or graduate school
- Individuals who have overcome substantial educational or economic obstacles
- Socioeconomically disadvantaged students
- Students from rural or inner-city areas

### *Right to Privacy Act*

Student information is protected under two different privacy acts: Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Education Rights and Privacy Act (FERPA). Guidelines may be found in the FSA Handbook, Volume II, Chapter 7, available at [www.ifap.ed.gov](http://www.ifap.ed.gov). Health Insurance Portability and Accountability Act guidelines are widely available at the campus level. Both acts protect information sharing, either about students themselves or about how students share information about patients. Financial aid personnel should understand and comply with all FERPA regulations regarding the release of student information. Many schools also require students to take and pass a test related to HIPAA regulations before they can access patient records in the clinical setting.

### *Cleary Act Regarding Campus Security*

Schools are required to annually report on their security policies and crime statistics. Schools are also required to provide timely warnings to their campus communities of instances of certain crimes including criminal homicide, robbery, aggravated assault, burglary, motor vehicle theft, and forcible and non-forcible sex offenses.

### *U.S. Patriot Act of 2001*

The U.S. Patriot Act was passed by Congress shortly after the September 11, 2001, attacks. The Patriot Act amends more than 15 statutes and largely increases the resources available to law enforcement officials to investigate and prevent terrorism. Though much of the act has no direct effect on higher education, certain portions of it do affect universities. For example, the act amended the Family Educational Rights and Privacy Act (FERP—also known as the Buckley Amendment).

### *Gramm-Leach-Bliley Act*

In November 1999, Congress passed the Gramm-Leach-Bliley Act (GLB Act), also known as the Financial Services Modernization Act. The GLB Act requires institutions to annually disclose their privacy policies to consumers. This disclosure must be prominently displayed and must be made to all customers, either when the customer's relationship with the institution begins or on an annual basis to existing customers. The disclosure must also contain the institution's policy regarding the categories of non-public personal information it collects, its disclosure policy of non-public personal information to third parties and affiliates, and the categories of entities that receive the information. The GLB Act gives consumers the right to opt out of allowing the institution to send non-public personal information to nonaffiliated third parties. Even if the consumer does not opt out, third parties may not redisclose this information. The GLB Act prohibits institutions from sharing account numbers or other identification numbers or codes with nonaffiliated parties for the purposes of telemarketing, direct mail marketing, and marketing through email solicitations. Finally, the GLB Act requires financial institution regulators to establish standards to ensure the confidentiality and security of consumer records, protect against threats to the security of those records, and protect against unauthorized access to those records that could result in substantial harm or inconvenience to the consumer. This information is reported at [www.privacilla.org/business/financial/glb.html](http://www.privacilla.org/business/financial/glb.html).

### *Constitution Day*

In May 2005, Congress began requiring all educational institutions that receive federal funds to hold an educational program pertaining to the United States Constitution on September 17 of each year, commemorating the September 17, 1787, signing of the United States Constitution. However, when September 17 falls on a Saturday, Sunday, or holiday, Constitution Day will be held during the preceding or following week. The U.S. Department of Education allows campuses flexibility to conduct Constitution Day programming as they desire.

### *Entrance Counseling*

All schools must conduct entrance counseling for first-time student borrowers before disbursing federal subsidized or unsubsidized loans to them (Title IV or Title VII). This counseling may be done in person or via a videotaped or computer-assisted presentation (using the Internet, computer-based training, or an automated calling system). Counseling sessions conducted by video or computer-assisted technology must meet the same requirements as sessions conducted in person. If counseling is by video or computer-assisted technology, a counselor with knowledge about Title IV must be available shortly afterward to answer questions. The borrower cannot circumvent the counseling or leave before

completion, and a school must document the borrower's completion of the counseling. Exceptions are made for study-abroad programs. In these instances, borrowers must receive written counseling materials by mail before loan funds are disbursed.

The AAMC Financial Information, Resources, Services, and Tools (FIRST) program offers a variety of entrance counseling resources for financial aid officers to help them meet federal entrance counseling requirements. These resources are available at [www.aamc.org/first](http://www.aamc.org/first).

### *Exit Counseling*

Students who receive federal financial loans are also required to participate in an exit interview before graduation or when they cease to be at least half-time students at the institution. This exit interview can be held in either a group meeting or an individual session format. Counseling requirements differ by program. Important issues that should be discussed in these interviews include educational debt management, loan consolidation programs, repayment options, general financial planning for residency and beyond, obtaining annual credit reports, strategies for locating affordable housing during residency, and finding resources to help pay for residency relocation expenses. Refer to Student Financial Aid Handbook for Title IV and Title VII guidelines.

The AAMC Financial Information, Resources, Services, and Tools (FIRST) program offers a variety of exit counseling resources for financial aid officers to help them meet federal exit counseling requirements. These resources are available at [www.aamc.org/first](http://www.aamc.org/first).

### **Satisfactory Academic Progress (SAP)**

To be eligible for Title IV aid, a student must make satisfactory academic progress (SAP) and be able to complete course requirements for the educational degree within a specific time frame. Each school must establish a SAP policy with both qualitative and quantitative (i.e., pace) elements, as specified in Department of Education regulations. Schools can use satisfactory progress standards set by a state accrediting agency or some other organization, as long as those standards meet the requirements outlined in the federal regulations. Schools must monitor the academic progress of its Title IV recipients at least once per year to ensure that they meet the school's SAP policy standards. The school's policy must be at least as strict for aid recipients as it is for non-recipients. The SAP policy must include qualitative components (e.g., grades, cumulative grade point averages) and quantitative components (e.g., the pace at which a student must progress to ensure he/she completes the program within the maximum time frame allowed). The traditional maximum time frame most medical schools follow is based on the undergraduate mandate: 150 percent of the published length of the educational program (i.e., six years for a normal four-year degree program). Although 150 percent is mandated for undergraduate programs, graduate programs are not mandated to the 150 percent time frame. Medical schools must develop, disseminate, and consistently apply their SAP policies, defining the maximum time frame allowed for students to complete their programs.

Schools that monitor SAP at the end of each payment period have the option of placing students who are not showing sufficient progress on Financial Aid Warning for the following payment period. A student on Financial Aid Warning may continue to receive Title IV assistance for one payment period. No appeal or other action is required.

Schools that monitor SAP annually, schools that monitor SAP by payment period but choose not to take advantage of the Financial Aid Warning status, and schools that use the Financial Aid Warning status but determine that the student continues to not make SAP at the end of his/her warning period can place



the student on financial aid probation for the following payment period. A student on financial aid probation is eligible to receive Title IV assistance for one payment period if the school allows an appeal process and the student successfully appeals the determination. For a successful appeal, the school must determine that the student should be able to make SAP by the end of the financial aid probation period, or the school needs to develop an academic plan ensuring that the student can make SAP by a specific point in time. Note: a student following an academic plan must be monitored at the end of each payment period, regardless of whether the institution ordinarily monitors SAP annually.

This SAP policy must include an explanation of how and if a student may appeal an adverse SAP determination under mitigating circumstances. Additional information on SAP policies can be found at <http://ifap.ed.gov/fsahandbook/attachments/1213FSAHbkVol1Ch1.pdf> and in the AAMC publication Satisfactory Academic Progress: Essentials for Compliance at Medical Schools, which is accessible at [www.aamc.org/download/64502/data/academicprogress.pdf](http://www.aamc.org/download/64502/data/academicprogress.pdf).

### **Recognizing Fraud**

U.S. Department of Education regulations (34 CFR 668.16(g)) require schools to discuss with the department's Office of Inspector General (OIG) any applicants for federal student aid who may have engaged in fraud or other criminal misconduct regarding his or her application. Remember that fraud includes the intent to deceive (as opposed to a mistake). If a student is suspected of fraud, this suspicion must be reported to the OIG by phoning 1-800-MISUSED. It is always appropriate for a financial aid administrator to consult the school's legal counsel before referring suspected cases of fraud or misconduct to an agency outside of the school. Additional information on OIG referrals is available in "Volume 2, School Eligibility and Operations, Chapter 3" of the Student Aid Handbook. Commonly falsified items include false claims of citizenship, use of false identities, forgery of signatures or certifications, and false statements of income. Schools must also refer to the OIG any third-party servicers who may have engaged in fraud, breach of fiduciary responsibility, or other illegal conduct involving the federal student aid programs.

Schools may include a statement in their financial aid award letter and in their institutional handbooks warning students that any false statement on the aid application may result in a fine, imprisonment, or both per the United States Criminal Code, and that financial aid fraud is a serious violation of the ethical standards of the institution such violations may be brought before the Student Promotions Committee or Student Honor Council.

### **Financial Aid Application Process**

The primary application form for financial aid is the Free Application for Federal Student Aid, commonly referred to as the FAFSA. The FAFSA is the central element of the federal financial aid application process; virtually all types of financial assistance require its completion. The FAFSA can be filed electronically on the Web at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) (preferred method) or via a paper application. Students who plan to file online and sign the FAFSA electronically will need to obtain a personal identification number (PIN) before submitting the FAFSA. Students may apply for a PIN from the PIN website ([www.pin.ed.gov](http://www.pin.ed.gov)). The FAFSA application period begins on January 1 each year. Students are encouraged to file the FAFSA as early in the application year as possible because some schools have priority funding deadlines.

The FAFSA collects basic demographic information, such as household size, income, and asset data for the most recent calendar year. The information is used to compute the amount the family is expected to

contribute toward educational expenses (the Expected Family Contribution (EFC), based on federal methodology. The financial aid administrator subtracts this expected contribution from the student's estimated cost of attendance to determine a student's need for federal aid. Students who have not yet filed their tax returns can complete the FAFSA with estimated income information. Students are encouraged to use the FAFSA's IRS Data Retrieval process to verify the base year tax information reported. IRS tax transcripts can also be collected directly by the institution. For students not selecting the IRS Data Retrieval confirmation process, schools must verify the income information and other data elements reported on the FAFSA for selected students. Institutions may verify only those students selected for verification by the Department of Education or they may choose to verify all applicants.

### **Information for Financial Aid Professionals (IFAP)**

Program information, such as Dear Colleague/Partner letters, announcements, and Federal Registers, is now available through the Information for Financial Aid Professionals (IFAP) website (<http://ifap.ed.gov/>). One of the features of this website is its notification service, which makes it possible for financial aid professionals to receive emails summarizing recent postings. Once financial aid professionals register and obtain a password, they can then register for the notification service under Subscription Options.

### **Parental Data**

Medical students are automatically considered to be financially independent for the purposes of completing the FAFSA, owing to their graduate/professional degree status. However, some types of financial aid still require that parental income information be reported, regardless of the student's age or marital status. Funding from the Department of Health and Human Services, for example, requires parental financial data for most of its programs because the aid is based on the student's disadvantaged status, which often includes both economic and environmental circumstances. Many schools also use parental data to determine eligibility for institutional loans, grants, and scholarships.

In addition to the FAFSA, some medical schools use a supplemental institutional form to help award and distribute institutional and/or private financial aid. As indicated in the previous paragraph, parental financial income and asset information is often required to determine eligibility for institutional aid.

### **Cost of Attendance (COA)/Budget Creation**

There are currently 141 medical schools in the United States, and they provide many options for a medical education. Costs at these schools vary considerably, and students' deciding which school to attend should consider the financial investment they will make. Cost of Attendance is a technical term referring to a figure established each year by the school's financial aid office. These are costs directly related to a student's education that can be included in a financial aid budget. Although the components of a cost of attendance are similar at every medical school, the amounts for each component will vary from institution to institution. Typical cost of attendance components include tuition and fees, educational expenses (books and supplies), health insurance, room and board, and personal and transportation expenses. For more about budget creation, see Part 5, Office Operations.

### **Professional Judgment**

Section 479A of the Higher Education Act of 1965, as amended, specifically authorizes a financial aid administrator to use professional judgment to reflect a student's special circumstances to make adjustments to a student's cost of attendance or other data elements used in calculating the expected family contribution. An FAO may use professional judgment on a case-by-case basis. The reason must



be documented in the student's file and it must relate to the special circumstances specific to the student and cannot be conditions that exist for a whole class of students. FAOs are given significant latitude by the Department of Education in exercising professional judgment and are expected and required to make reasonable decisions that support the intent of the provision. Schools are held accountable for all professional judgment decisions made and must fully document each decision. Consistent with guidance in Dear Colleague letter GEN-04-04 on IFAP (<http://ifap.ed.gov/dpcletters/GEN0404.html>), the Secretary of the Department of Education encourages institutions to consider using professional judgment to reflect more accurately the financial need of students and families affected by a disaster. When exercising professional judgment, institutions must make their own determinations and not rely on those previously made by other institutions.

### **Disability-Related Expenses**

Using professional judgment on a case-by-case basis, a school may include costs related to a student's disability that are not covered by another agency or medical insurance and are not available for free to the student. These costs must be directly related to the student's attendance, and they must be reasonably incurred for special services, transportation, personal assistance, equipment, and supplies. Students must be enrolled at least half-time if this allowance is to be included in their cost of attendance for federal aid purposes. Documentation of expenses included (such as letters from physicians and copies of receipts) must be maintained.

### **Other Important Office Events**

For more detailed information about the USMLE Step Examinations, go to [www.usmle.org](http://www.usmle.org).

### **Licensing Examinations**

Every medical school graduate is required to take and pass USMLE Step 1, Step 2 Clinical Knowledge, (CK) Step 2 Clinical Skills (CS), and Step 3 to be licensed to practice medicine. Passing and/or taking USMLE Step 1 and Step 2 examinations is also a requirement for promotion and/or graduation at many medical schools. FAOs should know their schools' academic policies on the USMLE Step examinations. If a student must take or pass a Step examination for promotion or graduation, the examination's cost may be included in the cost of attendance. If taking a Step examination is only recommended (but not required), its cost may not be included. The FAO must also apprise appropriate medical school administrators of this policy so that they will understand how school policy affects this aspect of the student's financial aid. When a student fails a Step examination, the question often arises whether remediation costs or the costs for the second or third attempt at the examination can be included in the student's financial aid package. This is a very important question, as increasing educational debt can have long-term effects on students. For further information on this issue, please visit: [www.aamc.org/members/gsa/committees\\_gsa/cosfa/64508/usmle\\_faqs.html](http://www.aamc.org/members/gsa/committees_gsa/cosfa/64508/usmle_faqs.html). This website includes Frequently Asked Questions about licensing examinations. Another useful website is that of the National Board of Medical Examiners, the organization that administers USMLE examinations ([www.nbme.org](http://www.nbme.org)).

### **National Student Loan Data System (NSLDS)**

Federal regulations governing Title IV student aid programs require institutions, lenders, guarantee agencies, and the Direct Loan Servicing Center to monitor and update the enrollment status of students with federal student loans. To use the NSLDS website, financial aid office staff must have their own valid NSLDS user IDs and passwords, which cannot be shared. To obtain a user ID and password visit [https://www.nsls.ed.gov/nsls\\_SA/](https://www.nsls.ed.gov/nsls_SA/). Because all information in NSLDS is protected by the Privacy

Act of 1974 (as amended), all financial aid staff members must obey Privacy Act regulations that protect the information in the database.

### **International Students: Best Practices**

Only naturalized U.S. citizens, permanent residents of the United States, or students in the U.S. with refugee status are eligible for federal student financial aid. International students seeking financial assistance to attend a U.S. medical school should consider the following options:

1. Aid from their home country. This support usually requires the student to return home after completing medical school. The student should contact the cultural section of his or her embassy or ministry of education for more information. These awards may require governmental nomination. There may be private organizations in the student's home country that support study in the United States. Businesses, foundations, and religious groups may have funds available.
2. Aid from international organizations. Of the few private scholarships available for international students, most require application from the student's home country. If the student is already in the United States, he or she might not be eligible to apply. However, some international organizations offer competitive funding for graduate students to study in the United States. These include the United Nations, the Organization of American States, America-Mideast Educational and Training Services (AMIDEAST), the International Maritime Organization, the International Telecommunications Union, the League of Red Cross Societies, the Soros Foundation, the World Health Organization, and the World Council of Churches.
3. Aid from U.S. medical schools. Although rare, a few medical schools may offer institutional funds to assist international students.
4. Aid from private sources in the United States. Some limited aid may be available from private sources, such as from foundations and individual sponsors. An international student might identify a benefactor to sponsor a medical education. Sponsorship of this sort, however, is more common abroad than it is in the United States. Some U.S. banks will make educational loans to international medical students, though some of these are restricted to students from a particular country (e.g., Canada). Others will require a creditworthy
5. A co-signer who is a U.S. citizen. International students applying to U.S. medical schools should know that schools may require international students to document their planned source of support during the entire period of enrollment before they can matriculate. These students may need to place the funds for their support over the four years of enrollment into an escrow account in a bank in the United States.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. For more FERPA details see page 33 or [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

### **Confidentiality**

Most people, including students, consider their personal finances to be among their most private information. Financial aid administrators are often privy to very private information about students because financial matters often are intertwined with personal events in students' lives, both positive and of a crisis nature. Marriage, unexpected pregnancy, divorce, credit problems, serious financial crises as a result of substance abuse, and parents' financial difficulties are examples of situations that might bring

students to their school's FAO to discuss how to manage the financial effects and implications of these situations. Students need to feel they can speak confidentially to their FAOs about such matters. Individuals such as family members, mortgage officers, or employers may also request financial information from the school, but it is important that nothing of a confidential nature be shared without specific permission from the student.

Financial aid officers should have a clear policy about protecting the confidentiality of personal student information. This policy should be communicated verbally to students during orientation sessions, be written in handbooks, and published on institutional websites to avoid misunderstandings about what information is held in confidence and what information can be shared.

FAOs should have written permission from students before sharing information with a third party. Otherwise, any information shared by the student should be held in confidence, except in cases of an extreme emergency.

### **Debt Management Curriculum**

As educators on financial matters, FAOs must provide educational programming that informs and advises students on issues that promote fiduciary responsibility in decision-making, debt management, and future loan repayment. Designing and providing a curriculum to accomplish this goal is an important role of the FAO. This curriculum should reflect student's interests and should be dynamic and responsive to students' needs. Enlisting input from individual students or an advisory board of students is frequently useful when designing such a curriculum. Reviewing feedback from recent graduates on the AAMC Graduation Questionnaire (GQ) or other institutional surveys can also identify financial education topics of interest. The FAO can use AAMC resources, such as FIRST for Medical Education. FIRST provides financial aid information, resources, services, and tools to applicants, students, financial aid administrators, and pre-health advisors. Many of these resources can help FAOs design a financial literacy curriculum. FIRST is available at [www.aamc.org/services/first/](http://www.aamc.org/services/first/).

Sometimes seminars presented by external financial experts (e.g., financial planner, bank officer, or real estate officer) can be more helpful or interesting to students. Check institutional policies on the use of outside presenters and set clear guidelines before inviting one. An FAO may emphasize that outside presenters should provide general information to students and serve as an expert advisor only, thus discouraging them from promoting their own products/services and limiting their access to student lists for future solicitation.

The institution's debt management curriculum should be evaluated on an ongoing basis, both formally and informally. The FAO can assess whether the financial education curriculum is producing positive outcomes through informal discussion with students, formal immediate feedback systems, and delayed feedback from the AAMC Graduation Questionnaire.

# Office Operations

## Appeal Process

Most campuses permit students to formally appeal financial aid decisions, generally in writing. An appeal committee of appropriate professional staff ensures student requests are handled fairly and equitably. The school's appeal process should be made known to students, either via the school's website or printed materials.

## Award Letters

A school must notify each of its financial aid applicants annually the amount of financial aid awarded to the student. Details about award notifications can be found in the FSA Handbook, Volume 3, Chapter 7. Notifications must be sent before awards are disbursed and aid applicants must be informed how they can decline a loan or a portion of a loan. Each school must have adequate and verifiable methods of notification in place. Funds administered by the Department of Health and Human Services (DHHS) have different regulations than do Title IV funds. Some of these guideline differences include different entrance and exit requirements, different disclosure requirements, and different proofs of financial need using parent tax returns. For more information, see <http://bhpr.hrsa.gov/scholarshipsloans/index.html>.

## Budget Creation

Students' cost of attendance is determined by law; the allowable components are detailed in the FSA Handbook, Volume 3, Chapter 2. The FAO is responsible for creating the budget each year. The medical school may be required to use the main campus budget or it may be expected to develop its own budget. When developing a budget, the general rule of thumb is calculations should be "modest, yet adequate." Additions to the basic cost of attendance budget should only be considered if they are required by the curriculum (e.g., adding an extra transportation allowance to the standard budget to accommodate students on clinical rotations might be included in a year three or four budget, but not in a year one or two budget). Post-enrollment activities, such as the costs associated with internship and residency, cannot be considered budget items. The costs of taking USMLE Step examinations can be added to the standard budget if taking and/or passing these tests is required for promotion and/or graduation. (Refer to Part III, Cost of Attendance/Budget.) At the institution's discretion, costs associated with residency application and travel can now be considered add-ons to the standard allowance for a graduating medical student. Each institution may adopt a policy on this matter—whether they will allow these additional expenses, how much, etc.

Other individual budget add-ons may be considered on a case-by-case basis in extraordinary situations. Professional judgment should be documented in these cases and records kept.

The allowable budget considers only the student's cost, not the cost of providing for an entire family. The spouse is expected to earn his or her own funds to provide support for the family while the student is enrolled. Dependent care is allowable, however, and is discussed in the FSA Handbook. Married students with nonworking spouses sometimes ask for additional assistance so that their spouses can remain home to care for young children. The medical school should develop a policy to cover this situation. The allowable budget is defined by law, so schools should pay attention to additional expenses that are allowed as budget add-ons by exception.

## Calculating Debt

FAOs are expected to complete a number of agency and institutional reports related to student debt. Including any debt obtained while students pursued a dual- or combined-degree program or research

programs other than the usual four-year medical curriculum inflates the cost of attending medical school. Costs unrelated to obtaining a medical degree should be separated and carefully tracked. Total debt is the accumulation of loan debt a student has borrowed to finance his or her cost of education. Typically, this is debt that is certified through the financial aid office.

### **Combined/Dual Degrees**

Numerous medical schools offer a variety of degree programs to complement the M.D. curriculum, including the popular M.D./Ph.D. and M.D./M.P.H. programs. Often, these programs have different fees and enrollment dates, require consortium agreements if taken on another campus, and are not considered health campus programs, which can alter funding availability and/or eligibility. For example, a student taking time off from the medical curriculum to pursue a master's degree in business administration (M.B.A.) would not qualify for increased unsubsidized loans or for DHHS funds during periods of enrollment in the M.B.A. program. Dual programs can be challenging to administer and may not easily dovetail with existing systems. Cooperation among the offices of the dean, registrar, financial aid, bursar, and others is crucial to the success of students enrolled in these programs.

### **Communication with Students**

The medical school may have electronic lists for each of the medical school classes or may use other electronic means to contact all students. This is an effective way to communicate updates or important deadlines to enrolled students. Individual email communication is a quick way to reach students as well, but special situations should be documented carefully in individual student files. The FAO should be aware of any electronic communication and/or security policies in place at his or her school.

Entrance and exit interviews are required for all students receiving loans. Resources are available at: [www.ifap.ed.gov](http://www.ifap.ed.gov) and <http://bhpr.hrsa.gov/dsa>.

### **Counseling Students**

Having appropriately trained professional staff members easily available when students need them is crucial to the effective administration of a financial aid office. Students experiencing financial difficulties are often dealing with other personal issues and financial aid staff members are often the first to identify potential obstacles to student success. Consider staffing the financial aid office so that professional advisors are available at times most convenient to students (e.g., after regular work hours, in some cases, and on clinical or regional campuses). The student affairs and financial aid offices should work closely together to assist students with special situations. It is essential that staff can refer students without compromising student privacy. Because of the sometimes volatile nature of financial matters and the general level of stress experienced by medical students, the FAO should train his or her staff to handle difficult situations and all staff members should understand what to do in an emergency situation.

### **Disaster Recovery**

To ensure the integrity of student loan data, schools are required to have a disaster recovery plan and backup systems in place. Schools must be able to restore operations and data caused by operational disruption after an emergency or natural disaster. Financial aid offices may have to discuss the procedures and timetable for computer backup operations during federal audits. In specific instances of significant national disasters, the Department of Education may issue advice, waivers of requirements, or extensions for submitting reports or loan repayments to help institutions, students, parents, and loan servicers until they have recovered from the disaster. The Department of Education's advice will be posted in the Federal Register and on the IFAP website when such situations occur ([www.ifap.ed.gov](http://www.ifap.ed.gov)).

## **Federal Audits/Internal Audits**

Case management teams in the Department of Education's Case Management and Oversight division oversee and monitor institutional Title IV compliance. The teams use audits and program reviews to oversee schools participating in Title IV programs and ensure they are following correct procedures to award, disburse, and account for federal funds. These methods are also used to monitor schools' compliance with applicable laws and regulations, identify procedural problems, and recommend solutions.

A federal audit initiated by the Department of Education and conducted by the Office of the Inspector General cannot stand in for a school's required annual nonfederal audit. Most schools participating in any federal student financial aid program must also have an independent auditor annually conduct a compliance audit and a financial audit. An independent auditor is a certified public accountant or a government auditor who must meet the government auditing standards qualifications and standards, including standards relating to organizational independence. A compliance audit, which assesses how well a school follows federal requirements on administering federal student aid programs, must be conducted according to regulations and government auditing standards. A financial audit assesses a school's financial statements. The financial statements must be prepared on an accrual basis, according to generally accepted accounting principles, and must be audited by an independent auditor, according to generally accepted government auditing standards and other applicable Department of Education and/or Office of Management and Budget (OMB) regulations.

Audits of for-profit institutions and foreign institutions are to be conducted in accordance with the FSA Audit Guide (<http://ifap.ed.gov>). Audits of governmental and nonprofit institutions are to be conducted in accordance with OMB Circular A-133, using the OMB Compliance Supplement (A-133 Audit). A school must submit its audit reporting package no later than six months after the last day of the school's fiscal year, except as provided by the Single Audit Act. Public and nonprofit schools subject to the Single Audit Act (Public Law 104-106) are governed by the deadlines specified in OMB Circular A-133. Audit reports under the Single Audit Act are due no later than nine months after the end of the fiscal year.

The Department of Education may limit, suspend, or terminate a school's participation in Title IV programs if it fails to submit the audit-reporting package by the deadline date and in the manner specified. A school must cooperate fully during these audits, giving the Department of Education and/or OIG and/or its independent auditor access to any records or other documents needed to conduct the audit report.

## **Institutional Applications**

When campus-based funds are available, many schools create an institutional application to collect parental data and/or additional data about a family's resources. Some financial aid management system vendors provide institutional applications. Institutional applications may solicit information specific to the school, such as when students plan to enter dual-degree programs, special periods of enrollment, rotation assignment locations, transportation needs, and home equity questions.

## **Online Processes and the Use of Technology**

Medical students are not always available during normal office hours. New technology offers ways of reaching students during the day and night. The level of technology resources available will dictate how much can be done outside office hours. Most loans (even Primary Care loans) can be signed



electronically if “e-signatures” are part of the campus culture. Other financial aid forms can be downloaded and completed electronically on the school’s website. Some financial aid management systems provide a service to collect required forms (e.g., tax returns) from students. The forms are scanned and made available to schools in digital form, eliminating the institution’s need to collect and file paper documents.

Participation in the federal Direct Loan program, and many alternative loan programs, can be accomplished electronically with only a minimal outlay of resources. Direct Loans can be managed using the Department of Education’s free Electronic Data Exchange (EDE) software (<http://fsadownload.ed.gov/software.htm>). Alternative loans can be electronically processed via a number of software products available through guarantee agencies, lenders, or loan servicers; these products are generally provided free of charge.

### **Parental Data**

Medical schools often use parental information (income, asset, and household size data) to determine eligibility for institutional aid. In most instances, Title VII DHHS funds may be awarded only after collecting parental data and validating student eligibility for various Title VII programs. The medical school financial aid office should have written policies and procedures in place regarding the collection of parental data. Medical students are usually financially independent (by the federal definition) and are not always pleased when parental data are requested and/or required. The following factors should be considered when creating a policy regarding the collection of parental data:

- The availability of campus scholarships/grants and loans
- The campus policy regarding treatment of economically disadvantaged students; does the institution make awards based only on merit, or is need a criterion as well?
- Office management of three needs analysis procedures—for federal aid, for institutional aid, and for DHHS (if the policies differ)
- The collection of data from noncustodial parents
- The conditions under which parental data might be waived for institutional or Title VII aid (e.g., age of the student, demonstration of independent status, family marital circumstances, guardian ad litem status)

### **Staff Burn Out**

Financial aid offices are busy and are often understaffed. The roles of the FAO are ever-growing, especially with the continuing rise in tuition and fees and the overall cost of a medical education. Many FAOs now must provide debt-management services to students, alumni, and house staff officers, in addition to their previous responsibilities. Often, the busiest time of year for financial aid office staff is the spring and summer months, when financial aid eligibility is determined and aid is awarded and/or processed for the next academic year. There is frequently too much work to be completed within a typical work day. This situation may lead to staff burn out and frequent labor turnover in the office. Managers are encouraged to recognize this challenge and to provide staff development opportunities, breaks when possible, and occasions for the use of humor in the office to reduce the stress level and keep staff burn out to a minimum.

### **Staff Development**

There are excellent training opportunities available to newcomers to financial aid, including the annual AAMC Professional Development Conference for Health Professions Financial Aid Administrators,

usually held in January. The financial aid industry is represented by the National Association of Student Financial Aid Administrators (NASFAA) at the national level, and also at the regional and state levels with sister organizations (e.g., in California, the acronym of the state organization is CASFAA, and the acronym of the western region association is WASFAA). Throughout the year, all three organizational levels hold in-person or online training sessions and annual conferences. The FAO should be familiar with the various electronic resources, MEDAID-L, the NASFAA Grad/Prof list-serve, the AAMC's Group on Student Affairs (GSA), and other listserves, and the NASFAA Ask a Fed website ([www.nasfaa.org](http://www.nasfaa.org)).

### Helpful Listserves

Listserve are a great way to get current information on a daily basis. Depending on the site, you can also post questions to your colleagues and see how others handle certain issues.

- **MEDAID-L: Medical School/Health Profession listserve** is run by Tony Sozzo, associate dean for student affairs, director of student financial planning and student activities at New York Medical College. You can sign up for this listserve by sending Tony an email at [sozzo@nymc.edu](mailto:sozzo@nymc.edu).
- **NASFAA GRAD/PROF LISTSERVE:** The Graduate and Professional listserve is a free service for student aid professionals at graduate and professional institutions. It serves as a communications forum for issues specifically related to financial aid administration at graduate/professional schools and as a networking tool for financial aid officers. The NASFAA Committee on Graduate and Professional Issues administers and manages the listserve.
- **NASFAA NEWSLETTER:** to receive the daily newsletter articles via the NASFAA listserve, you must be a member of NASFAA. To subscribe, check on your membership, or to inquire about the daily NASFAA email, contact membership services at 202-785-0453 ext. 1 or [membership@nasfaa.org](mailto:membership@nasfaa.org).

In addition, most states have a list serve. To learn more about signing up for your state list serve, inquire with your state agency or regional association. Also, most computer companies have list serves as well including, but not limited to, People Soft and Banner.

### Staff Management

The National Association of Student Financial Aid Administrators has published recommendations about salary compensation and the appropriate staff size for school financial aid offices. Visit the NASFAA website and complete the online predictor model which compares your institution with other institutions of similar staff and size (<http://nasfaa.org>). The Department of Education also stipulates that aid programs be administered by an adequate number of professional, para- professional, and clerical personnel. The complexity of various needs-analysis guidelines, the particular nature of the institution, and the appropriate staff-to-student ratio must be considered to determine necessary office staff size and skill sets. A campus with 88 percent of its students receiving financial assistance is likely to require a greater number of staff members than a campus with relatively fewer students applying for aid.

### Tax Issues

Grants, fellowships, and scholarships are taxable if the amount received during the tax year is greater than qualified tuition, fees, books, and supply costs. The tax year generally spans a portion of two academic years. Schools must report these awards to the IRS and to students using a 1098-T tax form by January 31 of each year. There are also allowable educational tax deductions in certain cases. Many schools collaborate with local IRS offices and provide tax expertise to students in a workshop setting,



but generally school staff members do not provide tax advice themselves per institutional liability issues. The IRS provides Publication 970, Tax Benefits for Education and additional information on the IRS web- site at [www.irs.gov/individuals/students](http://www.irs.gov/individuals/students).

**Websites**

A website is an excellent tool to provide information about the financial services available at a school, state the mission and goals of the institution and the financial aid office, and list necessary deadlines. Downloadable required forms can also be posted on such a website. Some websites provide debt-management materials and links to other professional sites, such as the AAMC's Student Portal website available at [www.aamc.org/students](http://www.aamc.org/students). Websites can also be interactive. Award letters, loan promissory notes, and institutional forms can be disseminated online.

# Financial Aid Administrator Timeline Calendar

## What to Do and When to Do It

While schools have many activities that are particular to that school or system, some common events happen year after year at about the same time. A checklist and/or timeline is a good tool to note important things on your calendar. Some of the key activities are listed here in short calendar notations and in a more expansive narrative form as an example, but this list is not meant to be complete. There are many other events on your own campus you will want to consider adding to your office's calendar.

### Checklist Example

Date	Target Date
<b>January</b>	
Begin exit interview(s) for graduating students Attend annual AAMC Professional Development Conference (PDC)	January to May
Early bird registration for health professions financial aid administrators	September to January
Encourage/promote/initiate reminder for GQ completion	
<b>February</b>	
Finalize living expense component of student budget Plan for SDS application ( <a href="http://bhpr.hrsa.gov/scholarshipsloans/programs/sds.html">http://bhpr.hrsa.gov/scholarshipsloans/programs/sds.html</a> )	February 1
Determine possible changes to award procedures if allocations for upcoming year may differ	
Determine and award any final awards for current academic year to ensure appropriate spending of available aid and cost of attendance budgets for awarding	
<b>March</b>	
Finalize school tuition estimates for next academic year	March 1

Match day	Mid-March
Review upcoming graduate's possible eligibility for Super PCL awards due to DHHS	March 17
<b>April</b>	
Attend GSA spring regional meetings	
Begin awarding aid for upcoming academic year	
<b>May</b>	
National Health Services Corps student scholarships due to DHHS	May 8
Prospective students holding multiple acceptances must submit decisions	May 15
Calculate graduating student average debt	May to July
<b>June</b>	
Scholarships for Disadvantaged Student application must be completed with DHHS in the Electronic Handbook, (EHB)	Mid-June
<b>July</b>	
Plan and conduct entrance interviews/orientation for new matriculants	
Calculate entering students' prematriculation debt	July to September
<b>August</b>	
Complete DHHS Annual Operating Report in EHB	August 15
<b>September</b>	
Complete AAMC LCME I-B Report	Mid-September
Recognize Constitution Day	September 17
Fiscal Operations Report/Fiscal Application (FISCOP/FISAP)	September 30
<b>October</b>	
Update communications material for new academic year	
<b>November</b>	
Attend AAMC Annual Meeting	
Early Bird Registration	Late October/early November
<b>December</b>	
FISAP Edit, corrections due to ED	December 15

Return of primary care load  
(PCL) funds (if applicable)

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December 31

## Calendar Narrative Examples

### January

#### *Graduating Student Exit Interviews*

An exit interview is a federal counseling requirement. Before leaving school, each graduating student must participate in an exit interview, which is a counseling session to help the student prepare for the loan repayment process. Depending on class size, some schools have only one exit session for all students, whereas other schools provide a series of small-group sessions. Regardless of the method chosen, sessions must be prepared and held in the spring semester shortly before graduation. AAMC offers a PowerPoint presentation that can be customized. The presentation can be found at: <https://www.aamc.org/members/gsa/gsa-member-only/>.

#### *Annual AAMC Professional Development Conference (PDC)*

The PDC is a one-of-a-kind conference designed specifically for medical school and other health professions schools' financial aid administrators. This conference is administered by the AAMC and is usually held during the second week of January. Registration notices are sent by email starting as early as June, with early bird registration available in September. For more information regarding the PDC, visit the AAMC website at [www.aamc.org/meetings](http://www.aamc.org/meetings).

### February

#### *Cost of Living/Student Expense Budget*

Per federal regulations, each school must determine a Cost of Attendance for students applying for financial aid. Before determining a student's aid eligibility, an expense budget must be determined. Various factors (e.g., whether the student is commuting from a parent's home or living on or off campus) are taken into consideration. Because federal regulations stipulate that estimated costs may be used, most schools base their room and board living costs on Bureau of Labor Statistics information (available at [www.bls.gov/cpi](http://www.bls.gov/cpi)) or on the College Board's geographic living expense budget (available at [www.collegeboard.com/highered/res/leb/leb.html](http://www.collegeboard.com/highered/res/leb/leb.html)). Some schools survey their own students or other schools in the area to ensure consistency of allowances.

### March

#### *Tuition Finalization*

Most schools attempt to determine tuition costs for the next academic year by March 1, although some state-supported schools cannot until higher education state budgets are finalized later in the year, owing to the calendar for state legislature deliberations and decisions. In any case, this information is required so that this cost component can be added into the Cost of Attendance figures referenced above.

#### *Match Day*

Match Day is a national event, during which all medical students participating in the National Resident Matching Program (NRMP) are informed about the residency program into which they were matched. Each school handles Match Day a bit differently, with various ceremonies.

#### *Super Primary Care Loan (PCL) Awards Review*

The PCL program is a low-cost loan program governed by the Department of Health and Human Services for students who plan to enter a primary care field in medicine. Primary care is defined as family medicine, general internal medicine, general pediatrics, preventive medicine, or osteopathic general practice. By agreeing to accept this loan, the borrower is committed to certain requirements. The Patient Protection and Affordable Care Act, signed into law on March 23, 2010, changes the Primary

Care Loan program policies on service obligations and parental financial information requirements for independent students. For loans made on or after March 23, 2010, the statute requires that, if a PCL borrower fails to comply with the primary care service requirement, the PCL will begin to accrue interest at a rate of two percent per year greater than the rate at which the student would pay if compliant. Most schools will not award PCL loan funds until after a student “matches” to a residency program that meets the primary care requirement. When making this award at this time in the senior year, the FAO is permitted to use PCL funds to convert or “pay back” previous higher cost loans borrowed in previous years. This loan is known as a Super PCL loan. More information on the PCL program can be accessed at <http://www.hrsa.gov/loanscholarships/loans/primarycare.html>.

## **April**

### *Spring GSA Regional Meetings*

Each of the four GSA regions (northeast, southern, central, and western) holds an annual spring meeting. As with the AAMC Annual Meeting in the fall, spring meetings provide an opportunity for medical school administrators in the five areas of GSA-related expertise (admissions, financial aid, diversity affairs, student affairs, and student records) to meet others in the region also working in health professions education. For more information about regional GSA spring meetings, visit the GSA website at [www.aamc.org/members/gsa/meetings](http://www.aamc.org/members/gsa/meetings).

## **May-July**

### *National Health Service Corps (NHSC)*

The National Health Service Corps offers a competitive federal scholarship program to a select population of health professions students. Selected recipients receive full tuition, book/supply reimbursement, and a living-expense stipend while enrolled; in return they commit to work in a medically underserved area of the country after completing their residency. A component of the DHHS selection process asks the student to ascertain whether he or she meets the DHHS definition of “disadvantaged.” This component requires the FAO’s certification. Additional information can be accessed at <http://nhsc.hrsa.gov/scholarships/index.html>.

### *Students Holding Multiple Acceptances*

By May 15 (April 15 for schools whose first day of class is on or before July 30), each applicant who has received an offer of acceptance from more than one medical school must choose which specific school he or she would like to enroll. He or she must also withdraw applications (by written correspondence delivered by regular or electronic methods) from all other schools from which acceptance offers have been received. For many students, the offer of financial aid assistance may be the defining factor in their decision. Most medical school financial aid offices strive to have all final and, in some cases, estimated awards available to applicants by this date to aid them in the decision-making process.

### *Graduating Student Average Debt*

Most schools rely on early data to determine average debt for their graduating students. This information is frequently requested by the dean and university president as soon as the class has graduated. This information is also necessary to complete the Liaison Committee on Medical Education (LCME) I-B Report. To collect and calculate student debt information, assistance from the school’s information systems department is often necessary. Proper preparation is essential to the successful and timely completion and submission of this report.

### *Scholarships for Disadvantaged Students (SDS) Application*

The SDS program provides financial assistance to health professions and nursing students from financially disadvantaged backgrounds. Institutions apply for SDS funds from the Department of Health and Human Services and are responsible for both selecting eligible recipients and determining their financial need. To apply for funding, the school must determine the number of disadvantaged students enrolled and the number of disadvantaged students who graduated in the preceding academic year.

First, students from disadvantaged backgrounds must represent:

1. At least 20 percent of the total enrollment (full-time enrolled) of the educational program during the reporting year
2. At least 20 percent of the total graduates (who were full-time students) of the educational program during the reporting year

Second, to receive any SDS funding, a school must have economically disadvantaged students who are enrolled and graduating during the reporting year. Schools should work with their information systems departments to properly extract the relevant data to determine whether they meet the criteria and have the data necessary to complete the application. Applications may take four weeks to complete, so schools should allow ample time to review data and complete the application before the deadline. Schools that do not have accurate records for its graduates can contact graduates toward the end of their third year of residency to gather the required information and then follow up later. Schools have information regarding where students were matched, which makes it easy for them to follow up later. Information on the SDS program and the application process can be accessed in the Electronic Handbook at <https://grants.hrsa.gov/webexternal/Login.asp>.

### *Entering Student Prematriculation Debt*

This information is necessary to complete the Liaison Committee on Medical Education I-B Report. To collect and calculate student debt information, schools access NSLDS.

## **August**

### *Annual Operating Report (AOR)*

The Annual Operating Report must be completed and submitted to DHHS by the specified deadline date. This report collects and analyzes financial data pertaining to scholarship and loan programs for students enrolled in health professions programs. Data concerning awards for the SDS, PCL, LDS, and NSL programs must be submitted. Data related to enrollment and racial demographics are also collected. Regarding the PCL, schools are required to report (for a designated population) the number of graduates who are enrolled in a primary care residency training program or are engaged in the practice of primary care medicine. By about June 30, schools receive an Institutional Data Report from the AAMC that provides (1) the total number of graduates for the year in question and (2) the total number of graduates from this group who are in primary care for the period reported. A listing of graduate-specific data is also included for each set of reports. However, as the official report to DHHS is from the specific institution and not from the AAMC, school officials must examine and verify the information received from the AAMC before completing and submitting the AOR report. Many schools have an institutional office that is responsible for tracking these data. Appropriate measures should be taken to compare school and AAMC data to ensure the most accurate information is being reported to DHHS. Extensive information about the AOR and filing requirements can now be accessed through the HRSA Electronic Handbook at <https://grants.hrsa.gov/webexternal/Login.asp>.

## September

### *LCME I-B Report*

The AAMC collects student financial aid data annually on behalf of the Liaison Committee on Medical Education (LCME) for accreditation and program development purposes. This report requires information about the financial aid awarded to students and the specific types of aid provided—loans, scholarships, Work-Study, etc. Information is also collected about the number of recipients, the cost of attendance budgets, student debt, and office practices regarding entrance and exit interviews. Access to the LCME I-B questionnaire requires a password, and the final submission of the Web-based report must be made by the dean or other appropriately designated school official. Student debt data must be available and academic year financial aid awards must be reconciled before this report can be prepared and filed. Information on how to access and complete the report is mailed to the financial aid officer in late spring.

### *Constitution Day*

Constitution Day is September 17 of every year.

### *Fiscal Operations Report (FISCOP)/Fiscal Application to Participate (FISAP)*

The FISAP contains the application to participate in three campus-based programs (i.e., federal Perkins loan, federal Supplemental Educational Opportunity grant, and federal Work-Study) for the future award year (July 1 through June and the Fiscal Operations Report for program participation during the past award year (July 1 through June 30). The Department of Education uses the information in the Application to Participate and the Fiscal Operations Report to determine the amount of funds a school will receive for each program. As the responsibility for filing the FISAP rests largely on the central financial aid office of the institution, medical school FAOs may have little to no participation in the completion of the FISAP. More information regarding the FISAP can be accessed at <https://cbfisap.ed.gov/ecb/CBSWebApp>.

## October-November

### *AAMC Annual Meeting*

The AAMC Annual Meeting is described as “the nation’s premier meeting for leaders in academic medicine.” This meeting presents an opportunity to meet student affairs deans, medical school faculty, leaders of diversity programs, and other medical school and residency representatives. It is also a forum to learn about all of the important components that comprise a medical school, including residency training programs, faculty, student affairs, student records, minority affairs, and admissions. Presentations involving the residency matching process, Electronic Residency Application Service, American Medical College Application Service, United States Medical Licensing Examination Step examinations, the National Resident Matching Program, the transition from medical school to residency, and diversity are just some of the sessions available at this large meeting. More information is available on the AAMC website at [www.aamc.org/meetings](http://www.aamc.org/meetings).

## December

### *FISAP Edit Corrections Due*

All required edits and corrections to the September 30 FISAP report must be submitted to the Department of Education by December 15. For additional information, see <https://cbfisap.ed.gov/ecb/CBSWebApp/>.



### *Returning PCL Funds (Assessment)*

Based on the data submitted on the Annual Operating Report, schools that do not meet one of the three conditions regarding graduates entering primary care will be assessed an amount for funding return. Typically, this amount is 30 per- cent of the total of the following combined:

1. Loan principal collected
2. Interest income collected on loans
3. Penalty charge
4. Investment income

The deadline for submitting the assessment payment is December 31. For more information about institutional penalties for noncompliance, go to [http://bhpr.hrsa.gov/dsa/sfag/health\\_professions/bk1prt3.htm](http://bhpr.hrsa.gov/dsa/sfag/health_professions/bk1prt3.htm).

### *Additional Checklists*

So many activities take place in a financial aid office that the only way to ensure that all requirements have been met during the course of the business year is to create and refer to checklists on a daily and/or weekly basis. Using the timeline published in this handbook is one way to create detailed checklists that cover important processes in the office. A few other ideas for checklists are included below.

#### *Processing Checklist*

A processing checklist should match the yearly cycle for the office. For many medical schools, that cycle begins in October. For example, a processing calendar might resemble the following example:

##### Early October

- Start revising and updating applications and pamphlets for the next academic year
- Identify PCL applicants for PCL loan (or Super PCL)
- Check with University Housing to make sure students have correct budget amounts
- Check ED instructions on the application-renewal process and make sure systems are ready

##### Mid-October

- Reconcile summer Work-Study awards
- Send next year's applications to printer
- Set up financial aid advisory committee for the year

##### Early November

- Send computer system enhancement request to IT department
- Begin work on website text changes
- Start revising internal documents
- Run preliminary list to see who is on "hold" for winter disbursements or registration; contact affected students
- Institutional Student Information Record (ISIR) file format is available—check format for IT systems data merge
- Begin updating policy and procedure manual

### Mid-November

- Begin budget development
- Implement Cost of Living survey with students; send books and supplies survey to School of Medicine
- Run second list to determine who remains on hold for winter disbursement or registration
- Check scholarship recipients to make sure they meet minimum requirements
- Email continuing students regarding the renewal process
- Check annual loan limits—make sure awards are in compliance

The checklists can be detailed and include special campus events or processes in which the financial aid office is involved.

### **Change in Staff Checklist**

When a member of the financial aid office leaves employment, have a procedure in place so that all checklist items can be completed immediately. Remember that students' personal information must be protected at all times. A checklist might include:

- Exit interview with human resources department
- Collect ID badge
- Notify IT department to disable campus passwords
- Notify ED regarding Electronic Data Exchange (EDE) access
- Notify National Student Loan Data System (NSLDS) regarding NSLDS access
- Notify campus (and students) that employee no longer works in Financial Aid

### **Withdrawals and Leave of Absence Checklists**

On some campuses, a student's leave of absence is treated the same as a withdrawal for financial aid purposes. A clear policy on how to treat time off and whether it is a leave of absence or a withdrawal under the federal Return of Financial Aid (R2T4) policies is essential. Detailed information about the R2T4 policies can be found in the FSA Handbook, Chapter 5. A checklist might include:

- Matrix to determine whether the time off is leave of absence or withdrawal
- Is R2T4 calculation needed?
- Completion of withdrawal form with needed signatures from
  - Dean
  - Library
  - Registrar
  - Student health
  - Financial aid
  - Technology office (laptop/PDA return)
  - Notification for federal loans—NSLDS or clearinghouse
- Exit interview
- Tracking to ensure that the student leaving meets deadlines to apply for additional aid when he or she returns

## **Entrance and Exit Interview**

There are core items that must be discussed with students in exit and entrance interviews for federal financial aid, and there are other (somewhat overlapping) items to cover if a student receives Health and Human Services Title VII funding. Federal exit and entrance interview regulations are discussed in great detail in the FSA Handbook, Volume II, Chapter 6. Students receiving DHHS funds are supposed to have an entrance interview yearly, but several options are outlined in the DHHS guidelines. Different campuses may have various items that need to be covered, either annually or upon matriculation/graduation. A checklist might include:

### Entrance Interview

- DHHS yearly Rights and Responsibilities/Entrance Questionnaire needed
- Campus policy on leave of absence or time off
- Check disbursement policy
- Payment of fees, if appropriate for financial aid office
- Campus housing
- Emergency loans

### Exit Interview

- Federal exit interview completed (covering loans)
- DHHS exit interview completed
- All campus loan disclosures made
- Address and follow up data collected
- Loan repayment programs explained

## **Storage and Purging of Files**

Financial aid files must be kept for a specified number of years, depending on the type of loan a student receives. Record retention regulations for federal funds are listed in the FSA Handbook, Volume VI, Chapter 1. If files need to be stored off- site because of a lack of space, a record with a destroy date attached must be kept of what is sent to storage. Make sure that files can be retrieved easily for audit purposes (or in case a student suddenly returns to school after a long absence). A checklist might include:

- Preparing individual files for storage according to institutional standards
- Maintaining records either on-site or off-site, depending on storage capabilities
- Verifying proper shredding of documents if original materials are stored electronically (imaged, data disks, microfiche)
- Storage box locator
- Student's name and ID, if needed for retrieval
- Date student graduated (helpful to purge all files with the same graduation date)
- Destroy date based on institutional retention record rules
- Confirmation of record destruction

## **Computer Checklists**

Effective business practices need some level of computer support. However, maintaining computers means dealing with hardware replacements, upgrades, and migrations from one system to another.

Checklists to certify systems maintenance, upgrades, or migrations would be extensive, but consider making at least some basic lists for benchmarking purposes. Such a list might include:

Test system compatibility with other computer interfaces, including:

- Registrar
- Admissions
- AMCAS
- Clearinghouse
- Student accounts/Bursar
- Student loan office
- Off-site processing (loans, grants, etc.)
- Backup system works and confirm backups are made frequently (should be housed off-site)
- Back up all current data before migration

### **Disaster Recovery Checklist**

Schools need to have a disaster recovery plan in place, and the financial aid and records offices should be included as an integral part of the entire-campus disaster recovery plan. Once a plan is established, a checklist can be created, but it will not be useful unless all office personnel know the procedures. A recovery plan with the best checklist in the world will be useless if the campus plan is never implemented or tested. Other offices might need to be included as well, such as the bursar's office or the dean's office. In an ideal world, data essential to maintaining services would be available from an alternate source and could be run off a laptop. That said, a checklist might include:

- Backup of student data off-site and retrievable on an alternate computer source
- Identify primary data sources that can be used to rebuild files—such as Institutional Student Information Report (ISIR) data, loan data from lenders, and data from Financial Aid Management Systems (FAMS)
- Maintain student files in locked, fire-retardant cabinets
- Ensure that a plan is in place for service to students
- Set up an alternate location where financial aid services can be available
- Select staff to be in charge during disasters and to make decisions
- Ensure institutional chain of command is known both up and down the line

## **Committee on Student Affairs Handbook**

## Introduction

This Handbook for Student Affairs Officers is a compilation of information regarding the roles, responsibilities, and critical functions of the Student Affairs officer, promising practices of Student Affairs offices, and resources available for Student Affairs personnel. The GSA National Committee on Student Affairs created this document as a resource guide for both the new and the experienced Student Affairs officer, as well as for members of their professional and administrative staffs. In doing so, it relied heavily on the outstanding work done by COSA in 2004 when this handbook was first created. In many instances, the information below has solely been updated to reflect new developments while other sections have been expanded.

This handbook is a reference document, and it was composed with full awareness of the variety of office structures, administrative titles, and policies and procedures that exist in different institutions. The AAMC is quite excited as this handbook will be published in electronic format and COSA will be soliciting feedback and input regarding ways to make this resource as helpful and up-to-date as possible. We look forward to sharing in your collective wisdom for this endeavor.

## COSA Committee Roster

### **Chair**

Anita Pokorny, M.Ed. (November 2014 - November 2017)  
Director, Career Development and Advising  
Northeast Ohio Medical University

### **Central Region**

Kathleen Kashima, Ph.D. (November 2014 - November 2017)  
Senior Associate Dean for Students  
University of Illinois College of Medicine

### **Southern Region**

Mary L. Brandt, M.D. (November 2013 - November 2016)  
Associate Dean of Student Affairs  
Baylor College of Medicine

### **Northeast Region**

Charles A. Pohl, M.D. (November 2013 - November 2016)  
Senior Associate Dean for Student Affairs and Career Counseling  
Jefferson Medical College of Thomas Jefferson University

### **Western Region**

Karen Restifo, M.D., J.D. (November 2013 - November 2016)  
Associate Dean of Student Affairs  
University of Arizona College of Medicine-Phoenix

### **OSR**

Elizabeth M. Barreras-Rivest (May 2015 – May 2017)  
Keck School of Medicine of USC

### **GSA National Chair Elect**

Lee D. Jones, M.D. (November 2014 - November 2015)  
Associate Dean for Student Affairs  
University of California, Davis, School of Medicine

### **COSDA Representative to COSA**

VACANT

# Your Institution

## Understanding Your Institution's History and Mission

All modern medical schools share many aspects of their mission in common. They strive to provide learner and patient-centered educational programs, to teach new generations of clinicians to serve others, and to advance knowledge either at the bench or at the bedside. However, the historical path to the current day can be quite different from one institution to another and can give evidence of why schools may differ in some aspects of their mission.

Some schools were founded by governmental bodies with a mission to graduate physicians to serve specific constituencies. Many state schools share this goal and it is reflected in their admissions policies, educational programs, and placements of graduating seniors. Other schools were established to serve a particular population of learners while others have as their mission a strong emphasis on meeting the primary care needs of our country. Still other institutions have large research enterprises in both basic and clinical investigation which serve as a cornerstone of their missions.

It is extremely important for student affairs officers to be aware of their institutions' histories and missions as such an understanding will provide them with a much deeper sense of the educational climate and general "ethos" of their school. This allows student affairs officers to better advise students, understand unique challenges if there is a disconnect between a student's goals and that of the larger institution. At times, students can feel as if they are "swimming upstream" if such a disconnect exists and student affairs officers must be prepared to support such students and help them identify specific opportunities and mentors that may not be as readily evident to them.

In addition to knowing the school's mission, student affairs officers must also be very familiar with the organization structure of the administration—the "org chart" so to speak. Although many schools share similar administrative structures, specifics regarding lines of report and responsibilities may vary. In some instances, the Office of Student Affairs may oversee financial aid and registrar functions while in others those offices report directly to a vice or associate dean for education. Developing a working knowledge of these structures will allow the student affairs officer to more effectively identify opportunities for collaboration and avoid pitfalls that might come from being unaware of how their schools functions administratively.

Just as it is important for student affairs officers to become familiar with the histories and missions of their schools, it is also critical that they understand the institutions' policies and procedures as they relate to the educational program. These policies fall into different arenas and include topics such as registration eligibility, student advancement/promotions, grading, remediation, discipline, attendance, tuition reimbursements, insurance requirements, immunizations, drug testing, criminal background checks, and many others. Although these examples above directly affect students, student affairs officers must also be aware of policies that affect trainees and faculty, especially as they apply to student mistreatment or negative behaviors in the learning and practice environments. Some of these policies are discussed in a later portion of this handbook.



## Roles and Responsibilities of the Student Affairs Officer

The roles and responsibilities of the Student Affairs officer in a medical school vary by institution. While each medical school's administrative organization is unique, the Student Affairs officer is typically involved with student advocacy; creating, disseminating, and implementing institutional policies and procedures; representing the institution and the medical profession to students; advising students; and serving as a role model for students, among a variety of other institutional responsibilities. In exercising these responsibilities, the Student Affairs officer may embody different agencies. The first and most important of these is as an agent of the public trust. Medical schools are empowered by society to graduate physicians and researchers that have demonstrated the values and behaviors expected of those charged with the delivery of effective and safe patient care and the conduct of reasoned and ethical biomedical investigation. In addition, the Student Affairs officer is an agent of the institution and of student advocacy. There may be some potential conflicts between these roles and the officer must make clear to others what role(s) is (are) being played in a given situation and work proactively and responsibly to manage these conflicts.

Examples of the multiple roles and duties of the Student Affairs officer are noted below. This list is not an exhaustive one, nor is it intended to represent a minimum standard. The position description at each individual medical school is the final statement of responsibilities for each administrative position holder.

### **Advocate for Students**

The Student Affairs officer serves as an advocate for students' needs and interests, although, as noted above, this role may be complicated by any additional responsibilities he or she has for student assessment, evaluation, and/or discipline. Opportunities for advocacy range from informal to very formal situations. One informal advocacy role would be that of mediator of a conflict between a student and a faculty member. A formal advocacy role would involve the Student Affairs officer's representation to an institutional committee of a request by a student with a documented disability for an accommodation or modification within the medical school curriculum. Another formal advocacy role would involve the Student Affairs officer's serving as a mediator between faculty members and students on general academic issues related to individual courses and clerkships (e.g., absences related to residency interviews). The Student Affairs officer may also be expected to advocate with university or medical school administrators for special programs to serve the needs of medical students and/or to represent the special interests of individual students or groups of students (e.g., in the area of health services and medical insurance for medical students). Overall, the Student Affairs officer and his or her staff members are expected to be aware of, understand, appreciate, and, as appropriate, validate students' perspectives on issues.

### **Advisor for Individual Students and Groups of Students**

The Student Affairs officer and related office staff are typically responsible, either directly or in an oversight role, for advising students. This role not infrequently starts with a "triage" situation after a student presents with a problem or a faculty member presents a student problem. In this situation, the Student Affairs officer may be responsible for initiating an action plan after collecting appropriate data and arriving at a conclusion about the appropriateness of the request and the validity of the complaint. While, in general, students with significant personal difficulties should be referred to appropriate professional counseling services, the Student Affairs officer may provide short-term support for students with some less serious concerns. Similarly, while students in academic difficulty should be referred to appropriate academic counselors or tutors for assistance, the Student Affairs officer should be able to

describe the available resources, initiate contact with relevant referral sources, offer encouragement and support, and ensure that help has been made available. More information follows later in this handbook.

Sometimes these referrals include those to mental health services. The Student Affairs staff may provide personal, short-term non-clinical support for students with transient or time-limited problems, but a referral to a trained mental health professional should always be considered for any student with signs, symptoms, or complaints that are indicative of a more substantial problem. Students who present with issues of depression, severe or chronic anxiety, alcohol or drug dependence, eating disorders, obsessive-compulsive behavior, mood swings or mood disorders, anger management difficulties, or sociopathic behavior should be referred to professional mental health services staff. Referral to mental health services also may be appropriate for students who are dealing with difficult personal situations such as the death or serious illness of a family member or close friend, abusive relationships, custody conflicts, and marital problems, including separation and/or divorce. Considerations when making such referrals may include the willingness of the student to accept the referral, the student's financial situation and/or insurance coverage, the level of support from family members and friends, and the student's ability to access the service in a timely manner. The Student Affairs officer may be required to describe the service to the student, initiate contact, and offer encouragement and support.

Finally, the Student Affairs officer should know how to access emergency mental health services for a student in need at any time.

### *Mental Health Resources*

Personnel in the Student Affairs office must be thoroughly familiar with all mental health resources on the campus and in the community, and be able to inform students how to access available resources. Establishing a mutual understanding and a working relationship with mental health resources and providers, prior to the need arising, is advisable. Although mental health resources vary by school and community, the following list should be considered:

- Medical school-based or university-based resources for medical care (e.g., the Student Health Service)
- The Student Counseling Center
- Various campus-based support groups and services (e.g., chaplains)
- Center/services for abused spouses
- Suicide prevention and crisis response lines
- Marriage and divorce counseling services
- Various support groups related to specific disease entities and conditions (e.g., Alcoholics Anonymous, AL-Anon, and Narcotics Anonymous)

As an advisor to medical student organizations in addition to individual students, the Student Affairs Officer can provide administrative support and oversight of student government, other student organizations and interest groups that have received formal recognition from the institution. In this role, the Student Affairs officer is responsible for advising and supporting the elected (or selected) Organization of Student Representatives (OSR) representative(s) for the school. The Student Affairs officer may also monitor the process by which the OSR representative is selected annually.

**Practice Tip:** Things to keep on hand in the Student Affairs office:

- Academic advisor contact information

- Box of tissues
- Copy of the academic bulletin and student handbook, as well as printed copies of institutional “due process” procedures to distribute in response to questions
- Contact information—Student Health and Student Mental Health providers
- Water

Practice Tip: Common issues or concerns that students may bring to Student Affairs officers (in no specific order):

- Financial aid/financial crisis
- Family illness or death
- Relationship issues (e.g., significant other, roommate)
- Substance abuse
- Mental health problem
- Unintended pregnancy
- Academic problems/failure
- USMLE problems
- Medical concerns/crisis
- Self-confidence issues
- Curricular questions/concerns about grades or bad scores
- Specialty choice
- Residency application questions

### *Career Advisor*

The Student Affairs officer and staff members generally have a relationship with the AAMC Careers in Medicine (CiM) staff. Staff in the Student Affairs office are often responsible for assisting students with residency applications, preparation for interviews, and participation in various residency matching services. Please see sections below for more detailed information.

### **Administrative/Institutional Representative**

The Student Affairs officer may also serve as staff to the school’s student promotions or academic progress committee. In some instances, the Student Affairs officer has an assigned role on this committee as an advocate for students on issues pertaining to academic progress. In these instances, the officer should make his or her role clear to committee members and the student(s) involved and should not assume a role as a voting member.

In addition, the Student Affairs officer may compose, or coordinate the composition of, the Medical Student Performance Evaluation (MSPE) to accompany students’ residency applications. In this role, the officer is serving as a conduit of information about the students’ performances in the curriculum and involvement in other activities. Any “evaluation” of the student that occurs is based on assessments and summative evaluations provided by other members of the faculty.

The Student Affairs officer may be responsible for advising students following their violation of school policies and procedures. He or she may be required to confront students exhibiting problems associated with substance abuse, loss of emotional control, entitlement, and other behavioral issues when they become apparent to members of the faculty or staff or to fellow students. Various other problems may be

referred to the Student Affairs officer by members of the faculty and staff, including personal hygiene issues, dress code violations, financial concerns, family matters, and professionalism-related difficulties.

The Student Affairs Officer often serves as a conduit of information between the administration and the student body as policies and procedures are considered, approved, and implemented. He or she is also frequently the administrator who informs students of the limits of institutional budget limits (e.g. for student travel to professional meetings) and provides support to student leaders related budget planning for student organizations.

### **Financial Aid Administrator**

The reporting relationships between the financial aid office and the Student Affairs office vary widely at medical schools. They range from a direct supervisory role by the Student Affairs officer over financial aid office staff to an informal supervisory or solely collegial relationship. In some cases, the Student Affairs office may have oversight of the awarding of institutional scholarships and grants, particularly if the school administration is assigned to an office other than the medical school financial aid office.

### **Institutional Planning Consultant**

The Student Affairs officer frequently represents student issues and points of view at the institutional planning level, including changes in academic schedules, curricular structures, in affiliated sites for students' clinical education, development and fundraising activities, and the design of campus improvements such as education buildings and student relaxation space.

### **Event Planner**

Student Affairs officers at many institutions are responsible for planning and/or convening formal and informal programs for the institution. These can include initial matriculation ceremonies, commencement ceremonies, honors convocations, white coat programs, Match Day celebrations, and other events. The time commitment necessary to complete these tasks successfully ranges from minor to major, depending on the size of the institution and the number of annual functions.

### **Role Model**

Given the highly visible position of student affairs officer and the student affairs office staff, it is important to keep in mind that the modeling of professional and ethical behavior is a very effective way to influence the development and maintenance of high professional standards in the learning environment.

# Organizational Structure of Student Affairs Offices and Institutional Committees

## Structure of Student Affairs Offices

The fact that the structure and functions of Student Affairs offices vary significantly from school to school results from the influence of many variables, including the administrative history of the school; the requirements of the educational program; new or evolving Liaison Committee on Medical Education (LCME, [www.lcme.org](http://www.lcme.org)) accreditation standards; the relationship of the medical school administration with the administration of the parent university, if present; the number and level of training of staff members; and the extent of integration or separation of the various medical school administrative functions.

Other offices or functions may be covered under the umbrella of Student Affairs: financial aid, student records, diversity affairs, academic standing and student promotions, academic advising, admissions, clerkship and elective scheduling, visiting students, and student conduct and discipline, among others. Additionally, Student Affairs offices may have some responsibility for components of the formal and informal curriculum, including professional development, career planning and advisement, and aspects of basic science and clinical education. Within the administrative structure of the medical school, the Student Affairs officer may report directly to the Dean or to a vice-dean or senior associate dean for academic or educational affairs, in parallel with offices of medical education/curriculum, graduate medical education, and others. Depending on the institution, the senior administrator in charge of Student Affairs functions may be that of senior associate dean, associate dean, assistant dean, or director.

Staffing levels and responsibilities in Student Affairs offices also show substantial variation, affected by available resources, the level of training and interests of individual staff members, and the nature of the work performed in the office. Some offices assign “generalist” staff to serve as the primary liaison for a large group or class of students, while others assign staff to one or more specific functional areas, e.g., student records, student events, and student personal and professional conduct. The significant variability among the structures and responsibilities of Student Affairs offices at individual schools makes meaningful comparisons of staff to student ratios difficult to determine and interpret.

Relationships between the Student Affairs office and other administrative offices involved in medical students’ lives show similar variability based on the specific structure at each school. The Student Affairs office may be involved in medical student education and often works very closely with the Office of Curriculum or Academic Affairs, overseeing most or all of the aspects of the students’ progress through the education program. The Student Affairs structure may exist independently of the parent university’s structures, be independent in some areas and integrated in others, or be fully integrated into most or all of the corresponding administrative structures in the parent university.

## Student Affairs-Related Committees

Although there is variability among schools, the Student Affairs officer typically serves on a number of different committees related to the educational program and student life. In the arena of academic promotion, schools may have one or several student promotions committees charged with oversight of either a particular portion of the curriculum or as a whole. The membership on these committees also varies greatly from school to school. At some institutions, student promotions committee members may include course directors and faculty members who teach in each year’s courses and clerkships, while, at

others, school policies may specifically exclude course and clerkship directors from membership. In other instances, committee membership is made up of department chairs or elected faculty representatives and in some cases includes members of the public. The Student Affairs officer can expect to play some role in the functioning of this committee, although he or she must take care to define their role carefully too all involved in order to avoid actual conflicts of interest or even the appearance of such a conflict. These committees typically represent the faculty in decision-making about student promotion or advancement, as well as in assessment and decision-making about students with academic and other problems that have impeded their progress through medical school. There is an obligation to conduct a comprehensive review of the records of students who present to the committee with deficiencies. These committees also have an obligation to establish policies related to the appropriate use of data about students (e.g., regarding the exclusion of health and disability data from consideration in some cases). The committees may also seek input from a student's faculty advisor or any other faculty member representative designated by the student. In reaching its decision, the committee shall give due consideration to the nature, extent, and significance of the deficiencies manifested, as well as the time required for remediation of any deficiencies identified by departmental course and clerkship directors. In many cases, these committees are responsible for balancing the best interests of the student with the best interests of the public trust and the school.

Generally, these committees may recommend a variety of actions including but not limited to:

- Promotion of the student to the next academic year after remediation of all deficiencies identified
- Requiring the student to repeat the year, repeating only those courses in which a deficiency occurred (although with the rise in number of much more integrated curricula, this may be less common)
- Requiring the student to repeat the year, including all course work in that year
- Placing the student on a leave of absence
- Dismissing the student for failure to meet the requirements for advancement or graduation, or
- Requiring special activities of the student that are indicated in exceptional cases.

In addition to promotions committees, student affairs officers are typically asked to serve on others in their dual role as representatives of the administration and student advocates. These can include curriculum/educational policy, admissions, administrative search, financial aid advisory, and health services advisory committees, among others. Whenever possible, the student affairs officer should also advocate for student membership on such committees.

Student Affairs officers also often play a large role in the institution's preparation for accreditation. The Liaison Committee on Medical Education accredits all medical schools in the United States. Under current practices, schools will engage in an extended period of "self-study" leading up to an accreditation visit. In many cases, a Student Affairs officer serves on or is asked to chair a subcommittee focusing on medical students. As such, the SA administration should become familiar with current and proposed accreditation standards, especially as they relate to the areas of admission, financial aid, student services, and procedures regarding student mistreatment, academic promotion, and discipline. Keeping abreast of changes to standards can allow a much more proactive approach to meeting those expectations.

## Relationships with Internal and External Offices

### Dean's Office

The Student Affairs officer should be very familiar with the administrative structure of the school, including reporting lines which eventually culminate in the Dean's Office. Depending upon the organizational structure of the institution and the individual holding the position of dean, the Student Affairs officer needs to establish and maintain strong, positive, and effective relationships with the dean, vice deans, and the office staff they work with. Knowing how to contact these individuals on a regular and more urgent basis is very important. Similarly, the student affairs officer should also make sure that individuals in the dean's and vice deans' offices know how he/she can be reached at any time if necessary.

### Financial Aid Office

A cooperative relationship between the Student Affairs office and the financial aid office is essential to students' financial well-being, both during medical school and after graduation. This relationship should be based on the medical school's mission, administrative structure, and institutional culture. Financial aid may be handled by personnel in a central university office or in a stand-alone medical school office. In order to establish positive and collaborative relationships:

- All students should be encouraged to use the services of this office. Although not every student in medical school receives financial aid, every student should have a financial plan and understand the implications of his or her educational financing decisions.
- When appropriate, there should be communication between Financial Aid and Student Affairs offices regarding educational programming, individual student's needs, and confirmation of satisfactory academic progress if this is overseen by student affairs.
- There should be frequent communication between these offices regarding any changes to financial aid regulations or programs with special focus on the potential impact on students.
- The school should consider having an emergency financial aid/loan fund to provide students with short-term funding if problems arise with the timeliness of receipt of financial aid awards. At some schools, monies for this emergency loan fund result from alumni contributions.
- Along with other stakeholders, both Student Affairs and financial aid offices should collaborate to create institutional policies and procedures that ensure the best use of scholarship and grant funds.
- Clear institutional guidelines should exist regarding the locus of decision-making for educational loans, internal scholarships and grants (e.g., named scholarships), and external scholarships and grants (e.g., those provided by a non-institutional community foundation), as well as for merit and need-based awards.

### Admissions Office

There are many ways in which admissions offices can interact effectively with Student Affairs to ensure that matriculating students experience a seamless transition into medical school. Examples of such collaborative efforts include:

- Identifying any admitted students who may be at academic risk so that they may be referred to appropriate academic counseling, if and when necessary
- Assisting incoming students who have documented a disability during the pre-matriculation period and who plan request accommodations and modifications under the Americans with Disabilities Act (ADA)
- Having Student Affairs office staff participate in recruitment events to demonstrate to applicants and accepted students the existence of ongoing and effective support systems within the institution

- Having admissions office staff participate in Student Affairs-sponsored events, including orientation programs, Match Day festivities, educational programming, and graduation ceremonies
- Providing feedback about students who experience significant academic or professionalism difficulties in order to aid in determining whether there are ways that the admissions process could improve.

### **Minority/Multicultural Affairs/Diversity Office**

It is extremely important for the Student Affairs and minority affairs offices and officers to have a close and effective working relationship if institutional diversity initiatives are to be successful. Many of the activities that the minority affairs office supports are closely related to those supported by the Student Affairs office. The minority affairs office is frequently involved in student retention activities, and these activities should be available to both students from groups underrepresented in medicine and majority students. The success of these efforts can be enhanced by the collaboration of both offices and a free exchange of information for the benefit of all students.

### **Student Records/Registrar's Office**

The location and role of the medical school registrar's office also vary among institutions. Nevertheless, the main purpose of the registrar's office at all institutions is the maintenance and retention of students' and graduates' medical education records and institutional adherence to Family Educational Rights and Privacy Act (FERPA) guidelines. These offices are also generally responsible for providing training to those with access to student academic records and with responsibility for the verification of a graduate's medical education to external parties (e.g., state medical licensing boards, hospital medical staff offices, and medical specialty certification boards).

When a student matriculates into a medical school, a current student file is created and maintained in the registrar's office. Certain documents from the application file are transferred from the admissions office to the registrar's office, and sometimes also to the Student Affairs office. Documents related to the student's medical education may be maintained in the current student file of either or both offices. The student file may be in electronic format and/or consist of paper records. The student file can include:

- A copy of the Medical Student Performance Evaluation (MSPE)
- Course and clerkship grades
- Clinical rotation schedules
- Narrative evaluations of clerkship/elective performance
- Letters of commendation and/or notifications of honors
- Information about leaves of absence
- Combined degree program enrollment information
- Scholarship award letters
- Special registrations
- Documentation of compliance with institutional training requirements such as HIPAA or universal precautions procedures
- Score reports from USMLE Step examinations
- Records of disciplinary actions
- Documentation related to transfer to or from the medical school and of withdrawal and/or dismissal.



Maintenance of a complete student education record is essential for composition of the MSPE, as well as for future verification of completion of an undergraduate medical education and receipt of the M.D. degree. It is essential that the Student Affairs and registrar's offices maintain excellent communication. Verification of medical education for hospital privileges, licensure, loan deferment, and letters of good standing is generally the responsibility of the registrar, as is the provision of the student's official medical school transcript to appropriate parties upon the request of the student/graduate

### **Office of Academic Affairs/Medical Education**

Although the organizational structure of the academic affairs or medical education office varies among institutions, the major purpose of this office is to assure that the academic standards of the school have been established and are being maintained. Since many common areas of involvement and interest exist between the offices of academic affairs/medical education and Student Affairs, it is imperative that a collegial and cooperative relationship be sustained. The offices may work together, for example, to improve curriculum, develop technical standards for admission and graduation, create policies and procedures, and/or help to devise and provide accommodations for students with identified disabilities. Both the Academic Affairs and Student Affairs officers share the responsibility of providing a quality medical education for all students and ensuring that all students meet institutional, societal, and professional expectations as agents of the public trust.

### **Office of the General Counsel**

Student Affairs officers should work very closely with their institution's General Counsel's Office. It is advisable to have the legal counsel review the school's academic or educational policies and procedures as they are developed and implemented. Policies for promotion and dismissal, in particular, should be reviewed by legal counsel to ensure that they include appropriate due process, consistent with the university's related policies and procedures. It is also advisable to make your legal counsel aware of any impending student dismissals or other significant adverse decisions (e.g. disciplinary actions) because of the risk of litigation. Since the institution's legal counsel is the person who would defend the institution if litigation ensues, it is appropriate that he or she have the opportunity to review the school's intended actions, in advance. Legal counsel should also review policies regarding the appropriate treatment of medical students because these policies must be consistent with other university policies, such as those concerning sexual harassment and discrimination

Other areas in which Student Affairs officers may need to consult with their institution's legal office include development of policies for handling criminal background checks and drug testing, malpractice insurance and risk management education for medical students, and assurance that the medical school is in compliance with federal laws such as the Family Educational Rights and Privacy Act (FERPA), the Occupational Safety and Health Act (OSHA), the Americans with Disabilities Act (ADA), and the Health Insurance Portability and Accountability Act (HIPAA).

### **Alumni/Development Office**

Most institutions depend on alumni contributions to provide financial support for the medical school and other programs of the parent institution. There is, therefore, a desire to maintain positive relationships with alumni. When an alumnus or donor, for example, requests a "review" of a son's/daughter's/neighbor's/employee's/friend's academic situation, the alumni office will naturally wish to assist the donor, and will likely contact the Student Affairs office. The Student Affairs officer should establish ground rules with alumni office personnel for these situations, and he or she should emphasize that all student records are confidential according to Federal Educational Rights and Privacy

Act (FERPA) guidelines. Strong relationships between alumni office personnel and their Student Affairs office counterparts should be positive, but appropriate, for both constituencies.

Because student affairs officers are so involved with the medical school experience of students including their numerous accomplishments as well as the many pressures, including financial, that they are subject to, these officers are uniquely poised to convey appropriate information to potential donors in collaboration with the Alumni/Development Office. Student Affairs staff can also assist fund raising efforts by joining students in expressing gratitude to donors for their generosity.

### **Office of Information Systems and Technology**

Given the ever changing landscape of electronic communication and data storage and retrieval, it is essential that the Student Affairs officer have (or develop) some familiarity with the information technology (IT) resources in place at her/his institution, that he or she be well-acquainted with the individuals responsible for the development and maintenance of IT resources at the institution, and that he or she play an active role in making recommendations about the content and navigability of those information systems accessed by students and administrative staff involved with them. Proactive decision-making in the area of IT, such that institutional IT personnel understand up-front the desires and needs of students and Student Affairs personnel, is extremely important, as it is very difficult and expensive to revise and repair IT systems that were developed in the absence of clear expectations and on the basis of poor communication and planning. Tracking of student outcomes is becoming more and more important for internal quality improvement initiatives as well as demonstration of efficacy of the educational program to accrediting bodies at state/regional and national levels. In addition, there may be specific data that would enhance the activities of the Student Affairs office such as outcome measures for students going through the Match process. Such outcomes might or might not be part of a larger student outcomes database, so SA officers should become familiar with the data dictionary of such databases and collaborate with IT to include more SA-oriented measures

### **Marketing and Public Affairs Office**

A clear and concise message is fundamental to schools' marketing and public relations strategies and activities. Most marketing and public affairs offices can help medical school departments and administrative offices to convey a unique message within the school's framework. For that reason, Student Affairs officers might consider enlisting the assistance of school marketing and public affairs office staff with event planning, design and development of publications, news releases, and public service announcements. . The Student Affairs officer can, in turn, assist public affairs personnel by identifying potential stories of interest about students and graduates (with their permission) who have fulfilled the institutional mission, who have made extraordinary contributions to medicine and society, or who have compelling personal and professional stories. Such collaboration can assist both the institution as a whole and the Student Affairs office to convey messages important to their short-term and long-term goals.

### **Teaching Faculty and Course Directors**

The Student Affairs office should maintain close relationships with basic science and clinical faculty members and all course and clerkship directors to identify and assist students in need of academic remediation or other assistance in successfully completing the educational program. .

## **Student Health and Mental Health Services Offices**

Student health services personnel can assist medical students in a variety of ways: outpatient and inpatient care for episodic illnesses, emergencies, and chronic illnesses; immunizations; medications; and mental health services. The costs of these services are supported in a variety of different ways at various schools, including specific fees for student health services and medical insurance programs. SA officers should be very familiar with the scope of services offered, details of any school-sponsored insurance plans, and the cost incurred by students (through premiums and out-of-pocket expenses for medical services and medications). In some instances, SA officers may serve on a Student Health Services Advisory Board.

Most schools require that, prior to matriculation, a student demonstrate completion of a required set of immunizations and a medical history and physical examination to ensure that the student's health is adequate for the performance of academic assignments and clinical duties and that the student would not place patients or fellow members of the healthcare team at risk. In accordance with federal law (HIPAA) and expectations from accrediting bodies, tracking of compliance with the above should be done by Student Health Services. As failure to comply can reflect a lapse in professionalism, the school's administration (often Student Affairs) should be notified of the lack of compliance, although specific details of what is lacking should not be communicated.

## Academic Advising

### Academic Advising (Including Specialty Programs)

Medical schools generally have several resources available for academic advising to help meet the needs of students. The first line of academic advising is an individual faculty member who has direct contact with students within the curriculum. This contact does not always involve the course/block/clerkship director, but it may be another faculty member with whom the student is comfortable. Some schools utilize the tutoring skills of doctoral students enrolled in one of the school's graduate programs. In most schools, course directors routinely contact students who are performing at an unsatisfactory level, either after an examination or midway through a course, block, or clerkship. In the last, mid-clerkship feedback is an expectation of the LCME. Some of these students are candidates for individual or group tutoring. The identification and management of tutors may be handled by individual course/block/clerkship directors, faculty members, or other departmental personnel, or by the Office of Student Affairs. Such services (if available) should be easily accessible and marketed to students in need.

Most students desire a support system that allows them to seek advice that will help them to improve their performance in specific courses or on nationally standardized examinations. Ideally, these support systems will involve many levels of assistance—from graduate students to individual faculty members to course directors to department heads to the Student Affairs dean. Knowing that some students in serious academic difficulty may not seek help independently, Student Affairs Officers and course directors should work collaboratively to identify and intervene with these students. Such services should be easily accessible and marketed to students in a proactive way.

Students should also have access to learning skills specialists either at the school or at the larger parent university. In addition, academic difficulties may result from an undiagnosed or undisclosed learning disability. Students should be made aware of the disability services available to them and the possibility of obtaining reasonable accommodations such as extended time on exams. See Section B. below.

### Dual/Joint/Combined Degree and Special Programs

Many medical schools offer dual degree programs and other programs designed for specific categories of students. Although information about these programs is often first obtained from the Admissions Office, the Student Affairs dean may also be asked about these programs

Examples of common dual degree programs include:

1. **M.D./Ph.D. Programs.** Combined M.D./Ph.D. programs are established to offer interested and highly motivated students with opportunities to train in a program tailored to their individual research and career interests. Through these programs, students who have an interest in academic medicine and medical research are able to combine the medical school curriculum with a graduate studies curriculum. Over six or seven years (or more), individuals enrolled in the combined degree program meet the degree requirements of both the medical and graduate school, thus acquiring the knowledge, skills, and experience required for careers in the most exciting and challenging areas of medical research. Part of the funding for these programs comes from the NIH in the form of Medical Scientist Training Program (MSTP) awards which provide tuition and stipend support for students during the M.D. portion of the student's curriculum. Support during graduate years may come from departments or training grants. In addition, schools will fund M.D./Ph.D. positions and this institutional support is a growing expectation of the NIH.

2. **Other Combined Degree Programs.** Many schools offer other combined degree programs such as an M.D./M.P.H.. In some institutions, students may apply to both these programs as part of their medical school application. Other schools offer the opportunity to apply to the M.P.H. program once matriculated in medical school. Other combined programs include M.D./M.B.A. and M.D./J.D. among others. The Student Affairs officer should be familiar with specific programs offered at their schools and understand the structure, timing, and funding issues involved.

Information about such programs can be found in the electronic AAMC Curriculum Directory located on the AAMC Web site at: <http://services.aamc.org/currdir/section3/degree2.cfm>.

### **Learning Disabilities: Assessment and Evaluation**

Some students enter medical school with a previously diagnosed learning disability and with a detailed request for accommodation. Other students may demonstrate early or continuing academic difficulty leading to the conclusion that assessment for a learning disability is warranted. A student may self-refer to the Student Affairs office for assistance in implementing existing recommendations for accommodations or a student may be referred by other faculty or staff members to discuss ongoing academic difficulties potentially related to a learning disability. In some institutions, the Student Affairs office serves as a central point for coordination of assessment and evaluation of a learning disability and for assistance with implementing any recommendations for accommodations or modifications. In such instances, Student Affairs officers need to be very mindful of the confidentiality of student health issues and in general should not be involved in the medical specifics of disability documentation. In some institutions, the primary responsibility for assessment may be outside of the Student Affairs office a separate disability services office either within the school or in the larger university. This often falls under the umbrella of an Office of Institutional Equity. In either case, the Student Affairs office should be knowledgeable about available resources for evaluation and be able to work closely with university staff, academic affairs/medical education office personnel, course directors, and faculty members regarding implementation of appropriate accommodations during the student's course of study.

In addition, students may also wish to apply for accommodations on national tests such as the USMLE Step examinations. As the process for requesting such accommodations may require significant time, Student Affairs officers should be prepared to discuss this issue with students well in advance of the intended test date. Frequently, it is the Student Affairs office that provides documentation of the types of accommodations the student has received at the medical school. The student will forward other necessary documentation directly to the Board.

### **Opportunities in Academic Medicine and Medical Research**

Medical education and research are related pursuits. Academic excellence in research heightens the intellectual atmosphere develops new knowledge, and transmits current information for the benefit of all. Student Affairs officers should become very familiar with research opportunities offered as part of the formal curriculum and as "extracurricular" pursuits. It is important to know the range investigational experiences available to students, when they might be undertaken, how they "fit" with curricular responsibilities, what options are available for participating in long-term (e.g. 1 year) research, and what funding, if any, is available at the institution. In addition, students may be interested in extramural programs for research which include fellowships from the Howard Hughes Medical Institute, the NIH, and the Sarnoff Foundation as examples. The AAMC has developed a centralized listing of such opportunities which can be found

at [https://www.aamc.org/members/great/61052/great\\_summerlinks.html](https://www.aamc.org/members/great/61052/great_summerlinks.html).

## Advisory Systems

The Office of Student Affairs is the frontline for a wide array of advisory services for medical students. The concerns of medical students are frequently quite diverse and sometimes quite complex, ranging from the development of professional identity, to appropriate specialty and residency program choice, to financial challenges, to potentially serious mental health problems. Each school has a different advising system based upon history, institutional culture, and resource availability. These can include faculty both within the Student Affairs umbrella and without. A growing number of schools have adopted a learning community approach which can take the form of cohorts of students (sometimes named colleges) that are linked with faculty advisors that provide longitudinal support and advice throughout a student's tenure in the school.. Whatever form the advising system at a given school takes, the student affairs officer should be intimately familiar with the structure, purpose, and function of such systems in order to provide the support our students need.

## Career Advising

Depending on the advising structure at a given school, the Student Affairs officer may oversee or play in important role in helping students select a medical specialty or other career path following graduation. . This process should extend throughout the four years of medical school and may utilize resources such as the Careers in Medicine (CiM) program. For most students, this process will culminate late in the third year or early in the fourth year in their selection of a medical specialty compatible with their skills and abilities and with their future professional needs and goals. The Student Affairs officer should understand that some students will be quite anxious about selecting a specialty and participating in the residency application process. Many Student Affairs offices find it useful to hold workshops or other sessions for students at various points during the curriculum to give them information about specialty selection and, at later times, information related to application to residency training programs, and residency interviews.

The Student Affairs officer should also be aware of current trends in the competitiveness of individual specialties and programs so that they can advise students appropriately. The Student Affairs officer should be able to advise students on the role that research, additional graduate degrees, extracurricular activities, leadership positions held, membership in Alpha Omega Alpha Honor Medical Society, prior academic difficulty, and USMLE scores may have on their ability to match in a desired specialty. Because it is difficult for any one official to have expertise regarding every medical specialty, the Student Affairs officer must develop a cadre of physician advisors in each medical specialty or, at a minimum, the most popular medical specialties, in order to advise students well. In addition, some institutions are collecting school-specific data regarding students who successfully match (or not) in different specialties. In a de-identified, aggregate form, this provide very useful information to students as they consider their own competitiveness for a given specialty.

The Student Affairs officer should be able to advise students about the role of their fourth year in the residency application process. Electives and course work taken early during the fourth year may be useful to students in terms of helping them to either rule in or rule out a given specialty. Students who have performed poorly on the USMLE Step 1 examination may be advised to take USMLE Step 2 early in their fourth year in the hope that an improved Step 2 score could make them a more competitive applicant for the Match. Because, for some competitive specialties, students may need to do “audition” electives to improve their chances of matching, they will need to plan their fourth-year schedule accordingly. Students will also need to take time away from their medical studies to interview during their fourth year.

### Residency Choice

Deciding on the appropriate medical specialty is the senior medical student’s first major decision. Implementing the CiM program early in the medical education process and carrying it through the medical school years, assisting the student in identifying an appropriate mentor/advisor, and encouraging early fourth-year electives in the specialty of choice will help the student reach a realistic and comfortable career decision.

In addition, the student may need help in understanding the application process. Writing a personal statement, developing a curriculum vitae (CV), identifying letter-writers and obtaining appropriate letters of recommendation, and completing the application all can be puzzling to students. Students also often need assistance in deciding on the type of residency program to which to apply and on the number of applications to submit, as well as where and when and how to interview successfully. At times, they

will seek guidance in evaluating programs of interest to them for the purpose of rank-ordering them. Finally, questions about the process of ranking programs, the couples match, and the methods employed by the National Resident Matching Program (NRMP, [www.nrmp.org](http://www.nrmp.org)) in applying the Match algorithm require well-informed answers. If an applicant goes unmatched, information about procedures and resources for the Supplemental Offer and Acceptance Program (SOAP). This program was developed by the NRMP with significant input from the Group on Student Affairs. Information regarding it can be found at [www.nrmp.org/residency/soap/](http://www.nrmp.org/residency/soap/).

### **AAMC Careers in Medicine (CiM) Program**

As student affairs officers are often responsible for the medical specialty and residency program selection processes, they should be aware of a valuable resource provided by the AAMC. Careers in Medicine® (CiM) is an AAMC-sponsored career-planning and -development program designed to equip medical students with the skills and information needed to make an informed specialty choice. Beginning early in the first year and extending throughout the four years of medical schools, CiM helps students examine their interests, values, and skills in light of the myriad specialty options available to them; provides resources for researching and exploring specialties; and then assists them in choosing a specialty and applying to a residency program that fits their career goals. The four-stage model that forms the core of the program includes Understand Yourself, Explore Options, Choose a Specialty, and Land a Residency. The recently redesigned CiM Web site ([www.aamc.org/cim](http://www.aamc.org/cim)) includes a variety of online career assessments, information on more than 120 medical specialties and subspecialties, resources to explore and evaluate residency programs, and advice and information on choosing a specialty and navigating the residency application process. Users must sign in to access the full program on the Web site.

CiM's online newsletter "Choices" provides another resource for career-planning and specialty choice information. Published four times a year, Choices includes features such as Match Corner, Ask the Advisor, and Spotlight on Specialties. To assist you in implementing career planning and advising in your institution, information and training for student affairs staff and faculty is available through a CiM Workshop, school-hosted advisor trainings, regular presentations at GSA and AAMC meetings, and advisor information available on the CiM Web site ([www.aamc.org/cim](http://www.aamc.org/cim)). The comprehensive CiM program is recommended as a major component of your institution's overall career advisory system. Student Affairs officers frequently play a key role in determining the integration of CiM into the overall structure of the four year curriculum.

At some schools, there are options for a modified full-time status when a student is engaged in full-time in longitudinal research or other scholarly pursuits. Student Affairs deans should be aware of these options at their home institutions as this can have financial implications with regard to loan repayment.



## Policies and Procedures

### Academic Progress

A student who is making satisfactory academic progress will be permitted continued enrollment in the medical school. In most institutions, student promotion committees meet, at a minimum, at the conclusion of each academic semester or year to review the academic progress of each student. A student who has not satisfactorily completed all course requirements may be permitted to remediate individual courses or may be required to repeat an entire academic semester or year of study. Most institutions have established a limit on the number of years allowed for a student to complete the entire medical curriculum.

In addition, each institution should develop policies and procedures to be enacted for students who must remediate an unsatisfactory grade. The options may be exercised at the local institution with remediation of individual or comprehensive examinations. Alternately, students may be required to enroll in and pass make-up courses taken either locally or at another institution. The Student Affairs dean should inform students about remedial options that are acceptable to the institution. The Student Affairs dean is frequently the preferred contact with the other institution, and the AAMC strongly encourages close communication between the home school and the other institution, noting that it is the prerogative of the student's home institution to accept (or not accept) course credit in fulfillment of educational requirements for the M.D. degree. Each year, the AAMC Section for Student Affairs and Programs publishes on the GSA Web site ([www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm)) a searchable database of summer make-up courses sponsored by accredited medical schools in a variety of academic subjects.

### Standards and Procedures for the Evaluation, Advancement, and Graduation of Students

Formal standards and procedures for individual evaluations and academic advancement should exist for each medical school and be provided to students upon initial matriculation. Policies describing the manner in which students' unsatisfactory academic performance will be addressed by a student promotions or academic progress committee should also be specified in a student handbook or academic bulletin provided to students upon matriculation. Similarly, the process of appeal should be specified to students. Each institution should have a formal route of appeal of student promotions or academic progress committee decisions. Students should have a clear understanding of the process, including a timeline for decision-making.

### Extended Curriculum

Some medical schools permit students to carry a reduced course load to allow the completion of one academic year over a period of two years. Such an "extended or decelerated curriculum" is intended to provide support to students who experience personal difficulties, a difficult transition to medical studies, or temporary academic problems, or who have significant family responsibilities or a desire to participate in an ongoing research project. Academic policies differ from school to school regarding the timing and rationale for requests for an extended curriculum. Some schools allow a student to request an extended curriculum at any time, while others may recommend an extended curriculum through administrative routes or by the year-appropriate student promotions committee. Still other schools require that a student request an extended curriculum for specific reasons prior to initial matriculation. A request for an extended curriculum is typically granted by the academic affairs/medical education dean or the student promotions committee, and a deadline for extended curriculum requests is generally established. Students who are granted an extended curriculum are expected to demonstrate satisfactory academic performance in the reduced course load. Failure of courses during the extended curriculum may be considered grounds for dismissal from medical school, although this is clearly variable

according to the policies of the individual institution. While a student is enrolled in an extended curriculum, they are responsible for all university fees, and tuition may be assessed at a rate proportional to the course load carried by the individual student. It should be noted that given the increasingly integrated nature of medical school curricula across the country, it might be more challenging to offer such decelerated or extended programs of study.

### **Leaves of Absence and Withdrawals**

There are numerous reasons that medical students seek leaves of absence: health problems, family considerations, other educational opportunities, financial difficulties, study for the USMLE, career doubts, and other personal concerns. Prior to recommending approval of any request for a leave of absence, Student Affairs personnel should assist the student to explore the reason(s) for the request, then provide alternate options, if any, and, finally, advise the student regarding the impact of any leave on the student's progression through medical school. Although permanent withdrawal from medical school is a much less frequent consideration, the consequences of that decision are much greater. Advising a student who is considering permanent withdrawal from medical school should also include help in understanding the reason(s) for the request; alternate options, such as means for addressing underlying problems; the possibility of a temporary leave of absence prior to a final decision; and planning for the future if a final decision to withdraw is made. Students considering a permanent withdrawal should understand clearly that this decision would require them to re-apply to medical school as a new applicant if they were to desire to return to medical school in the future, whereas a return to school from a leave of absence does not require re-application as a new student.

Student Affairs officers must be prepared to discuss the potential financial implications of a leave, especially for those students with outstanding educational loans. If a student is on a leave in order to study full-time in another educational program, their loans stay in deferral. However, interest on unsubsidized loans continue to be added to the principal. For students taking leave for personal reasons, it is important that they are aware that they may be using up their grace period of 6 months (if it has not previously been used) and may fall into loan repayment after that. The same applies to students who withdraw from the medical education program and are not enrolled in another full-time course of study.

In addition to voluntary leaves and withdrawals, in rare circumstances the school may find it necessary to impose an involuntary leave of absence upon a student. This would most likely be used in a situation when, due to a psychological condition, a student's behavior proves to be incompatible with the learning environment and may even pose a threat to the individual student or other learners. (These situations are usually considered separately from disciplinary proceedings.) In such circumstances, the school may enact an involuntary leave of absence. The affected student should be provided formal documentation which should include a description of the concerns and the expectations for what would need to take place for the involuntary leave to be ended. Oftentimes, these students will be referred for "fitness" evaluations which would be conducted according to the procedures at each individual school.

### **Student Employment**

In some institutions, the Student Affairs office is responsible for administering school policies regarding student employment. Even when this is not a primary responsibility of the office, it is important that the Student Affairs officer assist students to understand and monitor the impact of employment upon their academic performance. In general, schools cannot enforce rules against employment outside the institution, but can have policies in place that require any institutional employment to be reviewed by the administration.

## **Personal and Professional Conduct and Professionalism**

In many institutions, the Student Affairs officer shares with faculty members the responsibility for assisting students in the development of skills, behaviors, and attitudes related to professionalism. This responsibility may be fulfilled through role-modeling, direct teaching, advising, or other interventions. The Student Affairs officer may be called upon to work one-on-one with a student perceived to have professionalism issues or problems. If a student's breach of professionalism constitutes a serious offense (as defined by school policies), the student may face a hearing as required by the school's due process and academic progress procedures. In this situation, the Student Affairs officer may be available to advise the student, work with the student on a short-term or long-term basis, assist the student in understanding and modifying the attitude or behavior of concern, and/or monitor compliance with any requirements or conditions imposed by the faculty.

### **Disciplinary Procedures:**

#### *Disciplinary Action*

In many institutions, the Student Affairs office plays an important role in disciplinary actions regarding students. Students who have engaged in cheating, unprofessional conduct, or other improper behavior, occurring within or outside of the confines of the educational program, may be dismissed or have other specific disciplinary action taken against them by the institution after a review of the charges has been completed, and a decision made, by an appropriate school committee or official. The specific procedures for handling these issues will vary among schools. Generally, Student Affairs officials will be involved in the process in some way. This involvement could include insuring the confidentiality of the proceedings, clarifying policies and procedures for the student involved, assisting the student in identifying a representative or advisor at the proceedings, and sometimes devising a follow-up plan for the student. Procedures could range from informal conversations to formal hearings, with actions ranging from dismissal of the complaint to censure, suspension, a leave of absence, or dismissal. Students may also be placed on probation for finite or indeterminate periods of time. The specifics of these decisions should be communicated in writing to the student, including any provisions of the probation and the possible consequences of violations thereof.

### **Standards of Conduct**

Students should be provided with written documentation of the university's and medical school's standards of conduct. This can also take the form of an Honor Code at some institutions. This document is typically included in a student handbook or academic bulletin and is often presented during orientation activities. These standards typically address the parameters of relationships between faculty members and students, including both limits on those relationships and expectations about the development and maintenance of a learning environment based on mutual trust and understanding. Students should be informed on any Honor Code Committee policies, regulations and procedures. They also should include a discussion of policies and procedures related to infringements of such standards and the due process guaranteed to all individuals.

### **Students' Rights and Responsibilities and Disciplinary Procedures**

Students should be informed, in writing, of their rights to "due process" and their responsibilities in any institutional action involving academic progress, disciplinary procedures, or potential dismissal from the medical school. Student rights and responsibility policies and procedures should be provided in an academic bulletin or student handbook made available upon initial matriculation at the school. Student Affairs officers should also consider an annual acknowledgement or "sign off" recognition by students that they have read and agree to certain pertinent policies and procedures crucial to their health, safety

and graduation progression. It may also be helpful to include reminders regarding these issues at subsequent points in the curriculum.

### **Appropriate Treatment in Medicine**

Medical schools are dedicated to providing their students, residents, faculty, staff, and patients an environment of respect, civility, dignity, and support. Aside from patients and their families, our learners can be one of the most vulnerable populations on our campuses. The diverse backgrounds, personalities, and learning needs of individual students must be considered at all times in order to foster appropriate and effective teacher-learner relationships. Honesty, fairness, even-handed treatment, and respect for all students are the foundations of an effective learning environment. Mistreatment and abuse of medical students by faculty, residents, staff, or fellow students are antithetical to the educational objectives of the medical school. Mistreatment and abuse include, but are not limited to: berating, belittling, or humiliation; physical punishment or threats; intimidation; harassment or discrimination based on race or ethnicity, gender, sexual orientation, age, religion, or physical or learning disability; assigning a grade for reasons other than the student's level of performance; assigning tasks for punishment or non-educational purposes; requiring the performance of personal services; or failing to give students credit for work they have performed. Some complaints may be investigated as mandated by federal or state laws. Other complaints may be handled in a less formal manner. In all cases, students should have the right to seek alternatives to decisions that have been made about them and their status in the institution. Student Affairs officers should facilitate the development of appropriate institution-specific policies and procedures in these matters and play some role in ensuring that they are followed when instances of mistreatment occur. It is important to keep several factors in mind when developing or reviewing these policies. They should include clear descriptions of the avenues of reporting incidents of negative behaviors and of the roles of the individuals whom the student should contact. They should also guarantee confidentiality and due process to both the complainant and the accused as consistent with appropriate investigation and adjudication of allegations. Language detailing the institution's commitment to protecting learners who bring forth allegations in good faith from future retribution is critical. Details of how such allegations would be handled in terms of process also provide the learner with a sense of how things will proceed after concerns are raised.

Policies cannot be effective if members of the community are unaware of their existence. Student Affairs personnel can play an important role in making sure that policies regarding negative behaviors in the learning environment are appropriately and repeatedly communicated not only to students, but also to all members of educational and healthcare teams.

Measures of student awareness of policies, their willingness to come forward with concerns, the sources and locations of mistreatment, and the types of behaviors that occur can be found in the Annual Graduation Questionnaire administered by the AAMC. In addition, internal institutional measures should be undertaken. This information is regularly reviewed by the LCME as part of the accreditation process.

### **Confidentiality**

Protecting the sanctity and confidentiality of patient information has been a cornerstone of medical practice for centuries. The Hippocratic Oath admonishes new physicians to swear that, "What I may see or hear in the course of the treatment . . . I will keep to myself." Students embarking upon the exciting challenge and privilege of providing daily care to patients often need to be reminded of the pitfalls associated with hallway, dining room, and elevator conversations about patients and of their ethical and

legal obligations to maintain patient confidentiality. Requirements may vary by state and by practice location, and requirements for some diseases or health conditions (e.g., HIV/AIDS, substance abuse, sexually transmitted diseases, etc.) may differ from the requirements for general health information. In addition to local requirements, federal law contains provisions that constitute minimum requirements to protect patient confidentiality. This is embodied in the Health Insurance Portability and Accountability Act. Student Affairs officers should be very familiar with procedures for compliance with the requirements of this law at their institutions, including appropriate training, ways to report violations, and consequences of such violations.

The confidentiality of students' academic records is also of utmost importance. It is governed by the Family Education Rights and Privacy Act (FERPA) enacted in 1974 and perhaps more local legislation. Information on this act can be found at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html). All students should be made aware of these important privacy rights and detailed information should be easily accessible to all.

### **Background Screening, Drug Testing, and National and State Laws Governing Licensure**

Criminal background checks have become standard for students applying to medical school as well as practitioners seeking clinical privileges in a wide variety of healthcare settings. How and when these are conducted will vary from institution to institution. The issues that student affairs officers should be aware of include:

- Who will be checked (all applicants, accepted applicants, or matriculants).
- The depth of detail and type of information desired in a criminal background check.
- Thresholds for action (e.g., what types of information that might potentially be discovered that would constitute grounds for institutional action).
- The significance of any documented rehabilitation or restitution following the offense.
- Decision-making and appeal processes resulting from the information discovered.
- The timing and frequency of checks (upon application, upon acceptance, prior to matriculation, following matriculation, prior to initiation of clinical clerkships, annually, etc.).
- Sources of funding for checks.
- Vendor selection and management of in-house processes.
- Storage of, and access rights to, information generated by a criminal background check.

Clinical training sites may have personnel policies and other requirements that differ from medical schools' requirements for acceptance, matriculation, and/or graduation. Some clinical sites already conduct criminal background checks for faculty and staff independent of medical school policies. Additional issues that arise when considering training at a non-medical school clinical site include:

- The types of information that may be shared between schools and clinical sites.
- The locus of responsibility for determining actions to be taken in response to information of concern revealed in a criminal background check.
- Policies and procedures for resolving the educational needs of students when schools and clinical sites differ in their policies and practices.
- Storage of, and access rights to, information generated by a criminal background check.

One topic related to criminal background checks is that of drug testing of medical students. Again, standard guidelines or policies do not exist in this area. Issues to be considered when establishing, reviewing, or modifying drug screening policies include:

Indications for testing (routine, at school's discretion, with evidence of academic difficulty, upon reports of suspected substance abuse, etc.).

- Type of screening and agents covered.
- Storage and use of, and access to, information collected.
- Compliance with FERPA and HIPAA regulations.
- Sources of funding for testing.
- Availability of remediation and recovery programs for affected students.

As medical schools strive to ensure a safe workplace for all participants and to protect the rights of patients, the protection of the privacy rights of students is also a concern. Schools hope to balance what may, at times, be competing interests so that they can provide reasonable assurances of students' trustworthiness and integrity to the individuals with whom our students interact in the clinical environment, while simultaneously protecting students against unreasonable intrusions into their personal privacy.

### **Impairment**

Policies regarding students affected by the abuse of alcohol or other drugs are typically included in a student handbook provided, either in a hard copy or online, to medical students upon their matriculation in school. Multiple mechanisms for identification, evaluation, treatment, and supervision exist. Each institution should have policies and practices specific to the requirements of the university and/or the state in which the school is located. Examples include:

- AIMS (Assistance for Impaired Medical Students): A student-sponsored peer support program that assists students who are experiencing problems with the abuse of alcohol or other drugs.
- Faculty observation and referral: Faculty directly observing a student who exhibits signs of impairment from suspected substance abuse may refer the student to the university or medical school mental health or counseling service for evaluation, treatment, or referral, as well as to the Student Affairs office if this observation takes place in the medical school environment.
- Faculty observation and reporting: Faculty directly observing a student who exhibits signs of impairment from suspected substance abuse may refer the student for consideration to the student promotions/academic progress committee. The committee may mandate that the student participate in evaluation, treatment, and/or ongoing monitoring and supervision.
- State medical board or medical association-sponsored Impaired Physicians Programs: Individual medical schools may have policies that mandate the reporting and referral of impaired students to the state medical board or state medical association for evaluation, ongoing monitoring and supervision, and participation in ongoing treatment and recovery programs

### **Handling of Exposures to Air/Blood-Borne Pathogens**

Medical schools provide education and training to students to reduce the risks posed by infectious agents encountered in the clinical setting. These agents include HIV, tuberculosis, viral hepatitis, and other respiratory and blood-borne pathogens. Training may be provided during the initial orientation to the medical school, during the orientation to clinical clerkships, and/or as part of the preclinical curriculum in anticipation of clinical duties. Training may also occur during clinical training to reinforce lessons

previously learned. Additional information about infection prevention can be found on the Occupational Safety and Health Administration's Web site at: [www.osha.gov/SLTC/bloodborne pathogens/index.html](http://www.osha.gov/SLTC/bloodborne pathogens/index.html).

In addition to providing training to reduce the likelihood of exposure and infection, medical schools should provide mechanisms for the timely management of accidental exposures experienced by students. The Centers for Disease Control and Prevention (CDC) has published "US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis." These guidelines are available on the CDC Web site at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.

Because the efficacy of post-exposure medications declines precipitously with increasing time between exposure and treatment, it is imperative that students know exactly where they should go in the event of an exposure and know to act as quickly as possible. Similarly, the Student Health Service or other individual(s) responsible for assessing and treating the exposed student must be familiar with current protocols for post-exposure evaluation and treatment.

One component of protection against infection is pre-exposure vaccination. Consideration should be given to requiring hepatitis B vaccination for non-immune students prior to their beginning clinical contact with patients.

## Medical Education Timeline

As mentioned in the section above, more and more medical schools are moving to highly integrated curricula. Thus, the historical distinctions between different years of study are becoming more blurred. As such, student Affairs officers should familiarize themselves with the specific curricular structures at their schools and the expectations and milestones that are part of the medical education program.

### **Year One:**

#### *Orientation Programs*

The orientation program provides incoming students with an opportunity to become acquainted with their new medical environment. Elements that should be considered for inclusion in an orientation program include:

- An opportunity to meet key faculty and staff involved in the medical education program
- Meetings with members of the dean's office staff
- Introductions to members of the teaching faculty
- Presentations by representatives from student support services such as student health, wellness programs, and mental health
- Opportunities to become familiar with the physical layout of the school
- Social events with fellow students' spouses and significant others and members of other medical student classes
- Invitations from student leaders to participate in student organizations and community outreach programs
- Many schools include a "white coat" ceremony as a capstone event for the orientation program as a formal acknowledgement of the students' transition into the medical profession. Parents and other family members and friends are frequently invited to attend these ceremonies. Other institutions may hold such ceremonies at later times during the year

#### *Student Enrollment*

Appropriate enrollment procedures should be in place for entering students, including:

- Registration and payment of tuition and fees
- Completion of any required criminal background checks
- Completion of financial aid-related paperwork by students seeking financial assistance
- Verification of immunizations and/or documentation of completion of a medical history and physical examination
- Certification of workplace safety training (e.g., for exposure to blood-borne and air-borne pathogens)
- Health Insurance Portability and Accountability Act (HIPAA) certification
- FERPA-related requirements relating to access to student records
- Completion of other institution-specific requirements

Since many of these activities begin following acceptance, but prior to matriculation, close coordination between the admissions and typically Registrar's Offices is essential to insure that all relevant information is in place in each student's records. Student records personnel generally are responsible for establishing and maintaining an academic record for each enrolled student (see the "AAMC Guidelines for Maintaining Active and Permanent Individual Student Records" document,



which can be accessed, under “Student Records,” on the AAMC Web site at: [www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm)). Whether paper or electronic storage methods are employed, provisions must be made to ensure the security and confidentiality of student records. Particular care should be paid to the provisions of FERPA, which affords individual students the right to review their student records and determine what, if any, information may be released to the public.

All students must also receive instruction, as required by the Occupational Safety and Health Administration (OSHA, [www.osha.gov](http://www.osha.gov)) on “universal precautions” and the safe handling of blood or bodily fluids prior to their initial entry into the patient care environment, as well as on appropriate actions to be taken in the event of exposure to blood-borne or air-borne pathogens. It may be useful for the Student Affairs officer to have access to a database containing relevant information pertaining to students’ preparation for safe participation in patient care activities. This database might include certification of OSHA-mandated training, documentation of completion of HIPAA training, and cardiopulmonary resuscitation (CPR) certification. As described above, immunization status as well as PPD status are protected health data and the student affairs officer should not have direct access to this information.

### *Dissemination of Information to Students*

The Student Affairs office generally has responsibility for assuring that students are aware of, and have access to, key institutional policies pertaining to their medical education and associated procedures. Many schools find it most convenient to disseminate such information in a written, or on-line, student handbook or catalog. At a minimum, this handbook should include:

- Information about the medical school governance and administration
- Student academic standing and grading policies and procedures
- Disciplinary and dismissal policies and procedures
- Grievance and due process policies and procedures
- Leave of absence and withdrawal policies and procedures
- Remediation, course make-up, and decelerated curriculum policies and procedures
- Policies and procedures pertaining to student employment during periods of active enrollment
- Policies and procedures relating to discrimination, sexual harassment, and student mistreatment
- Substance abuse policies
- Technical standards for admission and graduation
- Policies and procedures for students with disabilities, including information about requests for accommodations and modifications
- Student privacy policies and procedures

Many schools include additional information relating to the curriculum, student life, and student support services in the student handbook or academic bulletin, whether in a hard-copy or electronic format.

### *Monitoring Student Performance*

The monitoring of student academic performance is generally a key responsibility of the office of Student Affairs. This process involves close interaction between Student Affairs staff and course and clerkship directors, students, and student promotions and/or advancement committees. Student Affairs personnel should play a primary role in identifying and assisting students who are experiencing academic difficulty. The Student Affairs office may provide some direct academic advising services to students, or, in institutions where this is a faculty responsibility, the office of Student Affairs should play

a significant coordinating role and support function in these activities. At the same time, the office of Student Affairs is frequently responsible for communicating about students with academic difficulties with appropriate faculty committees, and Student Affairs staff members may serve as the executive agency in implementing and following through on faculty committees' decisions and recommendations.

Students who are having academic difficulty may have disabilities. Institutional policies vary with respect to how disability issues are handled. All students presenting with a potential learning-related disability should undergo an assessment, typically at the student's expense, of the suspected disability, including a determination of any recommended accommodations or modifications. The process of obtaining this assessment differs from institution to institution, as does the process of determining the institution's ability to implement the requested accommodation or modification. Student Affairs officers should be familiar with the procedures in place at their institutions.

In June 2005, published a document entitled, "Medical Students with Disabilities: A Generation of Practice," to assist medical schools with the development and implementation of policies and procedures relevant to students with disabilities.

### *Student Support Services*

Entering medical school represents a major life transition for the student and his or her spouse or significant other. Matriculating students have completed their undergraduate requirements and may face a wide variety of life changes such as relationship transitions, geographic separation from family members and friends, marriage (and sometimes divorce), and financial emancipation. Students may bring with them to medical school a variety of concerns, including financial issues, health issues, issues of self-confidence, and substance abuse-related problems. The stresses of medical school can uncover learning difficulties, health problems, and/or emotional concerns. At most institutions, the office of Student Affairs is responsible for insuring that effective support services are in place for students and that students are able to easily access these services. At a minimum, students should have access to confidential medical and mental health services; personal, financial, academic, and career counseling services; and learning resources and academic and other student support services. In many institutions, the office of Student Affairs also plays a lead role in planning and providing student "wellness" programs (e.g., nutrition, stress management, time management, and exercise programs) and in assisting students to develop a wide variety of student interest groups, community service programs, governance opportunities, and other formal and informal activities.

### **Year Two:**

#### *Preparation for USMLE Step 1*

Given the current structure of the USMLE Step examinations, most students will prepare for and sit for the examination after the completion of the "preclerkship" portion of the curriculum. However, some schools which have students enter their clinical rotations at an earlier date encourage students to take the examination after completing their core clerkships. Students preparing to take USMLE Step 1 should review the USMLE Web site at [www.usmle.org/step1/default.htm](http://www.usmle.org/step1/default.htm) for a content outline and a description of test policies and procedures. If needed, requests for disability accommodation should be prepared well in advance of the deadline date for their submission to the National Board of Medical Examiners (NBME, [www.nbme.org](http://www.nbme.org)) to allow for the collection of required documentation, expert review, and meeting requests by the NBME for clarification or additional information

Virtually all medical school faculties believe (and rightly so!) that their formal curriculum is the best preparation for USMLE Step 1 available. Nevertheless, regardless of the quality of their medical school preparation, students frequently feel the need to engage in additional extracurricular preparation. Students who feel they must pursue a commercial preparation course should understand that these courses have not been shown to be superior to diligent self-study. Commercial courses also represent a substantial expense, often several thousand dollars. However, some students will select a commercial test preparation course because they value the convenience of a pre-packaged study program, or because their friends have succeeded using this strategy, or because they seek the security associated with a commercial preparation course. Students who have previously failed the Step 1 examination may also desire to pursue a structured course.

Student Affairs officers should be familiar with their school's policies regarding which examinations are required and for what purpose. In most schools taking Steps I, IICK, and IICS are required for graduation. As a required element of the curriculum, the cost for these exams can be factored into financial aid budgets/cost of attendance. In many schools the Step I examination is used as a gateway examination which must be passed before continuing into the clinical portion of the educational program. Some institutions require successful passage of all three components in order to graduate.

Students (and their advisors) wishing detailed information about all aspects of the USMLE Step examinations should consult the USMLE Bulletin of Information ([www.usmle.org](http://www.usmle.org)). The Bulletin includes information on eligibility requirements, test dates, test scheduling, the test day, and score reporting.

### **Year Three**

#### *Transition from Preclerkship to Clinical Curriculum*

Recognizing the growing diversity of curricular structures, the third year at many schools typically entails a transition from a more traditional classroom, laboratory, and small-group style of education to education in the clinical setting – either inpatient or outpatient. Most schools provide students with a formal transition program as they progress from one stage of their medical education to the other. The role of the Student Affairs officer and his or her staff may change as they relate to students in the clinical education setting, if only because easy and frequent access to these students is limited by geographic distance and significantly different schedules. There are differences among institutions relating to the role and responsibilities of the Student Affairs officer in this regard. Generally, however, the Student Affairs officer has responsibility for anticipating and responding to issues relating to student personal and professional conduct and misconduct in both the basic science and clinical arenas.

#### *Professionalism Issues*

As the Student Affairs officer may be responding to dealing in some way with issues of lapses or professionalism on the part of students during this time, they should be very familiar with the policies and procedures at their institution to deal with this matters.

#### *Scheduling of Clinical Clerkships*

Scheduling of third-year clinical clerkships typically occurs during the middle to latter part of the second year. While both the process of scheduling and the options available to students vary substantially from school to school, some common themes do arise.

- **Timing of Research.** Many students participate in research during their medical educations. In addition to their pursuit of knowledge and the joy of discovery, students generally wish to garner publications

and letters of recommendation to be used during residency application. Student Affairs officers may advise students about this fact, and they should be aware that there are many complex issues involved. The time delay between the initiation of a research project and a resulting publication may influence the timing of a student's research effort, particularly if a student applies in a specialty where authorship of published research is deemed especially valuable.

- **Timing of the "Chosen Specialty" Clerkship.** Students are often told (by other students, residents, or faculty members) that the timing of their third-year clerkships is critical to their career planning. This pre-supposes that the student has identified with certainty his or her ultimate specialty field. There is clearly no "right" choice in this regard. Data indicate that residency selection committees do not place much value upon the timing of third-year clerkships.
- **Timing of Interruptions to Medical Education.** Students wishing to pursue another degree program during the course of their medical education, to take time off for parenting or other "elective" family demands, or to pursue research requiring more time than would be available during the normal four-year curriculum may schedule an interruption in their medical education. Students who have experienced academic difficulty during the preclinical curriculum may also need to delay the start of clerkships in order to make up deficient coursework or to devote time for extra study prior to attempting (or reattempting) USMLE Step 1. While these situations arise regularly at each medical school, the options available and the means to address each situation will be determined by the policies and experiences of the individual medical school and, where applicable, its parent university.

## Year Four

### *Electives*

Students typically schedule elective opportunities during the fourth year, both at the home institution and at "away" locations. All students should be offered advice regarding the choice and timing of electives that is consistent with their interests, educational objectives, and future plans. There is much debate about the utility of "away" or "audition" rotations as part of the residency application and match process. There is no "one size fits all" recommendation for students and the advice whether to pursue such an option should be based on great familiarity with the student's performance in medical school and on Step examinations, the competitiveness of the specialty to which they are applying, and the competitiveness of specific programs in a given specialty. The AAMC has devised a "universal" affiliation agreement proposed for use between member schools which should facilitate such "away" rotations.

Working with senior medical students as they prepare to make the transition to graduate medical education (GME) is one of the most rewarding roles of the Student Affairs professional. Facilitating a smooth transition is a win-win situation for all involved.

### *Residency Interview Preparation*

The Student Affairs office is often responsible for helping students to prepare for their residency interviews. This process begins by being familiar with the timing of interviews in different specialties in the fall and early winter of fourth year. Because interviewing is such a time-intensive process, some schools allow students to take a month or two off during the fourth year curriculum so that they will have sufficient time to complete their interviews without disrupting their clerkship or elective schedules. However, financial aid regulations which require continuous enrollment and satisfactory academic progress might affect such opportunities and schools should consider periods of independent study or research as alternatives.

The interview is an important component of the residency application process, and students should be advised to prepare carefully for these interviews. In order to be fully prepared for the interview, students should be knowledgeable about the program, and they may find it helpful to speak beforehand with faculty, residents, and mentors about their interview experiences. Students should be familiar with their applications and willing to discuss straightforwardly any problems or flaws in their academic records. Some Student Affairs offices hold “mock interview” sessions to help students in their interview preparation. There are also Web sites where students can read about the interview experiences at selected programs. The Student Affairs officer should advise students about interview etiquette, such as calling to cancel appointments as early as possible in advance if they will not be able to keep an interview appointment and writing thank- you notes following the interview.

Attending multiple interviews can be an expensive proposition, and many students will need financial help to pay for their interview visits. Relatively recent communication from the Department of Education has clarified that federal financial aid can be used to support these costs. It is up to individual schools to determine if and how these may be included in the students' cost of attendance budget.

#### *Medical Student Performance Evaluation (MSPE)*

Prior to 2002, the Medical Student Performance Evaluation (MSPE) was known as the “Dean’s Letter.”

The MSPE is an evaluation that is sent to the directors of all residency training programs to which the student has applied. It is not a letter of recommendation. October 1 has been designated as the earliest date for release of the MSPE to residency programs for currently enrolled senior medical students. For prior year graduates making application to the second or subsequent years of a residency program, the MSPE may be immediately released at the time of the graduate’s request.

The authorship of the MSPE varies from school to school. Historically, it came from the Office of Student Affairs, although recent concerns about potential conflicts of interest this might have led some institutions to have other offices/programs prepare these evaluations. At each school, the student affairs officer should familiarize him/herself with the current method employed for the preparation of the MSPE.

The AAMC expects that the provenance of the document be monitored very closely. Students have the write to review their MSPE and to offer suggestions about any factual inaccuracies. Such review, however, must be done in a very secure manner as the document should not leave the office responsible for it in hard or electronic copy before the release date. Thereafter the MSPE must be maintained as a part of the students’ permanent records.

#### *Residency Application, Matching Processes, Match Week, and "SOAP"*

Student affairs officers should be quite familiar with the requirements for and timelines of the residency application and matching processes, including events occurring during "Match Week". Almost all students apply to residency programs through one of two application services: the Electronic Residency Application Service (ERAS) and the Central Application Service (CAS). Information about these services can be found respectively at: [www.aamc.org/services/eras/medical-schools/](http://www.aamc.org/services/eras/medical-schools/) and [www.sfmarch.org/default.aspx](http://www.sfmarch.org/default.aspx).

Students secure residency positions through the National Resident Matching Program (NRMP), the Urology Match sponsored by the American Urological Association, the San Francisco (SF) Match, and

the Joint Service Graduate Medical Education Selection Board Matches (the "military match"). Student Affairs officers and their staff should be very familiar with the different timelines of processes of these programs as they differ significantly.

A majority of students will be placed in residency positions by the NRMP. "Match Day" is typically the third Friday of every March when successfully matched students find out where they will be going for their house staff training. It is universal that some type of ceremony is held at each school. The Office of Student Affairs is usually charged with planning these events, very frequently in collaboration with senior students. While the outcomes of Match Day are generally quite happy ones, individuals responsible for planning events on that day should remain mindful that some students may not view their results in a positive light at the time and their privacy should be respected.

During the week prior to Match Day, the SOAP is conducted. Schools and applicants learn on Monday of that week that if a student did not match for either a PGY-1 position and/or advanced position. Students should be advised to stay close to school on that day if at all possible. They should also always have a fully charged and functional phone and computer available to them. Each school may have different resources available to support students through this process. These usually include the staff of the Office of Student Affairs and faculty advisors in different disciplines. Many schools will contact specialty advisors prior to the SOAP to make sure that they will be available to assist students. As this is a very emotionally challenging time for most students, the OSA should be very mindful of students' desires for privacy/confidentiality. Having a separate area to meet with students as they process the news and decide which programs to apply to can be very helpful. In some instances, the OSA may "close" for regular business in order to provide the time and space necessary to assist unmatched students.

### *Transition to Residency*

A major function of the office of Student Affairs is to facilitate the process of transition to postgraduate residency training for senior medical students. The Student Affairs officer and his or her office staff make a major commitment to this effort over the course of each year, beginning in late spring of the third year and culminating on Match Day in mid-March of the senior year. Once completed for the graduating class, the specialty and residency selection processes soon begin again for the rising senior class.

### *Exit Interviews and Debt Management Counseling*

Students who receive financial aid from the federal Stafford loan program are required to participate in an exit interview prior to graduation. This interview can be held in either a group meeting or an individual session format. Issues of importance to students that can be discussed during the exit interview include educational debt management, loan consolidation programs, repayment options, financial planning, credit reports, and resources and strategies for obtaining a mortgage.

## **Committee on Student Diversity Affairs Handbook**

## Introduction

The Handbook for Student Diversity Affairs Officers is a resource for new and seasoned professionals. It provides information on the function of diversity affairs professionals on medical school campuses in guiding the selection, recruitment and retention of all students with expertise serving historically underrepresented populations in medical school: students representing the African American, Hispanic American, Native American, and LGBT communities, first generation college students and/or students from low income backgrounds. It is hoped that this handbook will support and enhance the work of GSA-Student Diversity Affairs Representatives, as well as help them build and strengthen their diversity programs.

This handbook is a reference document that should be used with the understanding that medical schools vary in administrative structure, professional titles, policies and procedures, and culture. Readers are strongly advised to be cognizant of federal and state laws and institutional policies that affect diversity and inclusion at their institution.

The Handbook for Student Diversity Affairs Officers was created by the AAMC Group on Student Affairs-Committee on Student Diversity Affairs (GSA-COSDA). Content was compiled by COSDA members along with selected members of the former Committee on Diversity Affairs (CODA) noted below.

Diversity is broadly defined and includes individual identities, characteristics, experiences, and perspectives. Diversity refers to the various groups that may be underrepresented or underserved in the many contexts of medicine and academic medicine such as race or ethnicity, socioeconomic status, gender or sexual identity, and more. Diversity:

“Includes, but is not limited to, increasing the number of underrepresented students in medicine. Diversity must also include the creation of a culture and climate whereby multiple dimensions of diverse students are embraced by the medical education community. For it is only through a diverse and dynamic academic medic[al] community, that is truly reflective of our society, that all students will have the opportunity to learn how to care for our diverse national and global communities.” (Karen Lewis, CODA Chair, 2008-2012)



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## History

In 1975, the Minority Affairs Section (MAS) was established within the Group of Student Affairs (GSA) in recognition of the essential role minority issues play within academic medical centers. Many medical schools were staffed with a minority affairs representative whose duties and responsibilities covered a wide spectrum of activities in preparing minorities for a career in medicine. Initially, minority affairs representatives focused their attention on the recruitment and retention of underrepresented minority students via participation in recruitment fairs, sponsoring summer and enrichment programs, etc. However, over time, the roles and responsibilities of the MAS representatives became more broad and extensive. Responsibilities varied by job title and institution. Each school determined the most appropriate staffing pattern for their respective offices.

In June 2009, the AAMC Board of Directors approved the creation of the Group on Diversity and Inclusion (GDI) recognizing the need for attention to diversity across the entire continuum. Building on the thirty-two years of programming and initiatives of the Minority Affairs Section (MAS), GDI focused on a broader perspective of diversity across the entire academic medicine continuum to include resident, faculty, physician workforce, and academic health center administrative leadership. The GSA Steering Committee strongly felt that the important work begun through GSA-MAS with respect to underserved applicants and students should continue within GSA as a unique entity. Therefore, a fifth national committee was formed under the GSA: the GSA-Committee on Diversity Affairs (GSA-CODA). This committee has a unique structure in that it includes individual liaisons to additional professional entities.

These include the other GSA national committees: Committee on Admissions (COA), Committee on Student Affairs (COSA), Committee on Student Financial Assistance (COSFA), and the Committee on Student Records (COSR); as well as professional groups such as Association of American Indian Physicians (AAIP), the Hispanic-Serving Health Professions Schools (HSHPS), the National Association of Advisors to the Health Professions (NAAHP), and the National Board of Medical Examiners (NBME) Advisory Committee for Medical School Programs. The liaison structure informs the integration, collaboration, and attention to diversity across the GSA and related constituencies, recognizing that it is important for all students and all GSA areas.

On Friday, August 23, 2013, the AAMC Board of Directors (BOD) approved an amendment to the GSA Rules and Regulations to change the name of the GSA Committee on Diversity Affairs (CODA) to the Committee on Student Diversity Affairs (COSDA). The rationale for the name change is as follows:

- Align the name of the committee with the names of other Committees of the Group on Student Affairs (e.g., Student Records, Student Financial Assistance, Student Affairs);
- Clarify the connection to the Group on Student Affairs Professional Development Group of which the committee is comprised and to which the committee reports; and
- Align with the efforts of the constituents who support programming for diverse learners in the K-12 pipeline as well as those at the pre-medical, post-baccalaureate, and medical student levels in work in outreach, recruitment, admissions, retention, academic and personal support to achieve the ultimate goal of diversifying the physician workforce.

## Roles and Responsibilities

The role of the student diversity affairs officer is becoming more complex but continues to be an integral part of the institutional landscape in developing and implementing an institution's strategic diversity initiatives, providing leadership and expertise in fulfilling accreditation requirements, and fostering learning and development opportunities for campus communities.

With the expansion of the GSA structure in establishing COSDA and the community of Student Diversity Affairs Representatives, whose constituents consisted of medical school minority affairs/diversity affairs office personnel, the responsibilities of student diversity affairs officers have become more broadly defined. These responsibilities include administration, recruitment and student support service activities, and academic programming regarding not only racial and ethnic diversity but also the under-served from different geographic and socio-economic backgrounds, the LGBT community, and the disabled and others with special needs. Each medical school determines the appropriate position title for its diversity affairs officers and staffing pattern.

Depending on the institution's administrative structure, the Student Diversity Affairs Officers may have an autonomous office or be incorporated within another administrative office or academic unit. Although the student diversity affairs officer may report to another administrator on the institution's administrative chart, it is imperative that he/she have ready access to the Dean of the School of Medicine.

To accomplish the goals of the position, it is recommended that student diversity affairs officers have:

- A dedicated budget with appropriate control;
- Adequate support staff, appropriate office space and equipment which are important prerequisites for a successful program;
- Access to faculty, administrators, and staff who are integral to the success of diversity programs;
- Support and acceptance of the faculty to assure the success of the goals and objectives of diversity programs;
- Access to all pertinent information and data needed to implement strategy with regard to recruitment, retention, and programming

## Relationships with Internal and External Officers

The role of the diversity affairs officers is continuously changing with multiple demands. Therefore, it is important that the person in this role develop partnerships both internal and external of the institution. Further, student diversity affairs officers are expected to cultivate and build relationships that are critical to integrating and infusing the mission of diversity throughout the academic center.

Regardless of the institutional structure of diversity affairs offices, student diversity affairs officers need to work with offices within the medical school or center, as well as offices outside of the academic medical center. Some of these include, but are not limited to:

- President's Office
- Dean's Office
- Office of the General Counsel
- Alumni Office
- Development Office
- Financial Aid Office
- Office of Information Systems and Technology
- Marketing and Public Affairs Office
- Office of Academic Affairs/Medical Education/GME/CME
- Admissions Office
- Minority/Multicultural Affairs/Diversity Office
- Student Records/Registrar's Office
- Basic Science and Clinical Science Faculty
- Student Health and Mental Health Services Offices



## GSA Student Diversity Affairs Representative

Student Diversity Affairs Representatives are committed educators and administrators serving at medical schools whose mission is to improve the health of our diverse nation through leadership, service, research, and collaboration, with an emphasis on the value that diversity brings to the practice of medicine. Student Diversity Affairs Representatives are appointed by medical school Deans and assist with the recruitment, selection, enrollment, graduation, and alumni relations of students from diverse backgrounds in medicine at medical schools across the country.

The Student Diversity Affairs Representative provides leadership on the development and implementation of effective diversity practices into the institution's mission, vision, and strategic plan. They serve as the lead point of contact on medical student diversity around outreach and pipeline programs, recruitment, admissions, retention, and counseling (academic, personal, and career). In this role, it is imperative that close working relationships are established with administrators in admissions, student affairs, financial aid, and student records. A close alignment or working relationships with faculty and administrators involved in evaluation research would be helpful in developing measureable goals and objectives for diversity programs. Hence, it is critical to develop networks that promote student success, enhance one's professional development and growth, and strengthen the credibility of the diversity office.

Student Diversity Affairs Representatives serve multiple roles with varying responsibilities that require close interfacing across academic support units, particularly in student affairs where student and program policies are developed and implemented. It is critical that Student Diversity Affairs Representatives maintain a visible presence and active role in the policy making process, outcomes, and institutional practices.

Student Diversity Affairs Representatives responsibilities are typically, but not exclusively, defined within position descriptions that include outreach and pipeline program administrator; advocate; advisor and counselor for students from diverse backgrounds; recruiter and admissions member; advisor to student diversity organizations; and member of the student services/student affairs team. Depending on the institution, the role could encompass all diversity programs that involve pre-doctoral and postgraduate education, plus faculty development.

### Membership

There are three ways to become a member of the GSA-SDAR Community:

1. Student Diversity Affairs Institutional (Designated by Deans) Representative
2. Institutional members who are appointed/designated by the deans of the medical schools, including provisional medical school members of the AAMC, shall serve at the pleasure of their respective deans. Each medical school may appoint one institutional member - faculty or administrator - who has responsibility for student affairs-related diversity issues. Serves as the institution's primary contact to GSA on medical student diversity.
3. Student Diversity Affairs Individual Representative
  - a. Individual members, who may be self-nominated, nominated by the Dean or by other GSA members.
  - b. They shall be faculty or administrators who have responsibility for, interest and/or expertise in medical student diversity at member medical schools
4. Affiliate Members

- a. Affiliate members who may be appointed by the deans of medical schools that are:
- b. Affiliate medical school members of the AAMC (e.g., the Canadian medical schools)
- c. Provisional institutional members of the AAMC (e.g., newly developing schools).

## About the GSA Committee on Diversity Affairs (COSDA)

The GSA Committee on Diversity Affairs (COSDA) is one of the five national committees of the GSA. COSDA provides guidance on medical student diversity, on a local, regional, and national basis, with respect to student recruitment, admissions, retention and graduation. COSDA serves as the representative body (leadership and support structure) of the Student Diversity Affairs Representatives at medical schools charged with medical student diversity.

The strategic priorities of COSDA are defined under two overarching themes – (1) Physician Pipeline and Workforce Shortage, and (2) Professional Development. The Committee also works with AAMC Diversity Policy and Programs (DPP) on such projects as the Minority Student Medical Career Awareness Workshops and Recruitment Fair; the Summer Medical and Dental Education Program (SMDEP), and other student related activities.

### Mission/Goals

The mission of COSDA is to improve the health of our diverse nation. The following are four strategic initiatives identified to achieve its mission and vision:

- Promote racial and ethnic diversity in the physician workforce and medical education;
- Develop diverse leadership;
- Develop reciprocal communications among Student Diversity Affairs Representatives, Diversity Affairs committee members, Group on Student Affairs (GSA), Group on Diversity and Inclusion (GDI), the AAMC, and external organizations that address diversity issues; and
- Increase collaboration within the AAMC.

### GSA-COSDA Structure/Leadership

The leadership/structure of COSDA is similar to the other GSA committees. COSDA consists of:

- National Committee Chair
- Regional Representative (Central, Northeast, Southern, and Western)
- Liaisons to GSA Committees (COA, COSA, COSFA, COSR)
- GSA Past, Past National Chair
- Liaison to Group on Diversity and Inclusion (GDI)
- OSR Liaison to COSDA
- National Organizations:
  - Association of American Indian Physicians (AAIP)
  - Hispanic-Serving Health Professions Schools (HSHPS)
  - National Association of Advisors for the Health Professions (NAAHP)
  - National Board of Medical Examiners (NBME) Advisory Committee for Medical School Programs

# Structure of COSDA



## COSDA Member Selections

The leadership/structure of COSDA follows the GSA model with constituent input in the selection/appointment process of its leadership.

### Selection Process for Student Diversity Affairs Representatives

#### *Informed Selection Process*

COSDA and the other four GSA national committees utilize the same appointment selection process for national committee chairpersons and regional representation to those committees.

The GSA Rules & Regulations, Section VI. 2. Committees, E & F state:

“Appointments of national chairpersons and regional representation on GSA national committees shall be made annually as terms expire by the GSA Chair with the advice of the GSA Steering Committee and input from leadership, membership and constituents represented by the respective national committees”. An individual may not be appointed to the same committee for more than three consecutive years except to serve for a maximum of three additional years as chair of a committee or, at the discretion of the GSA Chair with the advice of the GSA Steering Committee, to serve additional consecutive years to retain special expertise.

At the July GSA Committee meetings, the GSA Chair will identify national committee chairperson and regional representative positions for which the term of the existing chair or representative is set to expire on November 30th. The GSA Chair will notify the regional chairs of their need to identify replacements for anticipated regional representative vacancies.

For national committee chairpersons, by August 1st the GSA Chair will send an announcement to all members of the existing committee, respective constituency, and GSA Steering Committee soliciting names of potential candidates for consideration to fill the upcoming vacancy to be submitted by September 1st. A brief description of the position and its responsibilities will accompany the announcement.

For regional representatives to national committees, by August 1st the respective GSA Regional Chairs will send an announcement to all regional members of the respective constituency soliciting names of potential candidates for consideration to fill the upcoming vacancy to be submitted by September 1st. A brief description of the position and its responsibilities will accompany the announcement.

- a. For national chairpersons, the GSA Chair will take the submitted names into consideration and seek advice from the existing national committee members and the GSA Steering Committee.
- b. For regional representatives, the regional chair will take the submitted names into consideration and seek advice from the regional steering committee.
- c. By October 1st, the final appointees should be named.
- d. Vacancies for unexpired terms shall be filled by the GSA chair for national chairmanships, regional chair for regional representatives. Respective steering committees and constituency leadership will be consulted.

## **GSA Regions**

There are four regional GSAs: Central, Northeast, Southern, and Western. The COSDA representatives from these regions play a critical role in the COSDA leadership team because they represent the views and perspectives of both the diversity affairs Representatives from the different regions. Also, they provide a perspective from their regional GSA membership.

Following GSA rules and regulations, the “purpose of the regional GSAs ... [is] to encourage communication among GSA members ... [who have] common regional interests and to provide a forum for discussion of matters to be acted on at national GSA meetings.” The COSDA regional representatives are appointed according to the informed selection process and are members of the regional GSA steering committees.

## **Role and Responsibilities of COSDA Members**

### *COSDA Chair*

- Hold the position of Chairperson for a three year term
- Chair the three COSDA meetings (January, July and at the AAMC Annual Meeting) and the Diversity Affairs representatives’ Session at the AAMC annual meeting
- Attend three GSA Steering Committee Meetings (January, July and at the AAMC Annual Meeting)
- Attend two GDI Steering Committee meetings and one GDI Steering Committee meeting during the AAMC Annual Meeting
- Participate in GSA Steering Committee Conference Calls and decision-making as needed
- Work collaboratively with the other 4 GSA Committees and Subcommittees as needed

- Work collaboratively with AAMC Student Affairs and Programs (SAP) cluster and Diversity Policy and Programs (DPP) cluster
- Lead the development and implementation of COSDA strategic priorities
- Communicate with diversity affairs representatives both locally, regionally and nationally
- Communicate with GDI representatives both locally, regionally and nationally
- Plan and coordinate, in collaboration with COSDA members, Professional Development Conferences and other meetings.
- Facilitate collaborations with other AAMC professional development groups
- In consultation with COSDA members, make recommendations of liaisons to COSDA, to the GSA Steering Committee
- Represent COSDA at the GSA Annual Meeting Planning meetings and development of annual meeting sessions
- Represent COSDA at AAMC and other meetings
- Direct monthly COSDA conference calls
- Work with AAMC staff to COSDA

#### *COSDA Regional Representatives*

- Hold the position of COSDA Regional Representative for a three year term
- Attend three COSDA meetings (January, July and at the AAMC Annual Meeting) and the Diversity Affairs representatives' Session at the AAMC annual meeting
- Attend the AAMC annual meeting
- Collaborate in the development and implementation of COSDA strategic priorities
- Communicate with your respective local and regional diversity affairs representatives
- Communicate with your respective local and regional GDI representatives
- Represent COSDA on your respective GSA regional committee meetings
- Participate in your respective GSA regional committee meetings and conference calls
- Participate in the planning of your annual regional GSA spring meeting
- Attend your annual regional GSA spring meeting
- Plan and coordinate, in collaboration with COSDA members, Professional Development Conferences and other meetings
- Serve as a resource to Diversity Affairs and GSA representatives in the region
- Participate in monthly COSDA conference calls
- Assist with other duties as assigned by the COSDA Chair

#### *COSDA Liaisons to GSA National Committees (Admissions, Student Affairs, Student Financial Assistance, Student Records) Appointments*

Any institutional or individual Diversity Affairs representative, who has the permission of the dean of the member medical school at which he or she holds an administrative position in minority affairs/multicultural affairs, will be eligible for membership on GSA committees. Appointment of Diversity Affairs representatives to National GSA Committees will be made by the COSDA Chair with the advice of the COSDA members

The main objective of the COSDA Liaisons is to relay pertinent information between COSDA and the respective GSA national Committees – COA, COSA, COSFA, and COSR and vice versa. The COSDA Liaisons ensure that issues relevant to Diversity Affairs representative are presented and addressed

adequately with feedback from both entities at all times. The COSDA liaisons keep both committees aware of each other's projects and "hot topics." The COSDA Liaisons also assist COSDA in monitoring and implementing its Strategic Priorities goals and activities. COSDA Liaisons must be continually aware of what is happening with their committee and be conversant with the minutes to ensure that they accurately reflect committee discussions and actions.

Written reports to COSDA about the GSA National Committees and to the GSA National Committees about COSDA are due twice a year in January and July. During the AAMC Annual Meeting, the reports are presented orally.

- Appointed by the GSA Steering Committee in collaboration with COSDA
- Hold the position of COSDA Liaison for a three year term of office
- Attend three COSDA meetings (January, July and at the AAMC Annual Meeting) and the Diversity Affairs representatives' Session at the AAMC annual meeting
- Attend the AAMC annual meeting
- Collaborate in the development and implementation of COSDA strategic priorities
- Communicate with your local, regional and national diversity affairs representatives
- Communicate with your local, regional and national diversity affairs representatives
- Communicate with your local, regional and national GDI representatives
- Represent COSDA on your respective GSA national committee annual meeting session(s)
- Attend your annual regional GSA spring meeting
- Plan and coordinate, in collaboration with COSDA members, Professional Development Conferences and other meetings
- Serve as a resource to Diversity Affairs and GSA representatives in the region
- Participate in monthly COSDA conference calls
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- Appointed by the GSA Steering Committee in collaboration with COSDA
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- Attend three COSDA meetings (January, July and at the AAMC Annual Meeting) and the Diversity Affairs representatives' Session at the AAMC annual meeting
- Attend the AAMC annual meeting
- Collaborate in the development and implementation of COSDA strategic priorities
- Communicate with your local, regional and national diversity affairs representatives
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- Attend your annual regional GSA spring meeting
- Plan and coordinate, in collaboration with COSDA members, Professional Development Conferences and other meetings
- Serve as a resource to Diversity Affairs and GSA representatives in the region
- Participate in monthly COSDA conference calls
- Assist with other duties as assigned by the COSDA Chair

#### *Group on Student Affairs (GSA) Steering Committee Liaison*

- Appointed by the GSA Steering Committee, the GSA past, past Chair will serve for a one year term
- Collaborates and reports to the GSA Executive Secretary
- Communicate COSDA updates to the GSA Steering Committee
- Attend three COSDA meetings (January, July and at the AAMC Annual Meeting) and the Diversity Affairs representatives' Session at the AAMC annual meeting
- Participate in monthly COSDA conference calls
- Assist with other duties as assigned

#### *Organization of Student Representatives (OSR) Liaison*

Students selected by the OSR to serve in this capacity are the primary link between the OSR Administrative Board and AAMC committees. To facilitate communication concerning timely topics of interest to students, each representative must:

- Retain OSR primary or alternate representative status throughout their tenure as an OSR liaison.
- Attend all assigned committee meetings and conference calls during their term and meet the expectations of their respective committee. It is each liaison's responsibility to be in regular contact with the AAMC staff person who oversees the committee. In addition, liaisons are required to contact the appropriate committee member for the meeting schedule.
- If a liaison is not able to attend a committee meeting, they must notify the AAMC committee staff person and the OSR staff so that hotel rooms may be cancelled and other arrangements made.
- Stay in regular contact with the OSR Chair or another designated Administrative Board member to learn of OSR Administrative Board concerns. It is also the liaison's responsibility to provide the OSR Administrative Board with information on issues relevant to their committee assignment.
- Present an OSR update at each committee meeting.
- Submit a brief summary report within two weeks after the committee meeting to OSR Administrative Board. OSR Ad Board and liaison updates are available via:  
[www.aamc.org/members/osr/reports/start.htm#liaisonupdates](http://www.aamc.org/members/osr/reports/start.htm#liaisonupdates)
- OSR liaison appointments are renewable yearly until graduation



### *Other Liaisons to COSDA*

COSDA may from time to time invite liaison representatives from other appropriate associations and organizations to meet with the Committee. The liaison relationship between COSDA and NAAHP provides an excellent opportunity for information exchange about issues related to advising students from underrepresented groups and other diversity issues as it relates to medicine.

The main objective of the liaison is to relay pertinent information from AAIP to COSDA and vice versa. The liaison relationship provides COSDA with an opportunity to develop a prominent voice in articulating the needs and concerns of American Indian and Alaskan Natives premedical and medical students, and faculty

COSDA currently has a liaison from the following national organizations:

- Association of American Indian Physicians (AAIP)
- Hispanic-Serving Health Professions Schools (HSHPS)
- National Association of Advisors for the Health Professions (NAAHP)
- National Board of Medical Examiners (NBME) Advisory Committee for Medical School Programs

This advisory committee is charged to improve communication and to enhance relationships between the medical education community and the NBME in areas of mutual interest. The committee is structured to systematically obtain views from various segments of the medical education community.

## Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

### Resident Participation in Medical Student Education

Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

### Community of Scholars/Research Opportunities

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

### Diversity/Pipeline Programs and Partnerships

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

### Anti-Discrimination Policy

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

### Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

### Student Mistreatment

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

## Committee on Student Records Handbook

## Introduction

The following members of the COSR Executive Committee served as editors of this revised edition of the Handbook for Student Records Administrators:

**Marrissa Cook, M.A.**

Representative, Southern Region  
USF Morsani College of Medicine

**Teresa Cook**

Representative, Western Region  
Keck School of Medicine of USC

**Julie Ferguson, M.P.A.**

Representative, North East Region  
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**Damien Ihrig**

Representative, Central Region  
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Additionally, COSR would like to thank Jayme Bograd, AAMC Staff Liaison, for her support and participation in the revision process.

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# Roles, Responsibilities, Structures, and Functions

## The Role of the Registrar

The primary role of the school of medicine (SOM) registrar is to maintain the permanent records and academic documents that pertain to each matriculated student's progress through medical school. While each medical school's administrative organization is unique, the key functions of the SOM registrar remain the same. While this document assumes that the SOM registrar is based at a medical school, some institutions have other administrative structures.

Examples of the roles and duties of the SOM registrar are enumerated below. This list is neither exhaustive nor intended as a minimum standard. Variations will occur among schools based upon institutional needs and history.

### 1. Documents and Records:

- Maintain, interpret, and implement university, state, and federal guidelines and policies regarding student records
- Maintain permanent records for historical degree requirements
- Maintain permanent records of course and elective catalogs and student policies
- Develop procedures for publications, including school bulletins, student handbooks, Web site pages, and the student directory
- Maintain school archives of USMLE scores
- Maintain and permanently secure each matriculated student's official academic record
- Produce diplomas for graduation and certify that all students have satisfied institutional graduation requirements
- Receive, record, and secure documentation for final course grades and student performance evaluations
- Maintain and distribute the official transcript (Note: At some schools, the university registrar is responsible for distributing the official transcript.)
- Coordinate the withholding of diplomas and transcripts from individuals with outstanding obligations to the institution with other departments [Note: Only the document (diploma or transcript) can be held; conferring of the degree cannot be withheld.]
- Establish policies for access to student academic records in accordance with the Federal Educational Rights and Privacy Act (FERPA)
- Maintain official documents pertaining to student promotion, disciplinary actions, leave of absence, extended academic programs, withdrawals, dismissals and other changes in student status

### 2. Enrollment:

- Coordinate course registration and collect grades and/or evaluations
- Coordinate enrollment, including add/drop activities, and monitor the status of all students
- Coordinate tuition and fee assessments (often performed by university bursar or cashier) Coordinate registration procedures for United States Medical Licensure Examination (USMLE, Step 1 and Step 2)
- Certify enrollment and graduation dates for the NBME
- Maintain and prepare student directory information

### 3. Clinical Scheduling:

(Note: At some schools, this function is handled by the academic affairs or student affairs office.)

- Prepare schedules and site assignments
- Coordinate scheduling for visiting students, including verifying academic standing at home school, acquiring appropriate documentation of medical and malpractice insurance coverage, coordinating schedules with departments, collecting fees, and, in some cases, identifying housing options

### 4. Data Reporting:

(Note: These functions may be performed by an institutional research department.)

- Ensure that an adequate student information system is in place to maintain student records
- Maintain statistical data on student demographics, enrollment and academic progress
- Prepare and/or submit enrollment reports
- Calculate class rankings and eligibility for academic honors

### 5. Interaction with Other Offices:

#### **Student Affairs Office**

- Implement and/or participate in determining disciplinary and promotion actions from faculty committees (e.g., leave of absence, dismissal, remediation, extension, withdrawal)
- Assist with preparation of the Medical Student Performance Evaluation (MSPE), Electronic Residency Application Service (ERAS) documents, and certify eligibility for the National Residency Match Program (NRMP)
- Participate in preparations for hooding and graduation ceremonies
- Participate in planning for: Orientations, the White Coat Ceremony, Convocation, Student Clinician Ceremony, Awards Ceremonies, Match Day, Hooding and Graduation/Commencement

#### **Financial Aid Office (FAO)**

Communication with the financial aid office is dependent upon its level of access to the information in the student information system.

- Notify the FAO if a student drops below halftime student status
- Notify the FAO within thirty days of any enrollment status changes, including, but not limited to, probation, leave of absence, withdrawal, dismissal, and extended academic program, which has implications for the following:
  1. satisfactory academic progress (SAP)
  2. continued eligibility for financial aid
- Provide FAO with necessary statistical data about students
- Verify student eligibility for scholarships

#### **Admissions Office**

- Receive names and pertinent demographic information about entering students



- Determine which documents should be included in the official student record when materials are transferred from the admissions office. (See Guidelines for Maintaining Active and Permanent Individual Student Records. It is assumed that the admissions office is responsible for verifying that the coursework needed for matriculation has been completed and final transcripts have been obtained.)

**Curriculum/Medical Education Office**

- Assist in developing academic calendar, class schedules, and examination schedules
- Coordinate class, small group, and conference room scheduling
- Coordinate distribution and receipt of student course evaluations
- Attend Curriculum/ Medical Education Committee meetings to assist with curriculum development, creation of new courses and new academic programs

**Cashier/Business/Bursar/Student Accounts/Finance Office**

- Assist with tuition and fee collections and student account delinquency notifications including default on student loans
- Provide enrollment status change information in order to establish appropriate tuition and fee assessments for each student
- Assist with budget revenue projections
- Honor holds on release of student records, i.e., transcripts, licensure paperwork, etc

**Academic Departments**

- Train faculty staff on FERPA and other pertinent academic policies and procedures
- Coordinate training on various student information systems including visiting student application systems, evaluation and scheduling systems, and e-learning platforms

**Alumni Affairs/Development**

- Transfer graduation cohort data
- Share updates to graduate contact information

**Student Health Services/Insurance**

- Ensure and verify immunization compliance.
- Assist in coordinating annual immunization clinics.
- At some schools, the registrar's office is also involved with the bidding or selection process for the student health insurance program, including student enrollment and managing the administrative part of the student health plan.

## Organization and Structure

Registrar functions are dependent upon the administrative structure of the institution.

### Medical School Affiliated with a University

Two common structures that exist when the medical school is part of a university system are outlined below:

- *Medical school located on the main university*—the medical school is part of a university system and may be located on the main campus or have its own separate campus often affiliated with a teaching hospital.
- *Academic medical center campus*—in this structure, the medical school is part of a separate campus from the main university campus and will often have multiple schools present at the academic medical center campus (nursing, allied health, basic medical sciences research, public health, etc.). This type of institution is also often affiliated with a teaching hospital.

The records administration functions will vary depending on the organization of the university. For example, the campus might have its own campus registrar not specifically affiliated with any particular school.

### Stand-Alone Medical School

In this structure, the medical school is its own institution and not affiliated with a university system. A stand-alone medical school will typically have a person that holds the title of registrar. The registrar would perform all the recordkeeping functions outlined in this document.

### Medical Schools with Regional Campuses

Medical schools with regional campuses often offer a significant portion of the medical educational program at a site geographically distant from the medical school. Such sites often have more local autonomy in developing educational programs, however administrative duties may be housed at the main medical school campus or delegated to the regional campus.

# Records

## Records and FERPA

Responsibility for educational records is a primary responsibility of the registrar/records officer. The Buckley Amendment, otherwise known as The Family Educational Rights and Privacy Act of 1974 (FERPA): (<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>), defines educational records and governs students' rights of privacy and access to their educational records. The act applies to all institutions that receive federal funding; noncompliance can result in withdrawal of federal funds.

### Definition of Educational Records

Educational records directly related to the student are either maintained by the school or by a party or organization acting on behalf of the school. Any record that contains personally identifiable information directly related to the student is an educational record under FERPA. Such records may include:

- Paper Documents;
- Electronic Documents;
- Microfilm and microfiche;
- Video or audio tapes or CDs;
- Film;
- Photographs.

The following items are not considered educational records under FERPA:

- Private notes of individual staff or faculty that are in their sole possession
- Campus police records
- Medical records
- Statistical data compilations that contain no mention of personally identifiable information about any specific student

Faculty notes, data compilation, and administrative records kept exclusively by the maker of the records not accessible or revealed to anyone else are not considered educational records and, therefore, fall outside of the FERPA disclosure guidelines. However, these records may be protected under other state or federal laws such as the doctor/patient privilege.

## Rights of Privacy and Access

Institutions are required to limit the disclosure of information from educational records to third persons. The registrar's office is responsible for notifying students (or their parents if dependency has been established) on an annual basis of their rights to review their student educational records and seek correction of any errors contained in the records. Non-directory information cannot be released without the written permission of the student. Students must be advised what an institution considers to be directory information.

## Jurisdiction

FERPA deals only with educational records. Its provisions extend protection to students currently enrolled or formerly enrolled in higher education institutions, regardless of whether they are dependent on their parents. Parents of students termed "dependent" for income tax purposes also have access to students' educational records. Please refer to your school's policy for verifying dependency. FERPA specifically affects the records of all students and former students.

## Compliance

An institution receiving federal funding must take the following steps to ensure compliance with FERPA:

- Each year, every institution must inform students and parents and/or guardians about their rights of access and review under FERPA, and detail the procedures for the inspection and challenge of records.
- Institutions must establish a clear policy on what does, and does not, constitute educational record and directory information under FERPA and communicate that policy to all staff members working with educational records.
- Each institution must designate the official(s) responsible for controlling access and disclosure of student educational records.
- A schedule of fees charged for making copies of educational records should be set and published.
- Institutions must adopt criteria to determine what constitutes a legitimate educational interest sufficient to justify providing a faculty or staff member with access to student educational records. These criteria should not be overly specific.
- Institutions must develop procedures by which students can limit disclosure of directory information.
- Institutions must maintain a record system that indicates any occasions when a student's educational records were requested or disclosed without the student's permission.

## Balancing Student Privacy and School Safety: A Guide to the FERPA for Colleges and Universities

<http://www2.ed.gov/policy/gen/guid/fpco/brochures/postsec.html>

- FERPA allows colleges and universities to take steps to maintain campus safety in the face of health or safety emergencies. The Department of Education has issued a document to guide school officials so that quick and decisive action can be taken when warranted. Registrars are urged to be familiar with these aspects of the law in order to empower them and other school officials. It is recommended that campuses develop emergency protocols and multilevel communication plans with broad representation from the campus community (i.e., records, student health, campus security, student affairs, local law enforcement, information technology, legal, facilities management, etc.) Incidents of violence on college campuses have demonstrated the need for schools to have a dialogue to establish procedures for handling information that could be detrimental to maintaining a safe school environment.

## Transcripts

The academic transcript is a certified document used by various parties outside the educational institution and an unabridged authentic summary of the student's academic history at that institution. The AAMC document, Guidelines for Medical Schools Regarding Academic Transcripts, [www.aamc.org/linkableblob/54636-8/data/transcripts-data.pdf](http://www.aamc.org/linkableblob/54636-8/data/transcripts-data.pdf) gives detailed recommendations for managing the security of transcripts.

## Criminal Background Checks (CBC)

Criminal background checks on prospective or current students presents a number of issues for registrars. Criminal background reports received by a school meet the definition of a student record under FERPA and entitle students to review their criminal background check reports. Sharing of the

background report should be controlled by the student's written consent and by the terms of the release signed by the student when initiating the background check.

Criminal background check reports should be maintained in a separate file from the regular student academic file and are not subject to review as part of the academic file. Institutions will specify where these records will be securely housed. However, strong consideration should be given to a separate location where personnel who are trained in FERPA can maintain appropriate control and to allow efficient verification for students doing rotations at clinical facilities that require such background checks.

Retention of criminal background check results should be limited to the period of use, or according to institutional policies or state law.

The records office should be represented in the membership of the respective institutional review panel that evaluates CBC results.

Consultation with your institution's legal counsel is strongly recommended with regard to formulation and application of CBC policies and practices.

### **Electronic Transmission of Records/Documents**

Technological advances offer opportunities as well as challenges to the registrar/records officer. Proper handling of official transcripts illustrates the point. A transcript ceases to be "official" if it is photocopied or faxed. However, electronic transmission of an official transcript is permitted through secure portals such as the AAMC's Electronic Residency Application Service (ERAS), Medical Institution Document Upload Service (MIDUS) and Visiting Student Application Service (VSAS). When a transcript is to be transmitted electronically for other than the aforementioned purposes, it is recommended that the sender and receiver use secure source software and/or current encryption methods. Strict standards of authentication are imperative before granting authorized parties access to records electronically. Standards for Web-based authentication are evolving, and registrars should collaborate with their institutional information technology professionals to stay abreast of the latest advances in this area.

### **Record Retention and Destruction**

The Guidelines for Maintaining Active and Permanent Individual Student Records

(<https://www.aamc.org/download/86146/data/guidelines.pdf>) lists the most common documents that make up a student record and what is recommended to be retained as part of the active student.

### **Permanent Records**

A retention program is vital to efficient operation of any registrar's office. Limitations in both office and storage space compel decisions about which records to retain, and for how long, versus which records to destroy. For permanent academic records, the accepted practice is to retain the records indefinitely in hard copy, on microfilm, or in digitized form. However, it is important to purge documents not needed in the permanent record file before transferring it to long-term media storage systems. If the records are microfilmed or maintained on magnetic media, provisions must be made for reasonably responsive reproduction time, as well as for updating the records as required.

### **Supporting Documents**

Decisions to retain supporting documents, such as grade reports and enrollment changes, should be based on the storage space available. Because these records serve merely to substantiate entries on the permanent record, they are essential for only a relatively short time. Since any challenges to the veracity

of permanent record entries must occur while students are still in school or shortly thereafter, retaining students' supporting documents for one year is generally sufficient.

### **Retention and Destruction Schedule**

Some state laws mandate specific retention and destruction schedules and classify documents into specific retention categories, with some records kept in perpetuity and others classified for destruction on an annual basis. Since recordkeeping is an extensive and expensive business, in states without retention laws some institutions have created their own records retention and destruction schedule. It is important to consult your school's legal counsel before establishing a retention schedule at your institution.

The essentials of a retention and destruction program include:

- Projected availability of storage space
- A systematic schedule for transfer to digital or other acceptable media  
(see: [https://www.aamc.org/download/174430/data/document\\_imaging\\_best\\_practices.pdf](https://www.aamc.org/download/174430/data/document_imaging_best_practices.pdf))
- A systematic purge and destruction program
- A systematic backup of data to an offsite location.

# Enrollment Management

## Enrollment Status

The registrar's office maintains the official record of a medical student's matriculation and enrollment status, including, but not limited to:

- Acceptance decision and date
- Active or inactive
- Fulltime, halftime, or less than halftime enrollment
- Not registered
- Dates of attendance
- Length of time in degree program
- Leave of absence and type or reason for leave
- Transfer status
- Probation – academic or disciplinary
- Suspension – academic or disciplinary
- Dismissed and type of dismissal
- Withdrawal – voluntary or involuntary
- Degree program(s), including combined degree or dual degree programs
- Anticipated date of graduation
- Graduation date/date degree conferred
- Class rank (if applicable)
- Honors and distinctions
- Deceased

Should a student's enrollment status change, the source of the change may originate with the student, the student affairs office, the medical education office, the medical student promotions committee, or the registrar's office. In all cases, the registrar's office should be proactive in communicating changes in enrollment status to all key stakeholders, including the aforementioned offices, as well as course/clerkship directors, regional campus directors (if appropriate), the financial aid office, the business office, and external agencies such as the Department of Education.

## Leaves of Absence

Each SOM should have policies that delineate the procedures for requesting an approved Leave of Absence (LOA) and a return from a LOA should extenuating circumstances preclude a student from continuous, uninterrupted progression in the medical school curriculum. A student may request a leave of absence for one of several reasons; some of the more common reasons are defined below.

- **Health:** A type of leave considered necessary for the student's emotional, mental, or physical health, and beneficial to their personal and professional well-being and progress. This type of leave is endorsed in writing, by a physician and must generally include a diagnosis and a suggested duration of leave. The institution may require a student requesting a medical leave or requesting to return from a medical leave to have an independent medical assessment by a physician designated by the university.

- **Academic:** A type of leave during which a student may pursue an advanced degree; engage in research training; participate in a medically-related fellowship; extend USMLE preparation time; seek supplemental academic coursework; or pursue other educational enrichment activities approved by the dean or his/her designee.
- **Financial:** A type of leave required when a student is unable to meet tuition and/or other educational financial obligations.
- **Other:** A type of leave sought by a student in order to devote attention to a personal matter that may inhibit or interfere with his/her academic performance and/or progress. Generally, a personal leave of absence is only granted to a student in good standing and may not exceed 12 months; a student may not request this type of leave more than once in an academic year.
- **Administrative:** A type of leave initiated by the school because it is believed that the student is incapable of continuing in the medical school curriculum. Return from administrative leave of absence may carry stipulations such as proof of successful resolution of the circumstances necessitating the leave.

Any student receiving financial aid must participate in an exit interview with the financial aid office prior to being approved for a LOA. Consideration for adjustment or refund of fees to students on leave of absence shall be based on established refund policies, in accordance with Title IV regulations. The length of a LOA may vary. Often, the maximum is 12 months, but with an option to request an extension of the leave of absence for an additional 12 months under unusual circumstances and with appropriate documentation. It is advisable to have a policy that restricts the maximum total length of time that a student can be on leave, e.g., two or three years.

It is strongly advised that registrars develop a clearance form or checklist for use by students, faculty, and staff to communicate final changes in the student's enrollment status due to leave of absence. The checklist serves not only to ensure the student receives appropriate counseling, but it also verifies that the student followed required exit procedures with the various departments such as financial aid, the business office, information technology, security, media center (library), etc.

Students approved for a LOA, regardless of the type of LOA, must also request a return from the LOA. Advance written notice of the student's intent to return may be required. Final approval for leaves of absence, extensions, and returns from LOA are generally made by the dean or student affairs dean of the SOM.

As with other changes in status, the registrar's office is responsible for reporting LOA status in the AAMC Student Record System (SRS), the Department of Education, the annual LCME questionnaire, IPEDS, etc.

### Extended Programs

In lieu of a formal LOA from their program, some schools allow students to decompress, or decelerate their curriculum by withdrawing from one or more courses while remaining enrolled in others. As a result, the traditional four-year M.D. program may be extended. Approval of extended curricula is generally made by the associate dean for student affairs, the associate dean for medical education, and/or the school's Evaluation and Promotions Committee. If the deceleration program results in a reduction of the student's time status, the change in enrollment status must be communicated to the financial aid



office. A reduction in time status may have an impact on financial aid eligibility and tuition charges. The registrar should be knowledgeable in advising the deans and the student about various enrollment options and implications.

### **Withdrawals**

Students wishing to withdraw from the M.D. program should be encouraged, if not required, to meet with the associate dean for student affairs to discuss enrollment options. If the student wishes to withdraw, the student should submit a formal, written request for a withdrawal. Students who have received financial aid must participate in an exit interview with the financial aid office prior to being approved for a withdrawal. Any consideration for adjustment or refund of fees to students who withdraw shall be based on established refund policies, in accordance with Title IV regulations. When recording a change in status due to withdrawal, it is essential that the registrar consult with the student, the faculty, the associate dean for student affairs, and the financial aid officer to ascertain the last date of attendance and withdrawal effective date.

In summary, the registrar plays a critical role in educating student and academic affairs administrators and faculty about the differences between a leave of absence, extended program and withdrawal, as each has implications relating to time status and program completion. While on a leave, a student is considered separated from the school; a leave of absence is a period of non-enrollment. Students on a leave of absence are not considered to be enrolled nor actively working toward the M.D. degree. While on a leave, a student is not eligible to receive financial aid or other benefits of enrollment, such as loan deferments. An extended program maintains a student's enrollment status in the program, but the additional time towards degree may have tuition and/or financial aid consequences. Withdrawal is a voluntary, permanent resignation from the degree program by a matriculated student. Typically, withdrawal should not serve as a solution to avoid dismissal due to academic failure or disciplinary reasons. The status of withdrawn is not considered an active academic status, but a terminal one.

### **Promotions and Satisfactory Academic Progress**

Students are expected to achieve an appropriate level of academic performance as defined by the faculty in the college of medicine, and to demonstrate reasonable, continued progress in the academic programs of the curriculum. A SOM must have a fair and formal process in place for taking any action that may affect the status of a medical student; students subject to adverse action are entitled to due process as prescribed by the Liaison Committee on Medical Education (LCME).

A medical education program must have standards and procedures for the assessment, advancement, and graduation of its medical students. Students must be evaluated periodically by the appropriate course or clerkship committee(s) and/or faculty. All aspects of each student's performance should be assessed, including the student's fund of knowledge, technical and interpersonal skills, attitudes, and professional character. If a student is not making satisfactory academic progress, the Medical Student Promotions Committee should review the student's performance record and interview the student to better understand any factors that may be impacting the student's performance. The Medical Student Promotions Committee may determine that remedial work or repetition of one or more curriculum components of the academic year is needed, or they may decide that the student should be dismissed. Depending on the institution, the registrar may be a member of the Promotions Committee, usually with ex-officio status. At the very least, the registrar is an essential source of the data and information needed for deliberation by the Promotions Committee.

In addition to institutional standards for satisfactory academic progress within a degree program, federal law and regulations governing Title IV student financial assistance programs require that medical students maintain satisfactory academic progress (SAP) in order to be eligible to receive federal financial aid through such Title IV programs as Stafford Student Loans, Perkins Loans, Federal Work-Study, and Supplemental Loans. SAP policies for receipt of Title IV aid must define criteria for both qualitative (e.g., grades or other objective measures) and quantitative (i.e., time to complete requirements) academic progress. It is the responsibility of each institution to develop and enforce its own standards for SAP in accordance with institutional academic policies and graduation requirements.

Any institution that fails to have and apply a written standard for SAP may not disburse Title IV funds to a student or certify a loan application.

As the custodian of both grading and length of enrollment records, the registrar's office must partner with the financial aid office to ensure compliance with SAP for the purpose of receipt of Title IV student financial aid. The registrar is obligated to ensure that SAP policy is in compliance with institutional advancement, promotion and graduation policies.

### **Remediation or Repeating Courses/Clerkships**

Students receiving a failing grade will usually be allowed to remediate or repeat a course or clerkship, unless the total number of failed credit hours subjects a student to repetition of the year or academic dismissal. When permitted to remediate or repeat a course or clerkship, a student may be permitted to enroll in remedial coursework, or an independent study for which there is no registration.

Decisions regarding permission to remediate failing grades generally rest with the Medical Student Promotions Committee. Some institutions permit a student to attend and/or pass a course at another institution to fulfill the requirements for successfully remediating a course, and the [AAMC provides a compendium of remedial courses offered nationally](#). Other institutions require students to complete remedial studies and be reexamined at their school.

If a student is given permission to undertake remedial coursework, the course directors must notify the registrar as to whether or not a student has successfully satisfied the requirements for remediation. The registrar must ensure that the student's record complies with the AAMC transcript guidelines as they relate to repeats and remediation.

### **Dismissals**

#### ***Academic and/or Disciplinary Dismissals***

Schools of medicine may dismiss students for a variety of reasons, including: academic insufficiency, professionalism issues, and violations of codes of conduct, failure to make satisfactory academic progress according to qualitative or quantitative criteria established by the institution's Title IV Satisfactory Academic Progress policy or failing to satisfy essential functions of a medical student in the doctor of medicine program. In addition to these reasons, many medical schools place a limit on the number of unsuccessful attempts on the United States Medical Licensing Examinations, after which a student may be subject to dismissal.

As previously mentioned, students subject to adverse action are entitled to due process. Generally, implementation of adverse actions will be placed on hold until all appeals made by the student have been exhausted. In other words, a student may be allowed to retain his/her enrollment status until a decision on final appeal has been rendered.

## Registration

*The following information is generic in nature and is provided to serve as a guide/reference tool. Institutional policies and procedures will often govern how students are registered each term.*

### Registration

All students are required to register each term in accordance with their school's current registration procedure. If the student has past due financial obligations or other outstanding requirements (e.g. student health immunization non-compliance, library encumbrances, mandatory training, etc.), the obligations will have to be cleared prior to the next registration. If registering after the deadline, a late registration fee may be imposed.

### Tuition and Billing

The responsibilities of medical student tuition and billing will vary depending on the nature and type of institution. Tuition and fee policies may be established by the SOM or its parent institution. Due to the unique nature of medical education, most medical schools assert a level of autonomy in establishing medical school tuition and fees. The most common tuition model is to assess a flat amount of tuition per semester or academic year regardless of the number of credit hours attempted. Some schools assess per credit hour tuition for the pre-clinical years and then move to a flat tuition rate for the clinical years. If students are required to repeat a portion of the curriculum, additional charges might be assessed for repeated or remedial coursework. It should also be noted, however, that some institutions assess students four years of tuition regardless of how long it takes them to complete the program.

Campus fees are fees assessed in addition to tuition. They are usually designated for campus services such as student health services, student activities, technology support, laboratory costs, and fitness center fees. Medical schools part of a larger institution may charge campus fees that are assessed to all students regardless of their student type or college of enrollment. Campus fees designated as required campus fees (they are also often referred to as campus privilege fees) are generally assessed to all students.

A medical school registrar is often asked to assist with the development of the tuition and fee schedule for medical students. This will often be a collaborative process with the school's budget officers, financial aid personnel, and student affairs deans. An institution must have clear and equitable policies for the assessment and refund of a medical student's tuition, fees and other charges. The policy should include information on how, when and by whom tuition is assessed; how tuition and fee charges are managed if a student's status changes, and refund procedures dependent upon a date of withdrawal. The collection of tuition and fees is a duty that should be handled by the business office or some other financial office separate from the registrar's office.

### Combined and Dual degree Programs

#### *Introduction Terminology*

Many medical schools and their parent universities offer the opportunity to pursue both the M.D. degree, as well as an additional program of study for students interested in careers that combine patient care with a complementary area of expertise. These programs are often called combined degree programs because they may be specifically designed with integrated plans of study, and some courses may simultaneously fulfill the requirements for both degrees.

In other cases, however, the plans of study for the different degrees may have no overlap in content or shared course requirements. Furthermore, separate diplomas may be issued for each program of study even though the degrees have been pursued concurrently in an integrated program. For these reasons, it is more accurate to label these programs as dual degree rather than combined degree programs.

### *Development of Dual degree Programs*

Because of the complex student records issues involving dual degree programs, it is essential that the registrar actively participate in planning and implementation of new dual degree/certificate programs at an institution. Other stakeholders who need to be involved in these discussions include the chief academic officers (provost and deans of the medical and graduate programs); the academic affairs, student affairs, and admissions officers for the medical and graduate programs; the vice president for research; the financial aid officer; information technology and institutional research staff; and a fiscal officer.

For dual M.D. / Ph.D. programs, the planning committee should consider an application to the National Institutes of Health (NIH) National Institute of General Medical Sciences (NIGMS) for participation in the Medical Scientist Training Program (MSTP).

### **Types of Dual Degree Programs**

#### *M.D./Doctor of Philosophy (Ph.D.):*

The most common dual degree program is the M.D. /Ph.D. degree program, which is designed to educate and train clinician scientists, i.e., those individuals interested in careers combining biomedical research with patient care. M.D. /Ph.D. programs integrate the standard medical school curriculum with graduate coursework and research experience that will prepare students to conduct independent biomedical research related to disease mechanisms, as well as training them in the practice and teaching of medicine in an academic setting. It usually takes six to eight years to complete the requirements for both the M.D. and the Ph.D. degrees. Students admitted to these programs will have demonstrated an interest in and aptitude for research prior to acceptance.

#### *M.D./Master of Science (M.S.):*

M.D. /M.S. degree programs are designed for those students who desire to perform master's level research in the medical sciences while incorporating the perspective and skills achieved through clinical medicine training. It usually takes an additional one to two years to complete the requirements for the M.S. in addition to the M.D. degree. Students pursuing M.D. /M.S. degrees demonstrate an interest in research, but may not have previous research experience.

#### *M.D./Master of Public Health (M.P.H.):*

M.D. /M.P.H. programs are designed for students who wish to combine medical education and training with issues concerning public health. Public health programs typically include areas of concentration such as health promotion and education, epidemiology, environmental and occupational health and safety science, nutrition, public health policy, and public health administration. Graduates of M.D. /M.P.H. combined degree programs often have exciting career opportunities in both the public and private sectors, working on issues as diverse as bioterrorism, cancer prevention, and quality improvement in health services. Many M.D. /M.P.H. recipients assume leadership roles in government agencies, academic medicine, health policy, and research. It usually takes an additional one to two years to complete the requirements for the M.P.H. degree, in addition to the M.D. degree program.

*M.D./Master of Business Administration (M.B.A.):*

Pursuing dual degrees in medicine and business administration may be sought by medical students interested in meeting the challenges of the business and finance of medicine, particularly as they relate to managing a practice or practicing medicine in a global economy. It usually takes an additional one to two years to complete the requirements for the M.B.A. degree, in addition to the M.D. degree program.

*M.D./Master of Health Administration (M.H.A.):*

Recipients of dual M.D. /M.H.A. degrees receive training that will enhance their clinical practice of medicine and prepare them for careers in hospital management or health policy. It usually takes an additional one to two years to complete the requirements for the M.H.A. degree, in addition to the M.D. degree.

*M.D./Doctor of Jurisprudence (J.D.):*

The M.D. /J.D. degree program is designed to prepare future physicians to understand and manage legal issues in offices, hospitals, comprehensive medical centers, and healthcare-related industries. Integrated M.D. /J.D. programs generally allow the two degrees to be completed in six years rather than seven. Scheduling of the bar exam while the student is finishing their clinical clerkships may be a challenge that involves the registrars at both institutions.

*M.D./Graduate Certificate Programs:*

During medical school, students may be interested in undertaking additional coursework leading to a graduate certificate in specialized areas of concentration. The course and credit hour requirements for graduate certificate programs vary; many involve a prescribed sequence of three to four courses of three to four credit hours each offered over a one-year period. Examples of graduate certificate programs that may be offered as an adjunct to the M.D. degree include pathology, gerontology, nutrition, human donation science, proteomics/genomics and bioinformatics, medical education, medical education, forensic sciences, health policy, diagnostic medical sonography, and disaster preparedness.

**Application/Configuration of Dual Degree Programs**

There are generally three pathways for admission into dual degree programs. The first pathway is via application for admission into a defined combined/dual degree program. A second pathway is for students in an M.D. program to apply for admission to a second degree program after they are already a matriculant in medical school. A third pathway for earning a dual degree is for a student in an M.D. program at one institution to pursue a second degree at another institution. In these cases, the student is generally required to take an academic leave of absence from the medical school while pursuing the second degree at the other institution. Should a student pursue this option, the leave would be recorded as “leave of absence to pursue other academic interest or degree” in the AAMC SRS. For a student enrolled in the dual degree program through the first or second pathways, the official academic record of the student would be maintained either as a single, chronological transcript or two distinct transcripts. In the third pathway, only the M.D. record would be reflected on the student’s home institution’s transcript.

**Requirements for Dual Degrees**

Regardless of the type of dual degree program, a plan of study for each degree earned should be well-defined and publicized to enrollees. At a minimum, the dual degree program should stipulate academic requirements, grading scales, timing of required coursework, enrollment status information, tuition and fee charges, minimum and maximum lengths of completion for each degree, transfer credit(s) and any other components required for program completion.

**Enrollment Reporting**

In general, students in dual degree programs must be specified as professional or graduate students for any given semester during which the student is enrolled. For NSLDS, IPEDs and SRS, it is important that students be classified accurately. For SRS, if a student is in the non-medicine phase of their dual degree curriculum, the student should be listed as on leave of absence from the medical school.

## Unique Issues and Areas Requiring Further Consideration

### **Licensure implications**

Most state medical licensing boards set a maximum limit of seven years between the time an individual attempted USMLE Step 1 and Step 3. USMLE Step 1 is typically taken after the second year of medical school, and, at a minimum, Step 3 cannot be taken until a student has completed and earned the doctor of medicine degree. Although individual licensing boards may consider appeals to these limits by M.D. /Ph.D. and other dual degree recipients, it is important that dual degree students know of these practices.

### **Transitioning back into clinical clerkships**

Although there are many advantages of obtaining dual degrees, an interruption in the medical school curriculum can create difficulty in the transition back to the clinical setting. In M.D. /Ph.D. programs, for example, the medical school curriculum may be interrupted by up three to four years or more of coursework and laboratory investigation. During this separation, students are strongly encouraged to obtain periodic clinical exposure during their graduate school years. Most schools offer informal opportunities for clinical exposure, including 1) shadowing one's mentor (if the mentor is a clinician); 2) shadowing a physician in one's area of interest; or 3) volunteering in a student-staffed clinic.

### **Tuition and Fees, Billing, Transcripts, and Grading**

It is important that tuition, fees, billing, grading, and transcript decisions are made early in the planning process, especially if both programs use different grading schemes or have different tuition rates. Most times medical students are required to carry malpractice insurance. This may not be required during the other degree's curriculum. Therefore, it is important to review the entire fee structure to determine what is appropriate during each phase of the curriculum.

### **Communication**

The importance of effective communication processes and procedures between the registrar's office, financial aid, and the similar program administration offices at the other program(s) cannot be over-emphasized in order to minimize billing, financial aid award or registration errors.

## Data Reporting

### **Student Records System (SRS)**

The AAMC maintains a secure, electronic, centralized enrollment information system on the national medical student population and tracks student progress from matriculation through graduation. The collection of these data in the Student Records System (SRS) assists medical schools with meeting LCME reporting requirements.

The SRS contains a detailed record for every student currently enrolled in an accredited U.S. allopathic medical school. American Medical College Application Service (AMCAS) matriculant data and information provided by admissions officers from non-AMCAS schools are the foundation for each record in the longitudinal database.

Upon matriculation, student demographic and enrollment status data are continually and regularly updated by medical school registrars via the Web at (<http://www.aamc.org/programs/srs/>). The accuracy of the SRS depends on the prompt reporting of all changes by the registrar at each medical school.

### **Integrated Postsecondary Education Data System (IPEDS)**

IPEDS is a system of surveys designed to collect data from all primary providers of postsecondary, technical, and vocational training in the United States. It is the core postsecondary education data collection program for the U.S. Department of Education. There is usually a fall and spring collection of enrollment related data. Financial and faculty information is also collected, but this is not a responsibility of the registrar's office. At most institutions, the Office of Institutional Research serves as the primary point of contact for IPEDS, and will notify the registrar when enrollment data needs to be submitted and will provide the necessary login and password information.

### **Student Status Change Report (SSCR)**

The SSCR is the mechanism by which schools report the current enrollment status of students to the U.S. Department of Education. This information is then supplied to lenders that have funded financial aid loans to determine a student's repayment status, etc. There are policies regarding the timely reporting of enrollment status changes between the regularly scheduled updates to the system. Each school establishes a schedule of regular reporting. Some schools satisfy this reporting requirement with transmissions through the National Student Clearinghouse.

### **National Student Clearinghouse**

The National Student Clearinghouse is a service available for higher education institutions to use for the purpose of degree and enrollment verification. It provides an opportunity for institutions to "outsource" the sometimes time-consuming functions of degree and enrollment verifications. On a schedule determined by the school, the institution's student information system can transmit current enrollment status and graduate information to the clearinghouse, which will then process requests for verification of this information. The clearinghouse can also be used to complete the SSCR noted in C above.

### **National Board of Medical Examiners (NBME)/Liaison Committee on Medical Education**

The NBME and LCME submit surveys and questionnaires annually to gather data from all medical schools in the United States. The dean's office at each medical school receives the requests for data regarding several aspects of the medical school's administration, finances, faculty, curriculum, and enrollment. The dean's office at each respective medical school will forward the part of the questionnaire that pertains to enrollment.



**Veteran's Administration Certifying Official**

The Veteran's Administration requires that a person be designated as the Veteran's Administration Certifying Official at each school where veterans and/or their dependents may be enrolled and receiving education benefits. VA Certifying Officials are responsible for reporting the enrollment details (credit hours, program, and tuition and fee charges) for each term. The VA-ONCE system is the electronic interface for submission of this data.

The VA Certifying Official is also responsible for submitting copies of the current catalogs and academic calendars to the VA.

**Other**

State and local data reporting requirements vary by state. Often, an institution's government relations office will need data for the state legislature. When state funding is provided to finance medical education, there are enrollment data reporting requirements. The school's business office should be able to inform you of the details of any such requirements. Also, your institution may belong to a local educational consortium that has additional requirements.

Your institution's Institutional Advancement/Development Office and Office of Institutional Research may also require regular, as well as ad hoc, enrollment data. It is best to choose a "snapshot" date, i.e., October 1, as your official date for an academic year's enrollment numbers. Enrollment data change constantly, but for consistency, you may want to use the "snapshot" data for all external reporting.

## Visiting Medical Schools

Many fourth-year medical students participate in clinical electives (away electives) from their home medical school as a means to investigate residency opportunities or to gain exposure to a field not available at their school. Additionally, hosting visiting medical students is an effective way for a medical school to recruit students to their residency programs. The registrar often serves as both the home and host coordinator for visiting medical students and the *AAMC Guidelines on Visiting Medical Students* (<https://www.aamc.org/download/54644/data/00guideline.pdf>) outlines the basic principles of an effective visiting medical student program.

How a school enrolls students in an away elective varies based on university and school policies. The most common practice is for a student to enroll in a special course for away electives and then note the type of rotation and location on the transcript. The process to record and calculate away rotation grades into the GPA vary based on institutional grading policies.

The Visiting Student Application Service (VSAS) is an AAMC standardized online application service designed to streamline the application process for students, host and home institutions. It is used by rising fourth year students enrolled at U.S. LCME and COCA (osteopathic) accredited medical schools applying for away electives.

LCME accredited schools and COCA accredited schools with a rising fourth year class use VSAS as “home schools” to support their students’ visiting elective applications. Many U.S. LCME accredited schools and members of the AAMC’s Council of Teaching Hospitals and Health Systems (COTH) use VSAS as “host institutions” to process incoming visiting student applications. Visit [www.aamc.org/vsas](http://www.aamc.org/vsas) (<https://www.aamc.org/students/medstudents/vsas/>) for a current list of participating institutions and additional information.

The AAMC conducts annual demonstrations on the VSAS home, host, and student software functionality. Additional VSAS resources can be found at: [https://www.aamc.org/students/medstudents/vsas/vsas\\_resources/](https://www.aamc.org/students/medstudents/vsas/vsas_resources/)

## Transition to Residency

### **The Medical Student Performance Evaluation (MSPE)**

The Medical Student Performance Evaluation (MSPE), formerly called the dean's letter, is a formal document, completed by medical school administrators, that summarizes each student's academic history, awards, achievements, work experiences, and extracurricular activities during medical school. A Guide to the Preparation of the MSPE instructs writers on the standard format and content of the letter. (<https://www.aamc.org/linkableblob/64496-7/data/mspeguide-data.pdf>)

The MSPE is submitted, as part of a package of materials, to those residency programs to which the student has applied through the Electronic Residency Application Service (ERAS), the San Francisco Match, Canadian Resident Matching Service (CaRMS) and/or the Medical Institution Document Upload Service (MIDUS). The MSPE is a letter of evaluation rather than a letter of recommendation.

October 1 is the date established by the AAMC Board of Directors as the date for the release to a residency program of a MSPE for a currently enrolled senior medical student. For prior year graduates, the MSPE may be released at the time of the request. It is recommended that transcripts be transmitted as soon as all third year grades have been posted, but no later than September 15.

At most schools, students are provided with an opportunity to review their MSPE for accuracy. Each student must sign an *Information Release Form*, which gives the school permission to release the MSPE on October 1.

### **The Electronic Residency Application Service (ERAS)**

ERAS is an electronic transmittal system for applications for residency. This application and delivery system consists of four components: MyERAS, the applicant Web site; the dean's office workstation (DWS) for medical schools; the program director's workstation (PDW) for residency programs; and the ERAS Post Office. In ERAS, applicants utilize the MyERAS Web site to complete a common application form and personal statements and to select residency programs to receive their application using ERAS software.

All applicants applying to programs using ERAS have access to the service through their designated dean's office. Seniors and prior year graduates of U.S. medical schools, including osteopathic schools, apply through the student affairs or academic affairs office at the medical school from which they graduated. Students and graduates of foreign medical schools obtain ERAS materials from, and forward their supporting documents to, the Educational Commission for Foreign Medical Graduates (ECFMG). Students and graduates of Canadian medical schools forward ERAS application materials to the Canadian Resident Matching Service (CaRMS).

Once the applicant completes his or her application on ERAS, the appropriate DWS is notified. Student affairs staff then uploads the student's MSPE, transcript, photograph, and faculty letters of recommendation (if not directly uploaded by the letter writer). Software at the dean's office workstation then encrypts the files for security and transmits them to the ERAS Post Office over the Internet using file transfer protocol (ftp).

Program directors download applications and other documents using the PDW from the ERAS Post Office. Each program director uses the PDW to evaluate applications using criteria established by the local residency program.

The National Board of Medical Examiners (NBME) participates in ERAS by transmitting complete USMLE transcripts to programs as instructed by applicants. ECFMG sends the USMLE transcripts for graduates of foreign medical schools. In addition, for each international medical graduate, ECFMG produces a report that documents the status of the graduate's ECFMG certification. This "Certification Status Report" is updated by ECFMG as new information is available through the year, e.g., verification of diploma or recording a passing score for a USMLE Step examination.

For their students, most schools establish clear procedures and timelines for students to complete residency applications and apply to programs. Ideally, all students will have completed and submitted their applications by mid-September.

### **The National Resident Matching Program (NRMP)**

The National Resident Matching Program® (NRMP®) is a non-profit organization founded in 1952 by medical students seeking to standardize the residency selection process and establish a uniform date of appointment to positions in graduate medical education (GME) training programs. It is governed by a Board of Directors that includes representatives from national medical and medical education organizations as well as medical students, resident physicians, and GME program directors. The *NRMP* manages the Main Residency Match® and the Specialties Matching Service®, which includes Matches for more than 40 fellowship subspecialties. ([www.nrmp.org](http://www.nrmp.org)) The *NRMP* conducts its Matches using a mathematical algorithm that pairs the rank ordered preferences of applicants and program directors to produce a "best fit" for filling available training positions.

Programs submit lists of applicants who have applied to them, in rank order of their preferences. Applicants submit lists of programs they have applied to in rank order of their preferences. The matching process starts with an attempt to place an applicant into the program indicated as most preferred on that applicant's list. The applicant is matched if the program has included that applicant in the program's rankings and if it has not been filled with more preferred applicants. If the applicant cannot be matched to this first choice program, an attempt is then made to place the applicant into the second choice program, and so on, until the applicant obtains a match or all of the applicant's choices have been exhausted.

Two cardinal rules that both programs and applicants must observe are 1) neither must ask the other to make a verbal or written commitment before Match Day, and 2) all must abide by the results of the Match. Additionally, programs at institutions that participate in the Match can select U.S. seniors through the NRMP Match, early specialty, or military programs. The NRMP works cooperatively with the military matches and the American Osteopathic Association's (AOA) match. Applicants matched in the earlier military or AOA matches are required to withdraw from the NRMP for their matched year. To participate in the Match, students use the Web based NRMP Registration, Ranking and Results (R3) System located at [www.nrmp.org](http://www.nrmp.org). Registration for the Match begins in August. The entering of Rank Order Lists (ROL) takes place from mid-January to late February; Match results are announced in March. Applicants pay a registration fee online at the time of registration, and electronically sign an agreement to abide by the results of the Match.

Applicants can participate in the Match as partners in a couple. The two applicants indicate in the R3 System their intention to be a couple in the Match. Partners in a couple then form pairs of choices submitted on their Primary ROLs that are of the identical length. A partner can indicate his or her

willingness to go unmatched if the other partner can get a position in the program designated at that rank.

The R3 System also allows applicants who wish to rank advanced programs in specialties that begin in the second year (PGY2) of residency to create ROLs for both the PGY (Postgraduate Year)1 and PGY2. Each advanced program is linked to a supplemental ROL of preliminary programs. Applicants can create one supplemental list for all of their advanced programs, or a different one for each advanced program.

Match Week begins on the first Monday of the third week of March, when applicants learn whether they matched to a program. For unmatched eligible candidates, the Match Week Supplemental Offer and Acceptance Program® (SOAP®) also begins. On the Monday prior to Match Day, students are notified by the NRMP whether they are matched or unmatched. Student affairs offices also receive the names of any unmatched students in advance of Match Day. SOAP is essentially a re-application process for students seeking positions in unfilled programs. Student Affairs staff play a critical role in counseling and assisting unmatched students during this time. Rules for contacting programs with unfilled positions are established by the NRMP, and applicants and programs must adhere to these rules. Match Day is the third Friday in March, when most medical schools hold Match Day celebrations. Additional information about the Match can be found on the NRMP's web site.

### **Other Match Programs**

Students applying for residency in Urology or Ophthalmology apply for these positions through the San Francisco Match ([www.sfmatch.org](http://www.sfmatch.org)) and the American Urological Association (AUA) ([www.auanet.org](http://www.auanet.org)), respectively.

## Medical Licensure and Credentialing

### **Federation Credentials Verification Service (FCVS)**

The Federation of State Medical Boards (FSMB) has established the Federation Credentials Verification Service (FCVS), which collects and maintains a file on a physician's core credentials as required for licensure and hospital credentialing. The FCVS can then respond to any inquiries about the physician without having to go back to each individual source once again. The FCVS streamlines the credentialing and licensure procedure for physicians and for credentialing institutions and state medical boards.

Each candidate for licensure completes a form providing biographical information, educational history, and residency appointments. The candidate also completes and signs other forms authorizing the release of certain documents to the FCVS.

The FCVS then sends to the medical school an authorized request for a transcript and a photocopy of the diploma, as well as a series of questions. The FCVS asks the candidate the same questions as it has asked the medical school and then compares the applicant's responses with his or her school's responses. During 2000-2001, COSR members worked with FSMB personnel to revise the format of the questions contained on the FCVS form so that they better reflect the medical school policies and procedures regarding student progress. The final revised form was jointly approved by the COSR and the FSMB; it poses questions about the candidate's medical education that medical school personnel will be able to answer.

In addition, the FCVS verifies postgraduate training and Educational Commission for Foreign Medical Graduates (ECFMG) certification (if applicable). Once a graduate has reached USMLE Step 3, the FSMB becomes the official repository for USMLE Step Examinations for that individual. Credentials are held on file for the individual's lifetime.

The following facts must be considered when using this service: 1) these services are provided for a substantial fee, 2) these same services are usually offered by most registrars' offices at no charge or a minimal fee, and 3) these services are offered as a convenience to physicians. There have been concerns that this service abdicates the registrar's role to a third party for profit entity. Additionally, it empowers a third party to serve as the repository for documents in which they do not have any ownership rights. It is a long held industry standard that only the institution (school) granting the degree has the full authority to verify degrees and provide transcripts.

### **Educating Medical Students on the Licensure Process**

The licensure and credentialing processes can be lengthy and confusing. Schools should consider holding a "licensure and credentialing workshop" for students, perhaps during the period around the Match when students are looking ahead to their residency years. Since the information to be presented is personally relevant at that point in time, students will be more motivated to learn about these processes. An invited representative from the local state medical board can describe the procedures entailed in gaining licensure in the state. Also, this information can be conveyed as early as first year orientation in order to provide students with a sense of the licensing and credentialing processes that lie ahead. The FCVS form can be completed for each graduating senior before graduation, and reviewed with the student so that he or she knows how the school will respond to the questions posed on the School Certification Form.

## **Role of the Medical School in the Medical Licensure and Credentialing Processes**

The license to practice medicine is a privilege granted solely by state medical boards. Each state board sets its own rules and requires specific documentation in compliance with the state's licensure statutes and associated regulations. It is each state board's responsibility to assure the public that the practice of medicine will be conducted with reasonable skill and safety. The medical school is one of the sources of important documentation for the state board. The medical school is also responsible for verifying attendance for the credentialing process required by health maintenance organizations (HMOs), private hospitals, and managed care practices.

The registrar may begin dealing with licensing authorities as the students apply for limited licensure/permits for their residencies. At the current time, many states have requirements for limited licenses or permits for resident physicians.

## **The United States Medical Licensing Examination (USMLE)**

The Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) have established a single three step examination series for medical licensure in the United States. Steps 1 and 2 are commonly taken during medical school. A student must be officially enrolled in order to be sponsored by a medical school to sit for the USMLE, Step 1 & 2 examinations. Step 3 is traditionally taken during the first year of residency. The state medical board is responsible for processing Step 3 applications. USMLE Steps 1, 2 Clinical Knowledge (CK) & Clinical Skills (CS), and 3 require that the dates of passing the Step 1, Step 2, and Step 3 examinations occur within a seven-year period.

Each state board has its own licensure requirement regarding time limits within which a candidate for licensure must successfully complete USMLE Steps 1, 2, and 3.

Applicants are advised to contact the jurisdiction where they intend to apply for licensure for complete information.

Schools should not provide any type of official documentation of a USMLE score on behalf of a student, as it is proprietary information of the NBME. Official score transcripts must be obtained from the NBME by the student. A response to the inquiry "has your graduate taken and passed Step 2 of the USMLE is appropriate. Documenting the actual score is not.

## **Medical School Documentation Responsibilities**

### *Licensure Forms*

Most boards request certification of the medical degree, which can be supplied directly on an education verification form provided by the state medical board. Many of the forms include additional questions concerning the student's academic progress, time towards degree completion, interruptions in training and disciplinary action, including lapses in professionalism. For training purposes, schools may compile copies of licensure forms from each state, which can be filled out correctly and used as samples. The school's procedures for completing licensure forms could also be delineated for instructional purposes. Often, information regarding application for licensure for a particular state is available on the state's web site. Locating this application information can be very helpful, especially if the applicant has misunderstood the state's requests.

Some states deal exclusively with the FSMB for licensing requirements. Depending on the arrangement, you may find that you are completing licensing forms for the FSMB only, or the FSMB and a form from

the state as well.

Students applying for limited license or permits for residency may have two levels of paperwork for the registrar: the initial application and a follow-up verifying that the degree has been awarded.

### *Additional Documents*

In addition to certifying an individual's medical education, some state medical boards require additional documents from the student's record. Schools are not required to submit these additional documents unless the state medical board requests one, and the school should take care to have a signed release form from the student on file before releasing any documentation.

Documents may include the following:

- Certified Copy of Diploma
- A certified copy of a diploma includes a statement that the copy is a true copy of the original. Most state medical boards permit the alumnus/a to submit the certified copy to the board. Schools are advised to examine the diploma closely and to confirm the graduation of the individual by checking the school's academic files.

A statement should be typed directly on the copy that resembles the following:

*"This is to certify that this is a true copy of the original diploma for Dr. John Doe who received his Doctor of Medicine degree on May 21, 2014."*

The school official's signature (stamp or original), date of certification, and institutional seal should be appended beneath the statement.

Schools may want to remind graduating seniors to make copies of their diplomas prior to laminating and/or framing them, since they may need certified copies from time to time during their careers.

It is strongly recommended that the registrar make copies of the diploma to keep on file for future requests for certified copies.

### *Photograph Certification*

Some state medical boards request verification of a graduate's photograph. The licensing authority instructs the school official to superimpose the institutional seal over the photo as confirmation of the applicant's identity. The certifying official should only verify a photograph on a licensure form when the identification is definite. Schools frequently have yearbooks or composite photos of medical school classes that school officials can use for reference.

When the individual is a recent graduate, the identification process is usually straightforward. However, when the individual graduated from the medical school one or two decades ago, it can be difficult to make a positive identification. School officials should not certify a photograph if there is any doubt that the person in the photograph is the person who actually attended the medical school. A statement can be written on the licensing form explaining that the lapse of time since the student's attendance at the school makes it impossible for the school official to verify the photograph.

### *Undergraduate Transcripts*

It is generally accepted academic policy not to release copies of another school's transcript to a third



party or back to the student. If a state medical board requests a transcript from the undergraduate college or another medical school from which the candidate for licensure has transferred, the board or candidate should be referred back to the specific school and instructed to request that an official transcript be sent directly from that institution.

### *Requests for Confidential Nonacademic Information*

It is important that each school develop, in consultation with its legal counsel, a policy regarding what kinds of information will be disclosed in response to questions requesting nonacademic, confidential information. This includes information about a student's mental or physical health, disciplinary actions, substance abuse or drug screening results, criminal background check information, etc. Typically, all nonacademic student information is kept in a separate file or within a counseling services office, and is not part of the student's academic record. Schools should develop policies and procedures on the release of nonacademic information with respect to maintaining the student's privacy and possible legal liabilities.

Each school needs to determine, in advance, the approach it will consistently take on these matters. One approach, used by some schools, is to base the response only on factual information contained in the student's transcript and academic file. This policy/procedure may entail the designation of certain school officials to handle the response to specific questions.

Schools should be certain they receive a "Release of Information Form," signed by the alumnus/a, in which the individual specifically states that he/she is giving permission to the school to release any and all information regarding his/her medical education and that he/she understands what is included in this information. If there is any question about the release form or about the nature of what is being reported, the reporting official should check with the school's legal counsel prior to releasing the information.

Some approaches used by schools in handling these sensitive questions include:

- **Leaves of absence:** When responding in the affirmative, the certifying official may wish to use general categories (such as *medical reasons*, *personal reasons*, *academic research*, *joint degree program*) to provide the requested information without disclosing any confidential information.
- **Negative reports/evaluations:** Some schools report only information documented in the student's educational record. Reporting information when the criticism was sufficiently significant that it was included in the medical student performance evaluation is another approach.
- **Probation:** Probation is a term defined in various ways by medical schools; it can be academic or disciplinary in nature. Some schools do not have a probationary status. Other schools use probation as an internal monitoring system only. Certifying officials should use caution when responding to a question about probation. If a school does have a probation status, the school's catalog or student handbook should include a clear definition of the term as it is used in that school.
- **Suspension:** Any time the enrollment period is interrupted at the request of the institution.
- **Health:** Responding to a question regarding a student's health condition, including a psychiatric condition, may be a violation of the student's privacy rights even if the school receives a release form signed by the individual. Information about a student's health or psychiatric condition is part of the student's medical record, not of the student's academic record, and should be kept in a separate confidential file. The fact that a student has taken a leave of absence for medical reasons, however, may be part of the academic record without reference to the diagnosis.

- **Unprofessional behavior and disciplinary or criminal actions:** Student records related to a student's unprofessional behavior and disciplinary or criminal actions are frequently kept in confidential files, separate from the academic file. If there is any reference to these behaviors or actions in the academic file, it is advisable to consult the school's legal counsel prior to providing information in response to any of these types of questions.
- **Retention of Requests and Release Forms:** Schools should keep copies of the licensing forms that they complete, as well as of the accompanying release forms. Please refer to your institution's retention policy for guidelines on how long to keep such documents on file.

## Academic Ceremonies

### White Coat Ceremony

The White Coat Ceremony seeks to instill a spirit of professionalism in the new medical school matriculants. The white coat is a traditional symbol of the medical clinician and scientist. It has come to represent the knowledge, skill, and integrity inherent in the medical profession.

When the white coat is donned, the new medical student affirms that, along with acquiring the requisite knowledge, s/he will accept the responsibility for developing and maintaining professional attitudes and behaviors in his/her work and in his/her relationship with classmates, teachers, patients, and the community at large.

### Student Clinician's Ceremony

The Student Clinician's Ceremony (SCC) is designed to provide guidance, information and support as medical students transition into their clinical years. The aim is to address some of the anxiety felt by students entering their clerkships. By providing insight, discussing fears and expectations, and revisiting the oath taken during the White Coat Ceremony or another oath, the SCC provides a forum for collective and reflective discussion of the students' experiences. The ceremony also underscores the challenges and imperatives to providing humanistic care to patients at the same time as they are pressed to demonstrate high standards of skill and performance.

For additional information on planning for the White Coat and Student Clinician's Ceremonies, please visit the following Web site: <http://humanism-in-medicine.org/>. Grant funding and criteria for these ceremonies are available through the Arnold P. Gold Foundation.

### Match Day Ceremony

Through the *Main Residency Match*, applicants may be “matched” to programs using the certified rank order lists (ROL) of the applicants and program directors, or they may obtain one of the available unfilled positions during the Match Week Supplemental Offer and Acceptance Program®.

The Match Day Ceremony usually takes place on the third Friday in March at a set time across the nation. Many schools have their own traditions for disseminating the results of their Match.

### Graduation Ceremonies

The capstone ceremony of a medical student's journey through medical school is the graduation, or commencement, ceremony. Registrars often serve on the institution's Commencement Committee by assisting with event logistics and planning. The registrar is responsible for verifying that all degree requirements have been met in order to confer the degree. This role can include verifying the correct spelling of names on the commencement program, ordering diplomas, and ordering and distributing regalia for students, faculty, and staff. Some schools have separate “hooding” ceremonies, while others incorporate the “hooding” into the commencement exercises. Some schools allow family members to hood the graduate, while others restrict this honor to faculty members or a family member holding the M.D. degree.

## Technology and Student Information Systems

It is essential that the registrar be proficient in the application of technology in records management. Available technologies allow you to automate tasks, improve student service, and manage your office. Depending on institutional structure, the registrar's direct role in managing technology will vary. Some institutions may have a large Information Technology unit that handles all aspects of computer technology; at smaller institutions the registrar may have to take a more direct role. Regardless of their computer background and proficiency, registrars can influence the direction of technology at an institution. A registrar need not be adept at all aspects of technology, and developing relationships with key IT staff can be important for achieving technology goals within the office.

### Student Information Systems (SIS)

A SIS is the core business application for the university. Common modules of a SIS are records and registration, financial aid, bursar (cashiering), academic advising, and recruitment. A SIS should be considered the official repository of student data. There are many commercial SIS available for purchase ranging from enterprise systems to modified databases. A registrar's role with the SIS will vary depending on the institution. The key role that all registrars should assume is as a stakeholder in how the SIS manages student data.

The decision to purchase or develop an SIS is complex and will depend on your institution. Larger institutions might have a system-based SIS used by the whole institution. The advantages to a large commercial application are the robustness of the applications and the built-in, Web-based self-service features, such as a portal that allows for single-sign-on into a Web site where a student, faculty, or staff can access multiple services. The biggest challenge to a large commercial application is that you are often tied to how the application is delivered, which makes it difficult to modify the system to meet the unique needs of a medical school. It is advisable to research peer medical schools to see if there are commercial systems well suited for medical school use.

The SIS should serve as the authoritative source of student data and a student's enrollment history. If the registrar is part of a large university system that has a system-based SIS, there are invariably going to be data not stored in the SIS that needs to be tracked by the medical school. Generally, schools will build or purchase a separate database to track these items. Ideally, there should not be any duplication of data elements between the official SIS and a separate database. Having multiple sources of student data are often called a "shadow database" and is not recommended because of the possibility of inconsistency of data between the two systems. If a separate database is needed and the database needs data elements from an official SIS, the more acceptable practice is to develop a protocol so that data from the official SIS can be linked to the separate database. IT staff should be able to help facilitate this practice.

### Data Warehouses and Reporting

Most commercial SIS products excel at transactional processes, but are often limited in their reporting capabilities. Some companies provide software that will allow for ad-hoc reporting from commercial SIS systems. An alternative solution is to develop a data warehouse for reporting purposes. Like other technology applications, there are many options to choose from and will depend on your unique needs. The common protocol is to have a download of the SIS populate the data warehouse daily. A key advantage of a data warehouse is that you can use tools specifically designed for creating reports. There are many options for delivering customized reports to users based on their business needs.

## E-mail

Many institutions have developed policies and protocols that outline official university communication to students is via e-mail and/or social media. All university email communication should be sent to the university-issued e-mail account. Some official university communication may be distributed through social media services (e.g., Twitter or Facebook), but protected student data should never be disclosed via social media. Review your local institutional policies regarding the use of social media before utilizing these services.

Depending on how your university defines e-mail accounts as directory information in your university, FERPA policies will dictate how student e-mail information will be distributed to faculty, other students, and the outside community.

## Document Imaging

Document imaging involves either saving files in an electronic format or scanning paper documents and storing them in an electronic database for retrieval instead of paper files. Document imaging can be an efficient means of storing documents when space is a limitation. Document imaging is also a secure way of backing up paper files in the event of a natural disaster. There are many commercial versions of document imaging software available for higher education institutions.

([https://www.aamc.org/download/174430/data/document\\_imaging\\_best\\_practices.pdf](https://www.aamc.org/download/174430/data/document_imaging_best_practices.pdf))

Electronic storage of documents is certainly permissible according to FERPA. Schools should check their local and state document retention policies in regards to specific archive laws (especially public institutions since many of them have state-wide policies that will apply).

(<https://www.aamc.org/download/86146/data/guidelines.pdf>)

## Technology Resources

When you are beginning a new initiative or project that involves the purchase or implementation of new technology, the following resources may assist you in your decision-making process.

- Colleagues at peer institutions—contact colleagues and utilize the listservs to see what software and systems other schools are using. This type of first-hand user information can be very valuable
- AACRAO publications—AACRAO provides several technology publications written for registrars specifically on issues such as SIS implementations, document imaging, and electronic data interchange. AACRAO's Professional Development Guidelines for Registrars: A Self-Audit is a useful resource that has multiple sections dedicated to evaluating the technology capabilities of a registrar's office (<http://www.aacrao.org/professional-resources/publications>)
- Conferences—If you are planning a major technology project such as a SIS implementation, professional development conferences provide an opportunity to view software packages, speak with company representatives and ask school-specific questions. Educause ([www.educause.edu](http://www.educause.edu)) has several regional and national conferences during the year. AACRAO's national conference in the spring and their technology conference in the summer are also well attended by commercial vendors (<http://www.aacrao.org/training-and-events/meetings>). Finally, at the AAMC's annual meeting, many vendors demonstrate software useful to medical school operations.

## Data Security

The security and privacy of student data has always been an integral responsibility of the registrar. Advancements in information technology have made data more accessible as well as vulnerable to

unauthorized access. Registrars need to be aware of how to properly secure electronic data and must also play a significant role in determining how electronic data are transmitted and shared across their campuses and with external constituents. The following are general requirements for data security. Check with the policies regarding data security at your local institution for specific practices.

In regard to access, the principles of FERPA apply to electronic student data. It is imperative that protocols are developed that specify who can access and receive student data. A common model is to have the registrar serve as the steward of student data and possess the authority to authorize the release of student data. This role requires a strong partnership with technical staff in order to prevent unauthorized releases of student data. Furthermore, protections must be in place to ensure that individuals who receive data use it only for the authorized use and do not release the data to other individuals or applications.

Data should only be stored on networks that have the appropriate security. Adequate backup procedures also need to be in place to recover data. If data must be stored on local machines or portable devices, the devices should employ adequate encryption and tracking technologies in case of loss or theft. Information technology staff can help determine what appropriate levels of security are needed.

The ideal method transmit protected student data is via encrypted methods. Transmitting student data via e-mail within your e-mail network can be permissible if the e-mail system has the adequate levels of security needed to ensure protected transmission of the data. Under no circumstances should protected student data be sent via regular e-mail to an individual outside of your own e-mail network. E-mail outside of a network is not a secure method of transmission. If there is a need to send student data outside a protected network, secure file transfer and secure e-mail systems should be employed.

## American Association of Collegiate Registrars and Admissions Officers (AACRAO)

Founded in 1910, AACRAO is one of the nation's oldest and largest higher education non-profit associations and the recognized authority on student admissions, academic records and enrollment services. AACRAO is a member-driven association shaped and directed by over 11,000 higher education professionals who represent more than 2,600 institutions in 40 countries.

The mission of AACRAO is to provide professional development, guidelines, and voluntary standards to be used by higher education officials regarding the best practices in records management, admissions, enrollment management, administrative information technology, and student services. It also provides a forum for discussion regarding policy initiation and development, interpretation, and implementation at the institutional level and in the global educational community.

The AACRAO Web site ([www.aacrao.org](http://www.aacrao.org)) contains valuable information for student records administrators, as well as access to publications of interest on various topics, including FERPA, record retention, academic transcripts and records, enrollment management, technology, and legal issues.

# A Year in the Life of a Registrar

## Annual Academic Calendar of Events and Related Functions for Registrar

*(Timing of some functions may depend on the school academic calendar. Therefore, this should be used as a guide to develop your own functional calendar)*

### July

1. Registration for new students (depending on your academic calendar)
2. Enrollment/waiver process for student insurance (new students only)
3. File purge and reorganization of files for new students and graduating students
4. Roll graduating student data to alumni database
5. Assist with planning orientation activities, including White Coat Ceremony
6. Promote classes in SRS (M2, M3, M4)

### August

1. Registration for new and returning students (other programs—if applicable)
2. Complete class/level promotions in AAMC Student Records System (SRS)
3. Update institutional enrollment tables
4. Prepare files for MSPE letter creation and grade histograms for appendix
5. Criminal background check summary report for dean and student affairs dean (new matriculants only)
6. Assist with Orientation activities

### September

1. ERAS
  - a. Scan LOR documents as received
  - b. Proof and upload MSPEs by October 1<sup>st</sup>
  - c. Run ERAS transcripts and scan into ERAS
2. Student directory (compilation and distribution)
3. Certify SRS M1 roster
4. SSCR (Department of Education Data Reporting – online- depending on your reporting schedule) or National Student Clearinghouse data
5. Prepare State legislature reports
6. Prepare grades and reports for student performance committee
7. Prepare for Convocation (regalia may be needed)
8. Verify Matriculating Students Report (AAMC)
9. Send annual FERPA notification to all students



## 10. Register for AAMC Annual conference

### October

1. Release MSPEs on October 1<sup>st</sup>
2. Continue ERAS scanning and transmitting
3. Prepare grades and reports for student performance committee
4. IPEDs fall reporting
5. Prepare State and regional enrollment reports
6. Conduct preliminary degree audit for M4 students

### November

1. Continue ERAS scanning and transmitting
2. Post grades
3. Prepare grades and reports for student performance committee
4. AAMC and LCME Enrollment Reports
5. First draft of academic calendars for next academic year

### December

1. Distribute grade rosters to all course directors
2. Post grades
3. Prepare grades and reports for student performance committee
4. Order any December diplomas
5. Continue ERAS scanning and transmitting
6. Prepare students for clinical scheduling (if applicable)
7. Begin process of updating elective catalogs for upcoming year

### January

1. Spring registration (if applicable)
2. Prepare grades and reports for student performance committee
3. Continue ERAS scanning and transmitting
4. Prepare State accreditation body enrollment report
5. Review claims and utilization reports for student health insurance, solicit quote for premium for next year, review coverage and benefits and determine if there is a need to consider making a change
6. Clinical scheduling for third and fourth year students (if applicable)
7. Finalize academic calendars
8. Finalize elective catalog

9. Update elective compendium on AAMC website
10. Verify NRMP eligibility for M4 students participating in the Match
11. Conduct mid-year degree audit for M4 students
12. Certify December graduates in the NBME portal and SRS

## **February**

1. Order student regalia and diplomas for commencement
2. Email to faculty for faculty commencement regalia orders
3. Prepare grades and reports for student performance committee
4. SSCR (Department of Education Data reporting—online—depending on your reporting schedule) or National Student Clearinghouse data
5. Update tuition and fee charges (all programs)
6. Update commencement guidebook
7. Issue authorizations through VSAS (if applicable)
8. Upload elective catalog to VSAS

## **March**

1. Prepare grades and reports for student performance committee
2. Assist with unmatched students in anticipation of MATCH Day
3. Prepare MATCH Day packets, which include:
  - a. Commencement Guidebook (update annually)
  - b. Copy of unofficial transcript
  - c. Cover memo
  - d. Match Results Release Form
4. Order faculty regalia for commencement
5. Collect criminal background check releases and conduct CBCs on rising fourth years (if applicable)
6. Elective scheduling through VSAS (if applicable)
7. Begin final degree audit for M4 students

## **April**

1. Aggressively track M4 grades
2. Receive and verify accuracy of diplomas
3. Monitor completion of Graduation Questionnaire
4. Post grades

5. Prepare grades and reports for student performance committee
6. IPEDs spring reporting
7. Elective scheduling through VSAS (if applicable)
8. Create new academic terms in database
9. Create new course sections in database
10. Create any new courses in database
11. Build tuition and fee billing tables based on tuition and fee schedules for upcoming academic year
12. Pre-registration packets for M1 & M2 (rising M2 & M3)
13. Registration for M4 to include ERAS Orientation and graduation applications; cap and gown measurements
14. Registration for M3 (depending on your academic calendar)
15. Promotions committee meetings to clear students for graduation
16. Prepare reports for M1-M3 student promotions and review satisfactory academic progress for financial aid purposes
17. ERAS Kickoff:
  - a. Load ERAS onto desktop
  - b. Issue tokens
  - c. Run ERAS transcripts and scan into ERAS

## **May**

1. Distribute regalia for faculty and students
2. Prepare exit packets (unofficial and official copies of transcripts, and certified and uncertified copies of diplomas)
3. Assist with Commencement and/or Convocation ceremonies
4. Finalize M4 degree audit and confer degrees in records system
5. Prepare grades and reports for student performance committee
6. Criminal Background Checks for rising M3 (if applicable)
7. Begin planning for M1 orientation mailing to new M1 students (depending on their start date)

## **June**

1. Receive data and files on anticipated new students
2. Update class levels in database
3. Prepare grades and reports for student performance committee
4. Certify graduation roster in SRS and NBME

5. SSCR (Department of Education data reporting—online—depending on your reporting schedule) or National Student Clearinghouse
6. Final mailing to new students (depending on their start date)
7. Student clinician ceremony for rising M3
8. Email to third year course directors giving deadline for all remaining grades for third year
9. Purge records per the institution's record retention policy

## Central Group on Student Affairs Regional Handbook

## CGSA Regional Leadership Roster

### **Chair**

Quinn Capers, M.D.  
Associate Dean, Admissions  
Ohio State University College of Medicine

### **Chair-Elect**

Aurora J. Bennett, M.D.  
Associate Dean, Student Affairs and Admissions  
Professor, Department of Psychiatry and Behavioral Neuroscience  
University of Cincinnati College of Medicine

### **Vice-Chair**

Alexandra Wolanskyj, M.D.  
Senior Associate Dean for Student Affairs  
Mayo Medical School  
Mayo Clinic College of Medicine

### **Immediate Past Chair**

Angela Nuzzarello, M.D., MHPE  
Associate Dean for Student Affairs  
Oakland University William Beaumont School of Medicine

### **Executive Secretary/Treasurer**

Jill Volk, M.S.Ed  
Director, Admissions and Recruitment  
Rush Medical College

### **Members at Large**

Kathi Huebner  
Director of Admissions  
University of Iowa Carver College of Medicine

Joel Maurer, M.D.  
Assistant Dean for Admissions  
Michigan State University College of Human Medicine

Lina Mehta, M.D.  
Associate Dean for Admissions  
Case Western Reserve University School of Medicine

Lisa Moscoso, M.D., Ph.D.  
Associate Dean for Student Affairs  
Washington University School of Medicine

## Roles and Responsibilities

The Officers and other members of the CGSA Steering Committee shall work to:

- Represent the interests of Central region medical schools and medical students in the areas of student affairs, admissions, financial aid, student diversity affairs, and student records
- Encourage communication among its members
- Provide a forum for discussion of matters to be acted on at the regional and national level

### Chair

The Chair is the 3rd in a 4-year progression followed by Immediate Past Chair.

Serve for one year as Chair (after being Vice Chair, Chair Elect, and before becoming Past Chair), from the end of the closing session of the annual CGSA spring business meeting to the end of the closing session of the next regional spring business meeting

#### 1. CGSA Meeting responsibilities

- A. Sets Agenda and presides over the CGSA business meetings at CGSA regional meeting and the AAMC Annual meeting
- B. Reviews CGSA meeting minutes
- C. Conduct CGSA Steering Committee meetings
- D. Make parliamentary decisions (2/3 of members present nullify decisions).

#### 2. CGSA Steering Committee responsibilities

- A. Appoint standing committees (in addition to Steering and Nominating) as needed.
- B. Work with nominating committee to conduct an orderly election process for CGSA
- C. Appoint ad hoc committees on advice of Steering Committee or membership
- D. Assist in the planning and implementation of the CGSA programs at regional and national meetings
- E. Sign contracts
- F. Approve expenses in excess of amounts anticipated by the Steering Committee
- G. Serve as the CGSA representative to the National GSA Steering Committee
  - i. Attends scheduled GSA Steering Committee meetings in January, July and November
  - ii. Presents CGSA report at each GSA Steering Committee
  - iii. Prepares CGSA Chair report for GSA Business Meeting
  - iv. Serve as a voting executive member of the GSA for the central region membership
- H. Nominate, in consultation with CGSA officers, CGSA members for GSA National Committees. This occurs prior to the July GSA National Steering committee meeting or as needed to fill vacancies.

- I. Submit names for GSA National Vice-Chair. This will occur prior to the July GSA National Steering Committee meeting.

### **Chair Elect**

The Chair-Elect position is the 2<sup>nd</sup> in a 4-year progression followed by Chair and Immediate Past Chair. Serve for one year as Chair- elect (after being Vice Chair, and before becoming Chair), from the end of the closing session of the annual CGSA spring meeting to the end of the closing session of the next regional spring meeting

1. CGSA Meeting responsibilities

- Conducts CGSA Business meetings in the absence of the chair
- Conducts CGSA Steering Committee meetings in the absence of the chair

2. CGSA Steering Committee responsibilities

- Serves as the Program Chair for the next spring regional conference
  - Point of contact with AAMC Conference planner
  - Point of contact with Hotel Conference planner
  - Point of contact with Central region Organization of Student Representatives
  - Coordinates conference planning with CGSA Steering Committee
  - Coordinates Conference sessions and speakers
  - Prepares Conference Program
  - Solicits Conference sponsorships
  - Coordinates all program activities during the Conference
- Assists in the planning and implementation of the CGSA programs at National GSA meetings
- Serves on CGSA Outstanding Service committee

### **Vice Chair**

The Vice-Chair position is the 1<sup>st</sup> in a 4-year progression followed by Chair-Elect, Chair and Immediate Past Chair.

Serve for one year as Vice –Chair (before advancing to Chair-elect) from the end of the closing session of the annual CGSA spring meeting to the end of the closing session of the next regional spring meeting. The Vice-Chair is elected by a simple majority of the Central region voting institutional representatives, voting to occur at a time prior to the scheduled spring business meeting with results announced at the spring business meeting.

- The CGSA Nominating Committee solicits nominations for Vice Chair at a time that allows for at least two nominees to be presented to the CGSA membership present at the regularly scheduled CGSA Business meeting during the AAMC annual meeting

1. CGSA Meeting responsibilities

- Attend regularly scheduled meetings of the CGSA Steering Committee
- Attend regularly scheduled CGSA Business meetings

2. CGSA Steering Committee responsibilities



- Assist Chair-elect relative to development of the conference program for the next scheduled CGSA spring conference

Coordinates charity event at annual CGSA Spring Meeting

Begin working on the conference planning and conference site selection for the conference program that occurs in the year when advances to Chair-elect.

- Serve as point of contact with AAMC meeting planner
- Serve as point of contact with Hotel meeting planner
- Coordinate conference planning with CGSA Steering Committee
- Work closely with the members-at-large on initiatives including but not limited to, the mentoring program
- Serve on CGSA Outstanding Service committee

### **Immediate Past Chair**

The Past-Chair position is the last in a 4-year progression beginning with vice-chair and advancing to chair-elect and chair.

#### **1. CGSA Meeting responsibilities**

- Attend regularly scheduled meetings of the CGSA Steering Committee
- Attend regularly scheduled CGSA Business meetings

#### **2. CGSA Steering Committee responsibilities**

- To provide a 3-year historical perspective on the CGSA Steering Committee
- Serves as a voting executive member for the central region membership
- Assists in the planning and implementation of the CGSA programs at regional and national meetings
- Chair of the CGSA Nominating Committee
  - Solicit nominations from the membership
  - Conduct an orderly election process to fill vacant positions as needed
- Chair the CGSA Outstanding Service Award Screening Committee
  - Bring names of finalists to the Steering Committee for selection of award recipients

### **Executive Secretary/Treasurer**

To assist in operations of the CGSA, the Steering Committee will appoint a member of the CGSA to the position of Executive Secretary/Treasurer for a term of three years.

#### **1. CGSA Meeting responsibilities**

- Attend regularly scheduled meetings of the CGSA Steering Committee
- Attend regularly scheduled CGSA Business meetings

#### **2. CGSA Steering Committee responsibilities**

- Take minutes during CGSA Steering committee meetings
- Take minutes during CGSA Business meetings
- Maintain CGSA records

- Maintain CGSA membership mailing address list and email list.
- Serve as CGSA treasurer and provide treasurer reports at scheduled CGSA meetings
- Serve as point of contact for processing member reimbursements for CGSA-related expenses
- Assist Steering Committee, as needed, with planning for conferences and meetings.

**Members-At- Large**

A total of four (4) Members-at-Large shall be elected for staggered two-year terms with two (2) Members-at-Large elected each year at the CGSA Spring meeting.

**1. CGSA Meeting responsibilities**

- Attend regularly scheduled meetings of the CGSA Steering Committee
- Attend regularly scheduled CGSA Business meetings
- CGSA Steering Committee responsibilities
- Serve on the CGSA Nomination Committee;
- Assist in carrying out the mentoring program;
- Assist in carrying out special projects of the CGSA;
- Assist with development of the Spring CGSA conference;
- Provide perspective and insight to discussions/actions of the CGSA Steering Committee;
  - Gain understanding of CGSA leadership;
  - Gain understanding of areas of interest/concern to CGSA members and the GSA

# Rules and Regulations

## Name

The name of the organization shall be the Central Region Group on Student Affairs (CGSA) of the Association of American Medical Colleges (AAMC).

## Purpose

The purpose of the organization shall be to encourage communication among members of the Group on Student Affairs (GSA) in the Central Region and to provide a forum for discussion of matters to be acted upon at national GSA meetings. The activities of the CGSA shall be consistent with the GSA mission to advance medical education, and shall be responsive to the unique needs, problems, and resources of the Central Region. Specifically, the CGSA shall represent the interests of medical schools and medical students in the areas of admissions, student diversity affairs, student financial assistance, student affairs, and student records.

## Membership

A. Members of the CGSA shall be of three types:

1. Institutional members who are appointed annually by the deans of medical schools which are institutional members of the AAMC (hereinafter referred to as member medical schools) and who shall serve at the pleasure of their respective deans. Each member medical school shall have five institutional members, one in each of the five GSA areas of interest and expertise: admissions, student diversity affairs, student financial assistance, student affairs, and student records. In some instances, the dean of a member medical school may appoint an additional institutional member, a member-at-large, who shall be an administrator in one of the five areas of the GSA's interest and expertise.
2. Individual members who may be either self-nominated or nominated by other GSA members. They shall be administrators who work in one or more of the five areas of GSA's interest and expertise at member medical schools.
3. Affiliate members who may be appointed:
  - a. By the deans of medical schools that are affiliate institutional members of the AAMC (i.e. the Canadian medical schools).
  - b. By the deans of medical schools that are provisional institutional members of the AAMC (i.e. newly developing schools).

B. Each medical school holding institutional membership in the CGSA within the AAMC shall be entitled to one vote. This vote shall be cast by the person designated as the voting representative by the dean of each member medical school. This vote shall represent a consensus among the members of the GSA delegation at that school.

## Meetings and Quorums

A. Meetings of the CGSA membership shall be held annually in the spring and at other such times as may be appropriate (i.e. the annual AAMC meeting); notification of such meetings to members must occur at least thirty (30) days prior to the meeting date. Additional meetings may be called by the Steering Committee or by the voting representatives of 25 percent of CGSA member medical schools. A meeting may be canceled or postponed by a majority vote of the

voting representatives at member medical schools, either by mail, email, or at a previous meeting.

- B. To constitute a quorum, 25 percent of CGSA member medical schools must be represented as determined by a roll call. The responsibility of the voting representative from a member medical school may be transferred to another CGSA member, from that school, in the event of the absence of the voting representative.
- C. Formal actions may be taken at meetings in which a quorum is present. At such meetings, decisions and actions shall be made by a majority vote of members present.
- D. The CGSA Chair will conduct meetings and will make all parliamentary decisions. These decisions may be appealed by members present; a two-thirds majority of members present is needed to nullify the Chair's original decision.

### **Officers and Members-At-Large**

- A. The CGSA officers shall include a Chair, a Chair-Elect, a Vice Chair and an Immediate Past Chair.
- B. In accordance with AAMC National Group on Student Affairs rules and regulations, eligibility for CGSA offices will be limited to institutional GSA members, as defined in section III.A.1.
  - 1. The Chair presides at regional business meetings of the CGSA and at regional meetings of the CGSA Steering Committee. The Chair, in consultation with the CGSA officers, also nominates CGSA members for vacancies on the GSA National committees and submits names for the position of GSA National Vice Chair.
  - 2. The Chair-Elect presides in the absence of the Chair and serves as the program chair for the next spring regional conference.
  - 3. The Vice Chair assists the Chair-Elect with plans for the next spring conference, coordinates the plans for the conference two years later and works closely with the Members-At-Large on initiatives including, but not limited to, the mentoring program.
  - 4. The Immediate Past Chair serves as Chair of the Nominating Committee and as a member of the GSA Exemplary Service Award Committee.
- C. The person selected as Vice Chair shall serve a four-year term of office under the assumption of automatic progression through the office of Vice Chair (one year), to the office of Chair-Elect (one year), to the office of Chair (one year), to the office of Immediate Past Chair (one year).
- D. If a vacancy occurs during the term of office of the Chair, the Chair-Elect or the Vice Chair, each succeeding officer will advance to fill the opening, and a new interim Vice Chair will be selected by the Steering Committee of the CGSA to serve until the next spring CGSA meeting. At the spring CGSA meeting, the Nominating Committee will have the prerogative of forwarding the name of the interim Vice Chair as Chair-Elect. If a vacancy occurs during the term of office of a Member-At-Large the steering committee will appoint an interim to serve until the next election.
- E. A total of four (4) Members-at-Large shall be elected for staggered two-year terms with two (2) Members-at-Large elected each year at the CGSA Spring meeting. The Member-At-Large serves on the CGSA Nomination Committee; assists in carrying out special projects of the CGSA; assists with the development of the Spring CGSA conference; provides perspective and insight to

the various discussions and actions of the CGSA Steering Committee; gains insight and understanding of CGSA leadership as well as areas of interest to GSA and the Central region.

## **Elections**

- A. The terms of office for the CGSA elected officials shall extend from the end of the spring CGSA business meeting, at which time they assume office, to the end of the following spring CGSA business meeting.
- B. The Nominating Committee (as defined in section VII. E) of the CGSA will provide a minimum of two names annually to the membership for the purpose of selecting a Vice Chair. Self-nominations will be accepted by the Nominating Committee. Regarding each candidate, the names, biographical information, and goals and purposes for his/her tenure as an officer will be publicized in advance of the fall business meeting and subsequent election.
- C. All voting for Vice Chair shall be cast by the voting institutional representative by either written or electronic balloting. Biographical information regarding each candidate shall be provided to the CGSA membership in advance of the AAMC annual meeting. Ballots shall be made available to voting representatives who will vote after consultation with the full CGSA delegation at their medical school. Results of the election will be reported to the CGSA Chair no later than February 1 prior to the spring business meeting. Results of the election shall be publicly announced at the spring business meeting.
- D. Election to the CGSA Steering Committee of two Members-At-Large for two-year terms shall be held annually at the CGSA spring business meeting with voting by institutional and individual members of the CGSA present at the meeting.
- E. Elections for Members-At-Large will be decided by simple majority vote. In the event of a tie, members present at the spring business meeting shall re-vote immediately to break the tie.

## **Committees:**

- A. Standing committees of the CGSA shall include a Steering Committee and a Nominating Committee. Other standing committees may be appointed by the Chair in consultation with the Steering Committee. The standing committees and their functions shall be reviewed annually by the Steering Committee, and those committees no longer needed may be dissolved by the Chair in consultation with the Steering Committee.
- B. The Steering Committee shall consist of the regional officers of the CGSA and four Members-At-Large with staggered two-year terms. The Steering Committee will also include the CGSA representatives to the GSA National Committees (COA, COSDA, COSA, COSR, COSFA), the Chair of the Central Region Organization of Student Representatives or designee, and the Executive Secretary/Treasurer of the CGSA. Ex-Officio, non-voting members, of the CGSA Steering Committee will include Chairs of any existing Ad Hoc Committees, and any CGSA members serving as GSA National Committee Chairs.
- C. The CGSA Steering Committee shall have the normal duties of an executive committee and shall be responsible for the planning and implementation of CGSA programs at the CGSA regional conference and the GSA national conference. When planning conferences, the Steering Committee shall determine program content and scheduling after soliciting advice from and discussing with representatives of related groups that may meet in conjunction with the CGSA (i.e., The Central Association of Advisors for the Health Professions, the Central Region

Organization of Student Representatives, the Central Region Group on Educational Affairs, and other GSA Regions). The Steering Committee shall determine the site and date of each spring regional conference and may appoint a member of the CGSA from a host school (or each of the co-host schools) to serve as the co-planner for the conference.

- D. To assist in operations of the CGSA, the Steering Committee will appoint a member of the CGSA to the position of Executive Secretary/Treasurer for a term of three years. The Executive Secretary/Treasurer will serve as the treasurer for the CGSA and will be responsible for taking minutes during regional meetings, maintaining CGSA records and the membership mailing address list and email address list, and performing other duties as requested.
- E. The Nominating Committee shall consist of the four Members at-Large for the Steering Committee and shall be chaired by the Past Chair who shall vote only to break a tie.
- F. The Nominating Committee shall solicit nominations from the membership and shall work with the CGSA Chair to conduct an orderly election process to fill the position of Vice Chair and the Member-At-Large positions on the CGSA Steering Committee and to fill other vacant positions as needed. They shall also serve as the CGSA Outstanding Service Award Screening Committee and bring the names of finalists to the CGSA Steering Committee for selection of award recipients.
- G. Ad hoc committees may be appointed by the Chair of the CGSA Steering Committee acting on advice of either the CGSA Steering Committee or the CGSA membership as appropriate. The function and structure of ad hoc committees shall take into consideration the function and structure of existing GSA National Committees and, specifically, the areas of interest as delineated in the Purpose of the CGSA.

## Finances

- A. The CGSA Steering Committee, in consultation with the AAMC Meetings Department, will determine the registration fees and any special function fees for the regional spring conference based on consideration of funds needed to meet expenses.
- B. All contracts must be reviewed by the CGSA Chair. Any non-budgeted expenses must be approved by the Chair before being reimbursed by the Secretary/Treasurer. Other anticipated and routine expenses may be reimbursed by the Secretary/Treasurer, and must be detailed in the annual Secretary/Treasurer's report.
- C. Financial resources of the CGSA may not personally benefit its members or constituents.

## Parliamentary Authority

Robert's Rules of Order shall be the authoritative source for all items not specifically discussed in these Rules and Regulations.

- Amendments to Rules and Regulations

Subject to approval of the GSA Steering Committee, these Rules and Regulations may be amended by either written or electronic ballot cast by the institutional voting representatives specifying the proposed change. A two-thirds majority of ballots received thirty (30) days following ballot distribution will be required to amend, provided that the total number of votes cast for the changes constitute a majority of the voting representatives.

Adopted 1982; Revised: 1986; 1988; 1991; 1997; 2000; 2004; 2014

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# Planning and Administering a Successful GSA Regional Spring Meeting

## Identifying Potential Date(s) of Regional Meeting

(Complete at least one year to 18 months ahead).

Before selecting a date for the regional meeting, your regional planning committee should take the following steps:

- a. Identification of major religious holidays (Passover, Easter, Good Friday) and avoiding the scheduling of the meeting during these periods.
- b. Consultation with the GEA/GSA or GSA Staff (Kate McOwen or April Morrow) to determine whether the tentative meeting dates conflict with dates of other AAMC or regional GEA/GSA meetings or activities. A listing of GEA/GSA-relevant meeting dates can be found on the AAMC Web site. GEA/GSA/GSA regional officers have agreed not to plan a meeting in one region that overlaps with a meeting in another region if at all possible. Such advance planning permits AAMC program and service staff members sufficient time to travel from one GEA/GSA/GSA regional meeting to another for participation in all meeting programs and activities.

## Selecting the Meeting Hotel

(Complete at least one year to 18 months ahead)

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Your regional planning committee should:

- a. Choose a desired city for meeting.
- b. Determine whether you will conduct the site research, or whether you want the AAMC meeting staff to handle it for you.
- c. If AAMC handles the site research, the meeting staff will present you with a list of available hotels that can accommodate your meeting – with the data you need to make a decision (sleeping room rate, meeting room rental, internet cost, etc.)
- d. If you plan to handle the site selection, prepare a list of hotels that can accommodate the size of your group. A good resource for this information is the city's convention and visitors bureau (CVB). Often, the CVB Web site has detailed information on hotels in the city and their meeting capacities. You can also request a meeting-planning guide from the CVB, which will list all of the hotels and provide detailed information on the number of sleeping rooms and amount of meeting space for each hotel. When determining which hotels may be able to accommodate your group, you want to look at the number of sleeping rooms (a hotel will usually commit no more than 2/3 of its total room inventory to a room block) and the amount of meeting space (be sure the hotel has rooms large enough to accommodate both general sessions and meal functions and adequate breakout space).
- e. Prepare written specifications (referred to as an "RFP") and send the RFP to the sales department of each hotel. The RFP should include:
  - **Contact information** for the person who should receive the hotel proposals.
  - **The group profile.** Include some basic information on who makes up the group, whom it represents, etc.
  - **List of potential dates for the meeting.** It is best to go into the site selection process with two or three sets of dates. If one set of dates is preferred, you should highlight those and mark them as preferred. You should list them in order of preference. If no preferred

dates have been identified, you should state the following: “Please provide rates and availability for all dates, as preferred dates have not been identified.”

- **Meeting pattern.** What is the meeting pattern for your group? Wednesday-Friday? Thursday-Sunday? The pattern should be the days of your actual meeting, not your room block nights. For example, you may need sleeping rooms on Monday, but your meeting does not start until Tuesday. In this case, you would list your pattern as beginning on Tuesday.
- **Number of attendees.** How many people will attend? This number should closely match the capacity you are requesting for general session and meal functions.
- **Room block.** How many rooms will you need on which nights? The room block should be broken down by day: Monday: 10 rooms, Tuesday: 50 rooms, etc. These numbers should be based on your hotel pick-up from the previous year’s meeting (available from the previous year’s hotel), and should reflect those past numbers almost exactly, always rounding down instead of up to get to an even number. For example, if you used 11 rooms on Monday last year, then you round down to 10 rooms for this year. You should never estimate higher numbers, as you will be obligated to use whatever rooms you block. It is best to be conservative. The thinking is that it is better to be in a situation where the hotel sells out and a few people have to go to the hotel next door than to not use all of your rooms and have to pay for them.
- **Meeting space outline.** You should outline all of the space you will need on a daily basis, including the start and end time of each function, the type of function (general session, breakout session, lunch, dinner, etc.), the capacity of the room needed, and the desired room set-up. If a meal function will have a presentation, you should indicate that, as you generally need a larger room to accommodate a lectern and AV equipment for a speaker than you would for a straight meal function. An example of the format for your space needs follows:

#### Sunday

8:30-10:00 a.m.	Continental Breakfast	130/Rounds
9:00 a.m.-6:00 p.m.	General Session	130/Schoolroom
10:00 a.m.-6:00 p.m.	Breakouts (4)	35/Schoolroom each
12:00 p.m.-2:00 p.m.	Luncheon w/ Speaker	130/Rounds
6:00 p.m.-7:00 p.m.	Reception	130/Cabaret
7:00 p.m.-9:00 p.m.	Dinner w/ Speaker	130/Rounds

You should also outline your specifications for registration. You generally want to ask for registration beginning 3-4 hours before your first session begins, and to ask for it on a 24-hour hold until about one hour after the last session ends on the last day. This insures that your registration desk can remain in the same place throughout your meeting, and that you will not have to move it or break it down at night.

AAMC requests the following set-up for its meetings:

Require space for three 6’ tables, with 3 schoolroom tables behind. Prefer space adjacent to general session room. The Hotel will provide four easels, one power strip, one extension cord, one telephone and phone line, and one high-speed or wireless internet access on a complimentary basis in the registration area for the duration of the meeting. It is understood that the AAMC will be responsible for all long-distance phone charges.



Since the hotels often “nickel-and-dime” groups for expenses like the power strip and extension cord needed at the registration desk (if you will have a computer or printer), it is worth asking for the hotel to provide these on a complimentary basis. The hotel is usually willing to agree to this. Sometimes, if these items are provided by the AV company and not by the hotel, the hotel is not willing to provide them. It is always worth asking!

If you think you may have an offsite event one evening during the meeting, you can ask for space from the hotel in your RFP (to give you the option to use the hotel, if you wish), and mark the event as tentative.

- **History of the Group.** Include the past few years’ meeting history, if you have it. You should list the year, the hotel used, the city and state where the hotel was located, the room rate you paid, the food and beverage total and the total master account amount. This gives the hotel an idea of what kind of revenue you will bring to the hotel if it books your meeting. This is very valuable information for the hotel, so you should always provide as many years of history as possible.
- **Proposal date and decision date.** Let the hotels know when they need to respond to you; you should give them at least one week, preferably two, to respond. Let them know when you plan to make a decision. It is reasonable to ask a hotel to hold space (after reviewing its proposal) for up to one month, but the shorter the time frame the better.
- **Review hotel proposals and negotiate terms** until the offer is satisfactory to you. You should always receive hotel proposals in writing. The proposal should include:
- **Room rates.** List the room rate being offered, and whether it is a flat rate for single or double occupancy or tiered, with one rate for single rooms and a higher rate for double rooms. Read the fine print to determine whether the rate is being offered in terms of the year that you are holding the meeting; hotels often offer rates in the current year’s terms, and guarantee a maximum increase of 3 or 5 percent per year. You will need to do the calculations on these rates to make sure that the rate will be affordable in the year that you hold your meeting. It is generally reasonable to ask a hotel to come down \$10-15 on the rate quoted. You can always ask hotels for a deeper discount, but they often will not come down more than this.
- **Address meeting room rental.** Will the hotel be charging for rental? If so, how much? Sometimes a hotel will charge a rate per room (\$100 per breakout, etc.), and sometimes it will ask for an overall meeting room rental for the meeting. The hotel may also propose a sliding scale - this generally starts at complimentary based on 85-90% pickup of sleeping rooms, and goes up incrementally as your percentage of rooms picked up drops. This is an acceptable deal for meeting room rental, but you want to make sure the rental does not become too steep or unreasonable as the scale increases. Remember that hotels look at group business in terms of the ratio of space to sleeping rooms. The more sleeping rooms you are using, the more meeting rooms they are going to give you on a complimentary basis. If your meeting is particularly space intensive compared to your sleeping room block, it may be difficult to avoid paying any meeting room rental.
- **Include an outline of the proposed meeting space.** The hotel should send you an exact reflection of your schedule as outlined in your specs, and identify a meeting room for each function. Never believe that a hotel can accommodate all of your functions until you see it for yourself on paper! It is not unusual for a hotel to tell you that it can accommodate your group, and then, when you see the outline of space, you find that it means changing your general session from a schoolroom to a theater set or holding your lunch in the same room as your general session - with no time to turn the room from schoolroom to rounds. As you review the outline of

space, compare it to the floor plan and capacity chart for the hotel has provided, and make sure that the rooms hold the numbers of attendees they need to. Again, it is not unusual for a hotel to say it can accommodate 4 breakouts of 25 each, and then, when you look at the space charts, you discover that two of the rooms can hold 25, but the other two hold only 20. If you have any concerns about the space that the hotel has proposed, let it know what you would like done differently, and see if the hotel is able to accommodate your needs.

Hold space on a tentative basis at the hotels that have delivered proposals that suit your needs. You will probably need time to share the proposals with your committee, etc., and it is reasonable to ask the hotels to hold space for 2-4 weeks while you make a decision on which hotel to use. Though a hotel may send a proposal, it will not be holding any space for you unless you specifically ask it to. When asking the hotel to hold space, let hotel staff know when they can expect your decision.

If you are local to the host city, you may wish to conduct a site inspection of the property. You will want to see all of the public space of the hotel, the meeting space (you should take your outline of space with you to see exactly how your meeting will fit into the space), and sleeping rooms.

Select the hotel that offers the best package for you. Ask the hotel you have selected to hold your space on a definite basis, and tell hotel staff that you are ready to move onto the contract stage. Inform the hotel that AAMC will be negotiating and signing the contract, and will most likely use the AAMC contract as a starting point. Inform the other hotels who submitted proposals that they were not selected, so that they can release any space they were holding for you.

When a location and date have been identified, inform the GEA/GSA Staff so that these dates can be placed on both the AAMC GEA/GSA Web site and on the AAMC's Master Calendar for the benefit of other AAMC staff who are planning meetings.

GEA/GSA representatives in the region should be informed of the dates for the next year's meeting at least a year in advance. A good time to make this announcement is at the prior year's regional spring meeting. A regional newsletter or the GEA/GSA listserv would be an excellent vehicle for publicity regarding the dates and plans for the meeting.

### **Contracting with the Hotel**

AAMC meeting staff will negotiate and sign the contract for your meeting. In doing so, AAMC becomes the liable party for the contract. To start the contract process, contact an AAMC staff member. You will need to provide the hotel's proposal, any special terms you negotiated with the hotel during the proposal phase, and the contact information for the hotel sales person. The staff member will work directly with the hotel on the contract and provide you with a final, signed copy when it is fully executed.

### **Developing a Planning Timeline**

Your regional planning committee should:

- **Consult with the previous program chair** and develop a timetable for planning. Working backwards from the dates selected for the meeting, you will need to determine
- **Date for completing a concept outline for the meeting**, including overall theme, proposed sessions, time slots for sessions, and assignments to planning committee members to secure speakers (June-July)

- **Dates for the call for proposals process**, including when the call will be posted (August), when proposals will be due (December), when reviewers will be finalized (November) and when authors will be notified (January).
- **Date for any preliminary communication(s)** to Group members to promote the meeting. You can use e-mail and listserv announcements to promote the meeting, and get it marked on potential attendees' calendars (Announce date at previous year meeting, market at AAMC annual meeting).
- **Date for advertising program and opening registration.** It is recommended that you open registration for your program 2-3 months prior to the meeting date. At a minimum, you should advertise the program six weeks before the hotel cut-off date to allow time for attendees to make their hotel reservations at the group rate.
- **Date for sending the final program to the printer.** The amount of time needed for printing will vary depending on who is printing the program, but two weeks prior to your mailing date is a safe estimate.
- **Date for completing the final program**, including verification of speakers, titles, titles of sessions, and final time schedule.

### **Promoting Your Regional Meeting at the AAMC Annual Meeting**

You will have the opportunity to brief the members of your regional GEA/GSA on plans for the spring GEA/GSA regional meeting when they are gathered at the AAMC Annual Meeting in the fall. This is an ideal time to inform people about various aspects of the program. Include brief information about how to get to the site. Will it be necessary or desirable to rent a car at the airport? Describe the social events. You should also let people know when to expect the full program. It may be helpful to provide a handout highlighting this information. AAMC staff can assist you with this and have your handout duplicated. It is best to arrange for copying of this handout well in advance of the meeting so that duplication can be completed, at reduced cost, at the AAMC Print Shop.

### **Drafting the Budget/Determine the Registration Fee**

The expenses associated with the spring GEA/GSA regional meeting (apart from attendees' sleeping rooms and non-group meals) are paid from the registration fee revenue for the conference. The goal should be to develop a budget for the meeting that provides best estimates of costs for various phases of the meeting program and best estimates for the number of GEA/GSA representatives who are expected to attend.

**Determine your estimated attendance.** Use registration data from past regional meetings. It is best to be conservative with this number estimate.

**Estimate your fixed costs.** These are the costs that will not vary regardless of the number of people that attend. If you have an expense statement from last year's meeting, you can use those figures as guidelines; you will also need to make estimates of what you think you will spend at this meeting. Fixed costs include:

- **Meeting room rental**, if any
- **Rental fee for off-site event** venue, if any
- **Transportation** to off-site event
- **Postage**
- **Shipping costs**, if any

- **Audiovisual equipment**
- **Travel and hotel expenses for paid speakers:** Estimate \$500 for airfare, \$50 for “other” expenses (ground transportation, etc.), \$25 per day for food, and the room rate plus tax per night for each speaker.

**Estimate your variable, or per person, costs.** These include your meals, meeting materials, and other costs that you will only incur for each person who attends the meeting. Variable costs include:

- **Meals.** Use the hotel menus to estimate the cost of each meal to be provided. Be sure to include the service charge and taxes in your estimate. General estimates are:  
 Continental Breakfast: \$20-25 per person  
 Lunch: \$35-45 per person  
 Coffee Break: \$10 per person per break  
 Light Reception: \$25-35 per person (includes \$10 for alcohol)  
 Hearty Reception: \$60-75 per person (includes \$15 for alcohol)  
 Dinner: \$75 per person
- **Meeting materials** (binders, handouts, etc.). Estimate how much it will cost per person to duplicate these materials.
- **Gratuities for hotel staff.** \$3.00 per person will give you a good pool to work with when you are distributing gratuities. If you prefer to put aside a set amount for gratuities (a whole dollar amount), you can include this line item in your fixed costs.

**Calculate your breakeven** by dividing the total fixed costs by the estimated number of attendees and adding the variable cost. Since it is difficult to estimate attendance and expenses exactly, it is recommended that you build in a “cushion” by adding 10% on top of the breakeven. The result of these calculations would be your registration fee.

**Take any subsidies into account.** If you plan to subsidize the meeting with funds from your regional budget, you should add the amount of the subsidy to your budget. Subtract this amount from your fixed costs before dividing the fixed costs by the number of attendees. Please note that the regions must be in compliance with the AAMC’s Organizational Policy for Accepting External Support (attached). The Commercial and Nonprofit Participation in Meetings and Conferences guidelines (attached) outline the specific application of the policy to meetings.

## Registration

Registration will typically be handled by the host school. In circumstances where it may not be possible for the host school to manage registration, AAMC may be able to handle registration for the regional meeting. Should you be in this situation, please discuss with April Morrow or Kate McOwen well in advance of your meeting.

Should AAMC handle registration for you, you will work with a member of the Meetings team, who will setup online registration for you and be your point of contact throughout the process. You will need to identify ONE person from your group/committee to communicate with the AAMC staff person; that person will also be the point of contact for any general meeting questions that arise (AAMC will refer general, non-registration questions to the regional contact).

At the start of the process, the AAMC meetings staff will ask you a number of questions (via conference call) that you will need to answer in order to have registration set up:

1. What is your planning timeline (including target date for registration to go live)?
2. What is your anticipated number of attendees?
3. Are there speakers and staff to be waived?
4. What are your registration fees? Do they include CME? One-Day options? Student? Member v Non-Member? Exhibitors?
5. Is there a survey associated with this meeting application/registration? What is being asked, how is data being used, when are responses needed?
6. Is there an attendee limit for the meeting? For workshops?
7. Is the meeting open to members only?
8. Will there be a need for different color badges (ie exhibitors, one-day only)?
9. Do you require tickets for any meeting events?
10. Is there any other information you need to track besides sessions and meals (specialty, etc.)?
11. If tracking concurrent sessions, consider options: Shut event down once limit is reached or keep wait lists (up to how many) to be managed by planner prior to meeting or onsite.

AAMC prefers that all attendees register and pay online. If a hard copy form is required to handle check payments, a higher registration fee will apply (typically \$50 more than online registration).

Once registration is open, the AAMC meeting registrar will send you weekly updates and reports. The standard report includes a registration count and a current participant list. If there is any other information you will need in your weekly updates, you will need to inform the registrar. Please note that AAMC's policy which prohibits commercial attendees (other than paid exhibitors) to attend the meeting is applicable, and it will be your responsibility to "police" the registration list that you receive weekly to make sure there are no commercial registrants. If one has slipped through, you will need to contact them to let them know they cannot attend, and let your AAMC registrar know to cancel their registration.

The AAMC registrar will finalize the participant list and print badges for all pre-registered individuals and send them to the meeting site. S/he will also prepare on-site registration forms for your use in the event that your meeting accepts on-site registrants. On-site forms can be sent back to the AAMC with April Morrow or with another designated AAMC staff.

### **Soliciting Logistical Information from Speakers**

- a. **Logistical details for speakers.** Send a program to each speaker, along with a letter requesting the logistical details for his/her presentation.
- b. **Speaker registration form.** Ask speakers to complete a Speaker Registration Form.
- c. **Solicit audiovisual needs.**
- d. **Bio materials.** Request a brief biographical sketch from each speaker that you can use for introductions at the meeting, or that you can print up for inclusion in the conference materials. Ask speakers to send you their bios via e-mail - this saves you from having to re-type them.
- e. **Speakers' hotel needs.** Solicit the hotel needs of the speakers if you will be covering their lodging.
- f. **Request handout materials.** Ask for any handouts speakers may have to supplement their presentations.
- g. **Deadline.** Set a deadline that is six weeks out from the start date of your meeting for receipt of these materials from speakers.

## Logistical Arrangements

The person or committee responsible for arranging the meeting must maintain a close working relationship with the region's chair or program planning committee. It is important to involve this individual in the planning process from the start.

Once the contract has been signed, the hotel will assign a Convention Services Manager (CSM) to work with your group on the details of your meeting. The program chair for the spring GEA/GSA regional meeting and the local arrangements liaison should be the only individuals in direct contact with the hotel representative. It is confusing for the hotel to have multiple contact people from the Group; such a practice may also lead to unanticipated hotel charges and will make it difficult for you to review the billing with confidence.

- **Final check.** Once the program has been finalized, but before it has been mailed, the agenda should be compared against the space blocked at the hotel. You should not print your program until you are sure you have the space you need for all of your sessions. If you need to make space changes, you should contact the hotel and make your request. If the hotel can accommodate your changes, ask hotel staff to send you the new space outline in writing, so you have written confirmation of the changes.
- **Master account charges.** As soon as the program has been mailed, reservations should be made for speakers and group members who will be paid for on the master account. While you are still soliciting specific hotel information from your speakers at this point, you can make a “best guess” as to their arrival and departure dates, and adjust their reservations, as necessary. Making these reservations early insures that your VIPs get hotel rooms before your attendees begin to fill up the block. Whenever you make reservations, or make changes to your rooming list, you should ask the hotel for an updated reservation list so that you can confirm that the changes have been made. Always make requests for reservations and reservation changes in writing, and keep a copy of the correspondence in your file for backup.
- **Reservation lists.** Beginning about six weeks out, you should request weekly copies of the reservation list, along with your current pickup, so that you can monitor your room block. Individuals frequently make hotel reservations before registering for a meeting, so your hotel pickup will let you know if your attendance is likely to grow beyond what is already in your registration database. A couple of weeks before your published cut-off date, you should send an email or listserv reminder to your mailing list to remind them to make their reservations. Once your cut-off date has passed, you should periodically check with the hotel to see if it is still offering your group rate, and whether it is approaching a sold-out situation. If the hotel does sell out over any nights of your room block, be sure that you know where the hotel is referring your attendees for accommodations. If you have a nearby hotel to which you prefer that hotel staff refer meeting attendees, you can advise them accordingly.

## Logistical details to CSM

One month before the start of the meeting, forward the logistical details of your meeting to the hotel CSM. These details are often called “specs.” However it is compiled and formatted, the document should include a chronological listing of all of the sessions and meal functions, and each session should include the following data:

- **Date**
- **Start and end time of each session**
- **Session name**

- **Meeting room name**
- **Room setup** (schoolroom, theater, conference, rounds) and number of people
- **Setup details** (podium, podium on a riser, head table, etc.)
- **Audiovisual requirements**, including microphones and audiotaping
- **Food and beverage requirements** (you do not need to include guarantees at this stage, just the menus selected)
- **Any other information** relevant to the hotel

Accompanying this list of logistical details should be the following information:

- **Billing.** How is billing to be handled? Who is authorized to sign to the master account?
- **Master account charges.** Whose room and tax should be charged to the master account?
- **Upgrades/amenities.** Who will receive any upgrades and/or amenities included in the contract?
- **Staff rate recipients.** Who will receive the staff rate, if one is included in the contract?

**Details confirmation.** Confirm the details for on-site registration. Determine what materials will be included in the on-site registration packets, the hours for registration, etc. You will need volunteers to handle on-site registration, either GEA/GSA representatives from other schools or staff from your school. Most local arrangements liaisons have found it helpful to have some staff present who are able to prepare on-site name tags, etc. Plan how the on-site packets and nametags will be prepared.

**Incoming registrations.** Discuss with the program chair who will manage incoming registrations. The individual who has this responsibility will need to set up a database to keep track of the name, title, school, and payment information of each person who registers for the meeting. This information will be used to prepare nametags and a list of registrants to include in the on-site registration packet. This person will also need to prepare receipts for registration to distribute on-site.

### Final Meeting Preparations

During this period, the program chair and the local arrangements liaison should be in frequent contact with each other. There should be a clear understanding of who is doing each task!

- **Inform the GEA/GSA regional chair.** Be sure that the GEA/GSA regional chair is briefed weekly on the registration numbers and on general progress.
- **Check the registration database** to be sure all of your speakers are registered.
- **Speaker reservations.** Do a final review of the hotel reservation list to make sure that your speakers have the correct reservations. You might consider e-mailing them their hotel confirmation numbers a few days before the meeting.
- **Line up volunteers** to staff the registration area on the opening day of the meeting. You will need more people than you might think --- people staffing a registration table need a break every few hours!
- **Determine what equipment and supplies need to be transported** to the meeting site. You will find it helpful to have a laptop or PC and printer to prepare last minute nametags, as well as an ample supply of extra registration materials and general office supplies (pencils, pens, scotch tape, scissors, stapler, plain paper, envelopes, White-Out, etc). Check on the services and charges at the hotel's Business Center for attendees who may need to make copies, send faxes, etc.
- **Assemble materials for nametags.** These can be prepared most efficiently about a week before the meeting, but you need to be sure you have all the required supplies on hand.
- **Determine needs for signage**, and have appropriate signs made.
- **Review and approve the hotel's Banquet Event Orders (BEOs).**

- **Provide guarantees to the hotel CSM** (see contract for deadlines).
- **Finalize counts for any social events.** Provide guarantees for the events to the appropriate contact persons. Make sure you have adequate ground transportation to the event, if necessary.
- **Prepare on-site registration packets.**
- **Confirm final arrangements with co-sponsoring organizations.** If you are handling local arrangements for co-sponsoring groups or organizations, confirm final arrangements with them to make sure everyone is on the same page.

### Pre-Conference Meeting

If possible, the regional chair, program chair and local arrangements liaison should plan to arrive at the meeting location the day before the meeting for a pre-conference meeting (referred to as a “pre-con”) with the hotel conference staff. This is standard procedure for all AAMC conferences, and good hotel conference staff expect this request. During the planning process, set up an appointment with the conference staff for this purpose for the day preceding your regional meeting. This is a final opportunity to “walk through” each event in your meeting, to be sure the arrangements for rooms are correct, areas for registration and coffee breaks appropriately located, and timing and arrangements for receptions and meals synchronized. This is a good time to reinforce the notion that **all requests to hotel staff for additional services are to be referred to YOU.**

### During The Meeting

On-site, you should focus on the following:

- **Confirm room arrangements.** Check each room before the start of each session to confirm correct setup, food and beverage service, etc. Be sure to check the rooms early enough that changes can be made if the hotel has not followed all of your detailed instructions.
- **Minimize the number of handouts that are duplicated on site.** Although the hotel's Business Services office can provide helpful assistance in an emergency, remember that charges are often quite expensive!
- **Minimize the number of additional audiovisual requests that you approve.** Audiovisual equipment is expensive!
- **Meet daily with your hotel contact** to review and approve the day's bill.
- **Thank program contributors.** At some point in the meeting, it is important to thank publicly all of the individuals who contributed to a successful meeting. This includes those who helped to plan the program, who staffed the registration desk, and who helped to stuff envelopes. Public recognition goes a long way! Titles are important to people. Be sure to check in advance the title of each individual you introduce so you can be sure that you have correct and up-to-date information.
- **Distribute gratuities** to deserving hotel staff on the last day of your meeting. Never feel obligated to give gratuities! You should be tipping for excellent service, not mediocre service. It is nice to include the gratuity in a brief handwritten note. If you can give the envelope to the person individually, you should do so. In the event that you do not see some staff members to hand them an envelope in person, ask the CSM to distribute the envelopes to the appropriate people. Some gratuity guidelines:

CSM:	\$50-100
Banquet Captains:	\$25-40 each
AV Technicians:	\$25-40 each



Banquet/Houseman Fund: \$100-150 (will be distributed to all housemen/banquet staff who worked your functions)

### **Post-Meeting**

Plan something relaxing to do. You have done a GREAT job and deserve some R & R! Take a few days for recuperation, but keep in mind that there are some important post-conference follow-up activities to take care of:

- **Review the final bill from the hotel.** Be sure to discuss any items you do not understand with your hotel contact. If you have reviewed the bill daily during the meeting, there will be fewer misunderstandings. If you are paying the bill directly, be sure to send a copy to the GEA/GSA staff for their files. If AAMC is paying the bill, the GEA/GSA staff will need the final bill (referred to by the hotel as your master account), and your confirmation that all of the charges are correct.
- **Complete the Post-conference Report** and send to the GEA/GSA staff. This report includes the final daily pick-up from the hotel, the master account total, the F&B expenses total and the total number of registrants at the meeting. This information is critical for contracting for future meetings.
- **Prepare and review a final expense report** with the immediate past GEA/GSA regional chair and with your executive committee.
- **Write thank you letters to each speaker, panelist, and/or presenter.**

# AAMC Organizational Policy for Accepting External Support

Approved by the AAMC Board of Directors

February 19, 2009

## Guiding Principles for Accepting External Support

The AAMC acknowledges its role as a charitable, tax-exempt organization whose mission is to serve and lead the academic medicine community to improve the health of all. External support contributes to AAMC meeting its mission. External support currently comes to the AAMC from a number of sources and in a number of ways:

- Commercial, not-for-profit, charitable, and other philanthropy
- Commercial, not-for-profit, and charitable grants and support of meetings, reports, and projects
- Commercial, not-for-profit, and charitable support of awards
- Exhibitors
- Governmental grants and contracts
- Advertising from external entities, mostly commercial.

The following principles will underlie all financial (and gift in-kind) interactions between the AAMC and commercial, not-for-profit, and charitable organizations. These principles are designed to minimize real or perceived conflicts of interest with external supporters:

- The AAMC acknowledges its role in facilitating prudent interactions between its members and commercial, not-for-profit, and charitable entities.
- The AAMC will engage with all parties (external supporters, member institutions, and others) with the same level of professionalism and integrity.
- The AAMC is accountable primarily to its member institutions, and that relationship takes precedence in resolving conflict with a commercial, not-for-profit, or charitable supporter.
- The AAMC seeks external support for projects, programs, and collaborative partnerships that align with its Strategic Priorities.
- The AAMC evaluates each prospective external supporter according to mission alignment, funding interests, and related criteria before accepting that support. The AAMC maintains the right to decline external funding from any source.
- When sponsoring CME programs, the AAMC will comply strictly with the regulations of the accrediting body.
- The AAMC does not endorse commercial, not-for-profit, or charitable organizations. While the AAMC always will disclose financial support from these organizations, that does not imply endorsement.
- The AAMC reserves the right to restrict attendance at AAMC meetings.

## Policy for Acceptance of Specific Types of External Support

### *Annual Meeting*

The AAMC will not accept commercial support for its Annual Meeting outside of the Exhibit Hall. With respect to the exhibit hall, the AAMC will accept commercial, not-for-profit, educational, and other charitable exhibitors. The AAMC will use the Guiding Principles (above) as the criteria for accepting exhibitors. Other forms of commercial support (e.g. branded sponsorship or support of social functions) will not be allowed.

### *Meetings of Professional Development Groups and Other AAMC-Sponsored Meetings*

Consistent with the Annual Meeting policy, the AAMC will permit commercial, not-for-profit, educational, and other charitable entities to purchase booth space in a designated “exhibit area/hall.” Other types of commercial support (e.g. branded sponsorship or support of social functions) will not be allowed.

### *Sponsored Programs and Philanthropy*

AAMC will seek and accept philanthropy and support for sponsored programs only from not-for-profit organizations and individuals, with no restrictions on that support beyond the general designation of the initiative (i.e., specific award, research project, or report). The AAMC will use the Guiding Principles as criteria for accepting gifts and sponsored program funding. Most foundations indicate specific funding interests and priorities, and many foundations do not accept proposals for unrestricted support. When responding to a call-for-proposals, the AAMC should provide the appropriate specificity requested by the funding source (i.e., if a foundation has an identified interest in supporting curriculum development, the AAMC would request funding for that designation).

### *Awards*

The AAMC will accept support for awards from not-for-profit entities and individuals, using the Guiding Principles as criteria for accepting support of awards. An award may be named after a donor, at the discretion of the AAMC. If the AAMC agrees to name an award after a corporate foundation donor, the word “foundation” must be included in the title; e.g. “The Acme Foundation Award for Primary Care Teaching Curriculum.” No individual or representative of the donor may be engaged in setting the criteria beyond the intended purpose of the award or in the promotion, selection, or presentation of the award recipient(s).

No policy is able to foresee all possible situations that might arise. In such a case, the Guiding Principles listed above should guide all decisions made by the AAMC in relation to external support. Above all, the AAMC will work with its members to ensure that our professional and institutional integrity is affirmed and the public trust invested in us is fully warranted.

## Policy on Commercial and Non-profit Participation in AAMC Meeting and Conferences

The primary purpose of AAMC conferences and meetings is to provide constituents with access to best practices, sound educational content, and industry expertise. In some cases, this may include constituent access to representatives of commercial and non-profit organizations. Thus, it is appropriate for the AAMC to allow commercial and non-profit participation in conferences and meetings, provided that their participation: a) adheres to the AAMC's overall policy regarding external support; and, b) reduces the cost of participation for constituents. AAMC's policy dictates that commercial and non-profit participation must be as exhibitors.

The requirements for commercial and non-profit participation are as follows\*:

1. Commercial and non-profit support can only be accepted in the form of exhibitor fees. Commercial or non-profit entities may purchase a booth (in most cases, a six-foot table and chairs) in an exhibit hall or area at the meeting.
2. Commercial representatives may not register for the meeting as attendees; non-profit representatives may register for the meeting at the discretion of the Group Executive Secretary or appropriate AAMC staff.
3. Exhibitor fees must be unrestricted (i.e., fees paid may not be targeted to support any specific activities).
4. Groups may seek exhibitors from those commercial and non-profit entities whose organizations have a market focus among AAMC member institutions. Groups should consider the educational purpose of the meeting when seeking exhibitors and evaluate whether potential exhibitors are appropriate and aligned with the educational goals of the conference or meeting. Each group is responsible for determining what organizations are appropriate as exhibitors for that group, and to what extent it wishes to pursue exhibitors.
5. If Group committee members are responsible for recommending and the initial solicitation of exhibitors, the Group Executive Secretary must approve all organizations before they are contacted. In addition, committee members must follow AAMC's policies regarding external support, including this policy specific to meetings and conferences.
6. AAMC reserves the right to deny exhibit space to any organization.
7. Total exhibit fee income for one meeting or event shall not exceed 25% of the total cost of the meeting.
8. It must be acknowledged that exhibitor fees are financially supporting the meeting. The following statement must be included in the meeting program: "This meeting is supported in part by the fees paid by exhibitors. Acceptance of exhibitors does not imply AAMC endorsement of the organization or its product(s) and service(s)."
9. Exhibitors will not have any role in the selection of meeting content, topics, or speakers, and cannot attend any planning activities for the meeting.
10. An exhibitor or other commercial representative may be included on the program agenda if he/she has a particular expertise that would make a significant and relevant contribution to the program, and a representative of an AAMC member institution (or AAMC staff) is a co-presenter. Exhibitors will never be solicited as a quid pro quo for a slot on the program agenda. The program planning committee should use its discretion in permitting exhibitor/commercial participation on the program.
11. Meals or other functions may be held in the same space as the exhibits, provided that: a) attendance at the function is optional, or b) attendees have the option to access food and beverage without interacting with exhibitors.

12. Exhibitors are restricted in their activities, as described below:

- a. All tables/booths at a meeting must be sold for the same price (non-profit tables/booths may be sold at a lower price). The purchase of multiple tables/booths is not permitted (except for the annual meeting). The table/booth price must at least cover the variable cost of the exhibitor staff.
- b. Exhibitors may send up to four staff for their table/booth. If the Group chooses to limit the exhibitor staff to less than four, they may. Groups should consider the ratio of exhibitor staff to meeting attendees when deciding how many exhibitor staff are permitted. Exhibitors cannot purchase additional staff passes. Exhibitors can choose to purchase a table/booth and not staff it; they can send materials to be displayed at their unmanned table/booth. The annual meeting exhibit policy requires all booths to be staffed during official show hours.
- c. Exhibitors may provide token giveaways at their table/booth, but cannot distribute these items in any other space, including at registration. Exhibitors are prohibited from providing meeting accessories (totebags, lanyards) for distribution to all attendees. Raffles are permitted, but must be pre-approved by AAMC staff. AAMC staff has the right to approve exhibitor materials. Materials cannot be displayed or distributed anywhere besides the exhibit table/booth.
- d. Exhibitors will not be accepted in exchange for the company/organization conducting a pre- or post-conference session or workshop about their services or products.
- e. Exhibit staff may attend meeting sessions, but may not initiate sales activities while in the room where the activity takes place.
- f. Exhibitors may not be granted “podium time” to promote products and services.
- g. AAMC will not accept exhibitor/commercial advertisements in its meeting publications, including conference or meeting programs. Exhibitors will be listed in the final program along with contact information and a brief description of their services. No logos or company graphics may be used in any AAMC meeting materials, including the final program and signage. Exhibitors may also be included in a separate section of the participant list for the conference or meeting.

13. If an exhibitor is interested in hosting an independent event for meeting attendees, it may do so if it adheres to the following guidelines: Companies/organizations may not hold any social events or functions that conflict with any scheduled meeting event. These events or functions will not be listed in the meeting program. Exhibitors are responsible for advertising any independent event or function to meeting attendees; AAMC will not be responsible for advertising the event.

14. Exhibitors may be provided with mailing labels of the conference attendees for the exclusive purpose of marketing prior to and post-conference. They will not have access to any other AAMC or meeting lists. Attendees will be given the option to opt out of being included in these lists to exhibitors. At meetings offering CME credit, exhibitors will not be given addresses for meeting attendees.

\*These requirements do not apply to funding received from a joint sponsor/host of a meeting. Only non-profit organizations may jointly host/sponsor a meeting with AAMC. Separate guidelines for jointly sponsored meetings are available.

# Guiding Principles for Planning a Joint Regional Meeting

## Final Guiding Principles for 2012 Joint Spring Regional Conference

### Recommended by Conference Planning Team

### Requesting Approval by the CGSA Steering Committee and the SGSA Steering Committee November 2011 – at AAMC Annual Meeting

The Central Region Group on Student Affairs (GSA) and the Southern Region Group on Student Affairs (SGSA) of the Association of American Medical Colleges (AAMC) have agreed to hold a Joint 2012 Spring Regional Conference. This decision was agreed upon by prior Steering Committees of the two regions. The purpose of this document is to outline the principles of agreement entered into by the 2011-2012 Steering Committees of CGSA and SGSA who are ultimately responsible for the planning, implementation, coordination, fiscal management and evaluation of the Joint CGSA and SGSA 2012 Spring Regional Conference. This final document must be approved and voted on by both the CGSA and the SGSA Steering Committees and signed by the respective Chairs of the Regions. The approval vote will insure that the guidelines are transparent to the leadership in both regions and will authorize the Officers assigned to continue planning the conference with a viable set of guidelines that have been deemed appropriate and reasonable by both regional leadership teams.

### Prior actions taken on behalf of the CGSA and SGSA by the AAMC Meeting Services Group and the SGSA are noted as confirmed and agreed upon by the regions:

**Dates:** March 28 – April 1, 2012

**Location:** Clearwater, FL

**Hotel:** Hilton Clearwater Beach  
Clearwater, Florida

Confirmed by AAMC Meeting Services  
per Request from SGSA & Steve Specter in

fall 2010

Lodging Rate: \$199/night single or double plus tax

Hilton online reservation site is ready for reservations

### Prior actions taken regarding Host Institutional Sponsors:

Both the CGSA and the SGSA will commit to identify host institutional sponsors who will provide support of \$15,000. This will provide a base of \$30,000 upfront for the planning and implementation of the conference. The confirmed host institutional sponsors are noted below:

University of South Florida College of Medicine	\$15,000	SGSA
Loyola University Chicago Stritch School of Medicine	\$ 5,000	CGSA
Michigan State University College of Human Medicine	\$ 5,000	CGSA
University of Missouri Columbia School of Medicine	\$ 2,500	CGSA
Sanford School of Med University of South Dakota	\$ 2,500	CGSA

### Advance Guidelines/ Principles for Planning:

#### CGSA/SGSA regional meeting

- Per AAMC Guidance, the CGSA and the SGSA are fully responsible for the planning, implementation, coordination, fiscal management, and evaluation of the Joint Spring 2012 Regional Conference
- The Joint Spring 2012 Regional Conference will include programming and meeting opportunities for the two respective regional Group on Student Affairs (GSA) constituents (student affairs, admissions, records, financial aid, diversity affairs and career development) and the Organization of Student Representatives (OSR).

- The respective OSR Regional Chairs will be invited to serve on the conference Planning Committee/Team and to assist in conference planning.
- The agreed purpose of the conference is to provide a professional development opportunity for the CGSA, SGA, COSR and SOSR regional members to 1) participate in educational and professional development programming, 2) to receive updates from the AAMC staff and other relevant organizations in their respective areas of responsibilities – student affairs, admissions, records, financial aid, diversity affairs and career development, 3) formally and informally network and interact with their professional colleagues, and 4) present on relevant topics through poster sessions, panels and workshops.
- Both organizations agreed to follow the AAMC guidelines regarding planning regional meetings and exhibitor guidelines.
- All contracts related to the Joint Conference must be signed by the respective CGSA and SGSA Chair or their respective Regional designee who is named in writing.
- The AAMC (via April Morrow) has established a special conference account that can be seen by the Steering Committees of both regions for the Joint Spring Conference (per email from April Morrow –she will do this for us.)
- All conference revenues and funds will be deposited into this conference account and a regular accounting report will be generated.
- All conference expenses will be paid from this account and a regular accounting report will be generated.
- Both the CGSA and the SGSA regions have identified host institutions who have contributed a total of \$15,000 per region to the conference providing a joint \$30,000 conference budget base.
- In principle, there is no expectation for profit from either regional group – expect that income and expenditures will balance.
- If there is a profit after all expenses are paid, then the profits will be split equally between the CGSA and the SGSA and the account will be closed.
- If there are additional expenses beyond the revenues, both regions will have equal fiduciary responsibility.
- A conference budget will be developed and must be approved by a vote of both the CGSA and the SGSA Steering Committees.
- All income goes to the meeting as a whole, and is paid into the designated AAMC account
- All sponsorship is of the meeting as a whole, and sponsorship monies go to the designated AAMC account
- All fees from host institutional sponsors and conference exhibitors go to the meeting as a whole, and monies go to the designated AAMC account.
- All expenditures must be done through an approved voucher and disbursement process through the established AAMC Account and will require an authorized signature from both the CGSA and the SGSA.
- The CGSA and SGSA will receive a monthly financial report that outlines all revenues and experiences and that includes a designation of region for conference registrants and conference refunds.
- All BEO's for audiovisual services, meals, business expenses, and other incidentals at the conference hotel will require a joint signature from the designated authority from each respective region.
- Both designated authorities from each region must approve any rooms or services to be added to the master conference account including the assignment of comp rooms for presenters.

- Any additional available comp rooms after being assigned to presenters will be divided equally between the regions.
- Numbers and costs of any complimentary registrations and meals must be agreed on by both organizations
- Both Regions must approve the conference theme.
- Both regions will review and agree upon broad topics for breakout sessions, and other sessions (e.g. silent auction, poster session, lunch speakers etc)
- Both organizations agree on responsibility for content of breakout sessions, specifics can be delegated, by agreement, to either organizations, or to a subgroup with membership from both

*Final Guiding Principles for 2012 Joint CGSA & SGSA Conference Recommended by Joint Conference Planning Team 11.3.11*



## Special Regional Activities

### **CGSA Outstanding Service Award:**

The Central Region Group on Student Affairs (CGSA) presents the CGSA Outstanding Service Award to current or former CGSA members (either institutional or individual) who have demonstrated outstanding service to the CGSA.

Outstanding service is defined as significant and sustained leadership or expertise in addressing issues of importance to the CGSA. Nominees for this award shall have demonstrated service to the CGSA and shall have an outstanding record of accomplishment, resourcefulness and dedication to the mission of the CGSA. Areas of service recognition may be in any of the leadership roles of the CGSA. These may include service as a member or official of the Steering Committee, serving in a special role of the CGSA in any of the five areas of Student Affairs, Diversity Affairs, Financial Assistance, Admissions or Student Records, or service on any CGSA Ad Hoc Committees or Meeting Program Committees. It could also include service in National GSA leadership positions providing that service is in a position of representation of the CGSA.

### **Presentation**

No more than two CGSA Outstanding Service Awards may be presented annually at the spring meeting of the CGSA.

### **Nomination**

A call for nominations will be announced annually at the CGSA Business meeting during the AAMC Annual meeting. Any CGSA member may submit a nomination. No self-nominations will be considered. Nominations will be submitted to the CGSA Past Chair and must be accompanied by the nominees' curriculum vitae.

### **Selection Process**

The Past Chair and Nominating Committee of the CGSA shall serve as the Screening Committee and forward the names of no more than four finalists to the CGSA Steering Committee for consideration at their Winter meeting. The Steering Committee will select the award recipients for announcement at the spring meeting. No nominee for the Outstanding Service Award may serve on the Screening Committee, nor be present for discussion and decision by the Steering Committee. If necessary, the Chair will appoint a replacement to the Screening Committee from among the membership of the Steering Committee.

## **Northeast Group on Student Affairs Regional Handbook**

## NGSA Regional Leadership Roster

### **Chair**

Mercedes Rivero  
Assistant Dean for Admissions  
Rutgers New Jersey Medical School

### **Vice-Chair**

Elizabeth Higgins, M.D.  
Associate Dean for Student Affairs  
Albany Medical College

### **Secretary**

Michael Ellison  
Associate Dean for Admissions  
The Frank Netter Medical School at Quinnipiac

### **Treasurer**

Fidencio Saldana, M.D., MPH  
Assistant Program Director, Internal Medicine Residency  
Assistant Dean of Student Affairs  
Harvard Medical School

### **Immediate Past Chair**

Carol A. Terregino, M.D.  
Senior Associate Dean for Education  
Associate Dean for Admissions  
Rutgers, Robert Wood Johnson Medical School

# Rules and Regulations

## Name

The name of the organization is the Northeast Group on Student Affairs (NEGSA) of the Association of American Medical Colleges (AAMC).

## Purpose

The purpose of NEGSA is to encourage communication among members of the Group on Student Affairs (GSA) in the northeast region and to provide a discussion and action forum for the membership. The activities of the NEGSA shall be consistent with the GSA mission: to advance medical education and specifically, to represent the interests of medical schools and medical students in the areas of admissions, student affairs, student financial aid, student diversity affairs, student records, and preparation for graduate medical education.

## Membership

- A. Any institutional, individual, or affiliate GSA member, who has received the permission of the dean of a northeast region medical school at which he/she holds an administrative position in one or more areas of the GSA's interest and expertise, shall be eligible for membership in the NEGSA. The types of GSA membership are defined as follows:
  1. **Institutional members** (one each area: admissions, student affairs, student financial aid, student diversity affairs, student records) are appointed annually by the deans of medical schools and serve at the pleasure of their respective deans.
  2. **Individual members** serve in the various student affairs roles (see above) at their institutions and may be added **as members of NEGSA** by the school or may be self-nominated.
  3. **Affiliate members** may be appointed by the deans of medical schools that are affiliate institutional members of the AAMC (i.e., the Canadian medical schools) or by the deans of medical schools that are provisional institutional members of the AAMC (e.g., newly developing schools).
- B. Only one institutional member so designated by the dean is entitled to vote per each member institution. Hereinafter this individual is referred to as the **"voting representative."**
- C. **Meetings and Quorums**
  - a. Meetings of NEGSA will occur annually in the spring and at such other times as may be appropriate (e.g., the annual meetings of the AAMC). All NEGSA members shall be notified of the dates and location of regional meetings at least thirty days prior. The spring meeting may be canceled or postponed by a simple majority vote of a quorum of the voting representatives at the member institutions.
  - b. A majority of the voting representatives of NEGSA institutions shall constitute a **quorum**. A quorum will be required for voting on all actions whether in person at a meeting or via an electronic ballot.

- c. Formal actions may be taken at meetings at which a quorum is present. At such meetings, decisions will be made by a simple majority vote of voting representatives present, except in the situation of modification to the NEGSA Rules and Regulations for which two-thirds ratification is needed (see VIII).
- d. The order of business at all NEGSA meetings shall be under the direction of the NEGSA Chair, who will make all parliamentary decisions. The chair's decisions may be reversed by a two-thirds majority of a quorum.

## Officers

- A. The officers of the NEGSA include a chair, chair-elect (vice-chair), secretary, treasurer and immediate past chair. The chair shall preside at NEGSA regional meetings, NEGSA Business Meetings at annual and national meetings, and at meetings of the NEGSA Executive Committee. The Executive Committee includes the officers above and the regional committee representatives: COA, COSA, CODA, COSFA and COSR. The chair-elect shall preside in the absence of the chair, serve as program chair for the spring regional meeting and represent NEGSA for national meeting planning. The treasurer shall prepare an annual report for the spring regional meeting. All terms of office shall be for two years extending from the end of the spring meeting at which the election or appointment takes place to the end of the spring meeting held two years hence. The usual and customary procedure shall be for the treasurer to advance to the position of secretary, for the secretary to advance to the position of chair-elect and for the chair-elect to advance to the position of chair.
- B. No two officers may represent the same institution.
- C. The NEGSA nominating committee, headed by the immediate past chair, shall provide at least two nominees annually to the membership at large for the purpose of selecting a NEGSA treasurer. Nominees will be chosen from among the institutional members and individual members of NEGSA. The names, brief biographies, photographs, and personal statements of nominees shall be mailed to all NEGSA members. One ballot containing the names of nominees provided by the nominating committee and an option for write-in candidates will be mailed to the NEGSA voting representative at each member institution. The NEGSA voting representative will vote after consultation with the full NEGSA delegation at his/her medical school. Election to the position will be by simple majority of a quorum of voting representatives. Balloting will be completed three weeks prior to the annual spring meeting. The results of the election will be announced at the spring NEGSA business meeting and shall be recorded in the minutes of that meeting.
- D. If a vacancy occurs during an officer's term of office, those officers holding positions will be advanced to fill the vacancy. An interim treasurer will be selected by the NEGSA Executive Committee within thirty days to serve until the next NEGSA business meeting, at which time the NEGSA Nominating Committee will either forward the name of the interim treasurer as a nominee and/or nominate one or two other candidates for the position of NEGSA treasurer.

## Executive Committee Roles

All positions of chair, vice-chair, secretary, and treasurer and the regional representatives to national committees turn over at the April national or regional GSA meeting.

### Past Chair

1. With input from two previous past chairs, if possible, solicit nominations, arrange a voting process in line with the NEGSA guidelines, and announce the election results for position of treasurer within NEGSA.

### Chair

1. Preside over NEGSA Regional Business Meetings at the National GSA meetings, at the regional NEGSA meetings and at the Annual AAMC meeting. The chair will develop the agenda, which will include the following required items:
  - Review and approval of Minutes from the last meeting
  - Reports from each committee representative to the National GSA Committees for NEGSA
    - **Committee on Admissions**
    - **Committee on Diversity Affairs**
    - **Committee on Student Affairs**
    - **Committee on Student Records**
    - **Committee on Student Financial Aid**
  - Treasurer's report
  - Additional reports and agenda items will be included at the discretion of the chair (e.g. reports from Canadian schools, NEAAHP, NEAAHP/NEGSA Liaison committee)
2. Present minutes of the NEGSA business meeting at the GSA business meeting Assist chair-elect as key member of the planning committee for the national/regional meetings
3. Determine the need for and timing of all executive committee meetings., Communicate important updates and meeting notifications and solicit input from NEGSA membership
4. Communicate the minutes to the NEGSA leadership when received from the secretary.
5. Ensure that institutional voting representatives and institutional representatives to committees review school membership lists on an annual basis and mentor and train officers on all responsibilities of their positions.
6. Review Rule and Regulations at least once over the year with the membership to see if any changes should be suggested.
7. Submit the annual report to AAMC staff in July Attend the GSA Leadership meetings over two days at the AAMC in Washington, DC in July.
8. Sign all contracts presented by the Treasurer for any and all NEGSA expenses.
9. The chair, in consultation with the Executive Committee, nominates new representatives to national committees for terms of 3 years

**Vice-Chair**

1. Responsible for representing the Executive Committee in planning the regional and national meetings
2. Will represent the Chair if the Chair is unable to fulfill any assigned duties.
3. Participate in all Executive Committee meetings

**Secretary**

1. Act as a key member of the planning committee for the regional/national meetings under the direction of the Vice-Chair
2. Record minutes from all business meetings and prepare them for the chair and Executive Committee within 2 weeks of the meeting.
3. Participate in all Executive Committee meetings

**Treasure**

1. Act as a key member of the planning committee for the regional/national meetings under the direction of the Vice-Chair
2. Keep an up-to-date accounting of all NEGSA funds and manage accounts payable and accounts receivable transactions
3. Present financial report of NEGSA at all business meetings.
4. Participate in all Executive Committee meetings

**Representatives of NEGSA to National Committees**

1. Represent NEGSA members to the national GSA committees and communicate minutes from national committee meetings at the NEGSA business meetings
2. Attend the AAMC leadership meetings in July in Washington DC
3. Participate in all Executive Committee meetings

**Liaisons to Other Professional Development Groups: NEGEA, GRMC, GRA, and NEAAHP**

1. Represent NEGSA members to the national GSA committees and communicate minutes from national committee meetings at the NEGSA business meetings
2. Attend the AAMC leadership meetings in July in Washington DC
3. Participate in all Executive Committee meetings

**Committees**

- A. Committees of the NEGSA shall include the Executive Committee, the Nominating Committee, and any *ad hoc* committees deemed necessary by the Executive Committee. The Executive Committee shall include the four officers of the NEGSA, its immediate past-chair, the regional representatives to COSA, COA, CODA, COSR, COSFA, and the chair of the Northeast Organization of Student Representatives (NEOSR), or a designee.

- B. The Nominating Committee shall consist of the immediate past-chair and two additional past-chairs, if possible. They solicit nominations from the membership and work with the chair to conduct an orderly election process to fill vacant positions as needed. They also forward to the GSA Nominating Committee nominees for the position of GSA vice-chair, Additional committees may be appointed by the chair with the approval of the Executive Committee.
- C. Chairs of such committees shall be institutional or individual GSA members appointed by the chair of the NEGSA with the consultation of the Executive Committee.
- D. Members of committees shall be appointed by the chair of each committee or by the chair of the NEGSA. Committee members may be institutional, individual, or affiliate members of GSA or NEOSR representatives.
- E. The Chair of NEGSA nominates representatives to GSA Committees in consultation with the Executive Committee. Minutes shall be kept of all committee meetings and circulated to committee members and to others appropriately concerned.
- F. All committees are advisory to the NEGSA Executive Committee. Accordingly, they shall obtain approval for any major projects from the NEGSA Executive Committee and, as appropriate, from the GSA Steering Committee or the AAMC.

## **Finances**

- A. Under usual circumstances, registration fees will cover the cost of the regional meeting. A surcharge, to be decided by the Executive Committee, may be assessed to support additional programs that have been formally presented to and approved by the NEGSA membership.
- B. All expenses must be approved and contracts signed by the chair.
- C. No resources of the organization may accrue to the financial benefit of any of its members.

## **Parliamentary Rules**

For matters not covered in these rules and regulations, the parliamentary authority shall be Roberts' Rules of Order.

## **Modifications to Rules and Regulations**

Any modifications to the NEGSA Rules and Regulations require approval by two-thirds of the quorum, within 30 days of the initiation of balloting. A quorum is defined as a simple majority of the northeast institutional voting representatives



# Planning and Administering a Successful GSA Regional Spring Meeting

## Identifying Potential Date(s) of Regional Meeting

(Complete at least one year to 18 months ahead).

Before selecting a date for the regional meeting, your regional planning committee should take the following steps:

- a. Identification of major religious holidays (Passover, Easter, Good Friday) and avoiding the scheduling of the meeting during these periods.
- b. Consultation with the GEA/GSA or GSA Staff (April Morrow) to determine whether the tentative meeting dates conflict with dates of other AAMC or regional GEA/GSA meetings or activities. A listing of GEA/GSA-relevant meeting dates can be found on the AAMC Web site. GEA/GSA/GSA regional officers have agreed not to plan a meeting in one region that overlaps with a meeting in another region if at all possible. Such advance planning permits AAMC program and service staff members sufficient time to travel from one GEA/GSA/GSA regional meeting to another for participation in all meeting programs and activities.

## Selecting the Meeting Hotel

(Complete at least one year to 18 months ahead)

Your regional planning committee should:

- a. Choose a desired city for meeting.
- b. Determine whether you will conduct the site research, or whether you want the AAMC meeting staff to handle it for you.
- c. If AAMC handles the site research, the meeting staff will present you with a list of available hotels that can accommodate your meeting – with the data you need to make a decision (sleeping room rate, meeting room rental, internet cost, etc.)
- d. If you plan to handle the site selection, prepare a list of hotels that can accommodate the size of your group. A good resource for this information is the city's convention and visitors bureau (CVB). Often, the CVB Web site has detailed information on hotels in the city and their meeting capacities. You can also request a meeting-planning guide from the CVB, which will list all of the hotels and provide detailed information on the number of sleeping rooms and amount of meeting space for each hotel. When determining which hotels may be able to accommodate your group, you want to look at the number of sleeping rooms (a hotel will usually commit no more than 2/3 of its total room inventory to a room block) and the amount of meeting space (be sure the hotel has rooms large enough to accommodate both general sessions and meal functions and adequate breakout space).
- e. Prepare written specifications (referred to as an "RFP") and send the RFP to the sales department of each hotel. The RFP should include:
  - **Contact information** for the person who should receive the hotel proposals.
  - **The group profile.** Include some basic information on who makes up the group, whom it represents, etc.
  - **List of potential dates for the meeting.** It is best to go into the site selection process with two or three sets of dates. If one set of dates is preferred, you should highlight those and mark them as preferred. You should list them in order of preference. If no preferred

dates have been identified, you should state the following: “Please provide rates and availability for all dates, as preferred dates have not been identified.”

- **Meeting pattern.** What is the meeting pattern for your group? Wednesday-Friday? Thursday-Sunday? The pattern should be the days of your actual meeting, not your room block nights. For example, you may need sleeping rooms on Monday, but your meeting does not start until Tuesday. In this case, you would list your pattern as beginning on Tuesday.
- **Number of attendees.** How many people will attend? This number should closely match the capacity you are requesting for general session and meal functions.
- **Room block.** How many rooms will you need on which nights? The room block should be broken down by day: Monday: 10 rooms, Tuesday: 50 rooms, etc. These numbers should be based on your hotel pick-up from the previous year’s meeting (available from the previous year’s hotel), and should reflect those past numbers almost exactly, always rounding down instead of up to get to an even number. For example, if you used 11 rooms on Monday last year, then you round down to 10 rooms for this year. You should never estimate higher numbers, as you will be obligated to use whatever rooms you block. It is best to be conservative. The thinking is that it is better to be in a situation where the hotel sells out and a few people have to go to the hotel next door than to not use all of your rooms and have to pay for them.
- **Meeting space outline.** You should outline all of the space you will need on a daily basis, including the start and end time of each function, the type of function (general session, breakout session, lunch, dinner, etc.), the capacity of the room needed, and the desired room set-up. If a meal function will have a presentation, you should indicate that, as you generally need a larger room to accommodate a lectern and AV equipment for a speaker than you would for a straight meal function. An example of the format for your space needs follows:

#### Sunday

8:30-10:00 a.m.	Continental Breakfast	130/Rounds
9:00 a.m.-6:00 p.m.	General Session	130/Schoolroom
10:00 a.m.-6:00 p.m.	Breakouts (4)	35/Schoolroom each
12:00 p.m.-2:00 p.m.	Luncheon w/ Speaker	130/Rounds
6:00 p.m.-7:00 p.m.	Reception	130/Cabaret
7:00 p.m.-9:00 p.m.	Dinner w/ Speaker	130/Rounds

You should also outline your specifications for registration. You generally want to ask for registration beginning 3-4 hours before your first session begins, and to ask for it on a 24-hour hold until about one hour after the last session ends on the last day. This insures that your registration desk can remain in the same place throughout your meeting, and that you will not have to move it or break it down at night. AAMC requests the following set-up for its meetings:

Require space for three 6’ tables, with 3 schoolroom tables behind. Prefer space adjacent to general session room. The Hotel will provide four easels, one power strip, one extension cord, one telephone and phone line, and one high-speed or wireless internet access on a complimentary basis in the registration area for the duration of the meeting. It is understood that the AAMC will be responsible for all long-distance phone charges.

Since the hotels often “nickel-and-dime” groups for expenses like the power strip and extension cord needed at the registration desk (if you will have a computer or printer), it is worth asking for the hotel to provide these on a complimentary basis. The hotel is usually willing to agree to this. Sometimes, if these items are provided by the AV company and not by the hotel, the hotel is not willing to provide them. It is always worth asking!

If you think you may have an offsite event one evening during the meeting, you can ask for space from the hotel in your RFP (to give you the option to use the hotel, if you wish), and mark the event as tentative.

- **History of the Group.** Include the past few years’ meeting history, if you have it. You should list the year, the hotel used, the city and state where the hotel was located, the room rate you paid, the food and beverage total and the total master account amount. This gives the hotel an idea of what kind of revenue you will bring to the hotel if it books your meeting. This is very valuable information for the hotel, so you should always provide as many years of history as possible.
- **Proposal date and decision date.** Let the hotels know when they need to respond to you; you should give them at least one week, preferably two, to respond. Let them know when you plan to make a decision. It is reasonable to ask a hotel to hold space (after reviewing its proposal) for up to one month, but the shorter the time frame the better.

Review hotel proposals and negotiate terms until the offer is satisfactory to you. You should always receive hotel proposals in writing. The proposal should include:

- **Room rates.** List the room rate being offered, and whether it is a flat rate for single or double occupancy or tiered, with one rate for single rooms and a higher rate for double rooms. Read the fine print to determine whether the rate is being offered in terms of the year that you are holding the meeting; hotels often offer rates in the current year’s terms, and guarantee a maximum increase of 3 or 5 percent per year. You will need to do the calculations on these rates to make sure that the rate will be affordable in the year that you hold your meeting. It is generally reasonable to ask a hotel to come down \$10-15 on the rate quoted. You can always ask hotels for a deeper discount, but they often will not come down more than this.
- **Address meeting room rental.** Will the hotel be charging for rental? If so, how much? Sometimes a hotel will charge a rate per room (\$100 per breakout, etc.), and sometimes it will ask for an overall meeting room rental for the meeting. The hotel may also propose a sliding scale - this generally starts at complimentary based on 85-90% pickup of sleeping rooms, and goes up incrementally as your percentage of rooms picked up drops. This is an acceptable deal for meeting room rental, but you want to make sure the rental does not become too steep or unreasonable as the scale increases. Remember that hotels look at group business in terms of the ratio of space to sleeping rooms. The more sleeping rooms you are using, the more meeting rooms they are going to give you on a complimentary basis. If your meeting is particularly space intensive compared to your sleeping room block, it may be difficult to avoid paying any meeting room rental.
- **Include an outline of the proposed meeting space.** The hotel should send you an exact reflection of your schedule as outlined in your specs, and identify a meeting room for each function. Never believe that a hotel can accommodate all of your functions until you see it for yourself on paper! It is not unusual for a hotel to tell you that it can accommodate your group, and then, when you see the outline of space, you find that it means changing your general session from a schoolroom to a theater set or holding your lunch in the same room as your general

session - with no time to turn the room from schoolroom to rounds. As you review the outline of space, compare it to the floor plan and capacity chart for the hotel has provided, and make sure that the rooms hold the numbers of attendees they need to. Again, it is not unusual for a hotel to say it can accommodate 4 breakouts of 25 each, and then, when you look at the space charts, you discover that two of the rooms can hold 25, but the other two hold only 20. If you have any concerns about the space that the hotel has proposed, let it know what you would like done differently, and see if the hotel is able to accommodate your needs.

- a. Hold space on a tentative basis at the hotels that have delivered proposals that suit your needs. You will probably need time to share the proposals with your committee, etc., and it is reasonable to ask the hotels to hold space for 2-4 weeks while you make a decision on which hotel to use. Though a hotel may send a proposal, it will not be holding any space for you unless you specifically ask it to. When asking the hotel to hold space, let hotel staff know when they can expect your decision.
- b. If you are local to the host city, you may wish to conduct a site inspection of the property. You will want to see all of the public space of the hotel, the meeting space (you should take your outline of space with you to see exactly how your meeting will fit into the space), and sleeping rooms.
- c. Select the hotel that offers the best package for you. Ask the hotel you have selected to hold your space on a definite basis, and tell hotel staff that you are ready to move onto the contract stage. Inform the hotel that AAMC will be negotiating and signing the contract, and will most likely use the AAMC contract as a starting point. Inform the other hotels who submitted proposals that they were not selected, so that they can release any space they were holding for you.
- d. When a location and date have been identified, inform the GEA/GSA Staff so that these dates can be placed on both the AAMC GEA/GSA Web site and on the AAMC's Master Calendar for the benefit of other AAMC staff who are planning meetings.
- e. GEA/GSA representatives in the region should be informed of the dates for the next year's meeting at least a year in advance. A good time to make this announcement is at the prior year's regional spring meeting. A regional newsletter or the GEA/GSA listserv would be an excellent vehicle for publicity regarding the dates and plans for the meeting.

### Contracting with the Hotel

AAMC meeting staff will negotiate and sign the contract for your meeting. In doing so, AAMC becomes the liable party for the contract. To start the contract process, contact an AAMC staff member. You will need to provide the hotel's proposal, any special terms you negotiated with the hotel during the proposal phase, and the contact information for the hotel sales person. The AAMC staff member will work directly with the hotel on the contract and provide you with a final, signed copy when it is fully executed.

### Developing a Planning Timeline

Your regional planning committee should:

- **Consult with the previous program chair** and develop a timetable for planning. Working backwards from the dates selected for the meeting, you will need to determine
- **Date for completing a concept outline for the meeting**, including overall theme, proposed sessions, time slots for sessions, and assignments to planning committee members to secure speakers (June-July)
- **Dates for the call for proposals process**, including when the call will be posted (August), when proposals will be due (December), when reviewers will be finalized (November) and when authors will be notified (January).

- **Date for any preliminary communication(s)** to Group members to promote the meeting. You can use e-mail and listserv announcements to promote the meeting, and get it marked on potential attendees' calendars (Announce date at previous year meeting, market at AAMC annual meeting).
- **Date for advertising program and opening registration.** It is recommended that you open registration for your program 2-3 months prior to the meeting date. At a minimum, you should advertise the program six weeks before the hotel cut-off date to allow time for attendees to make their hotel reservations at the group rate.
- **Date for sending the final program to the printer.** The amount of time needed for printing will vary depending on who is printing the program, but two weeks prior to your mailing date is a safe estimate.
- **Date for completing the final program,** including verification of speakers, titles, titles of sessions, and final time schedule.

### **Promoting Your Regional Meeting at the AAMC Annual Meeting**

You will have the opportunity to brief the members of your regional GEA/GSA on plans for the spring GEA/GSA regional meeting when they are gathered at the AAMC Annual Meeting in the fall. This is an ideal time to inform people about various aspects of the program. Include brief information about how to get to the site. Will it be necessary or desirable to rent a car at the airport? Describe the social events. You should also let people know when to expect the full program. It may be helpful to provide a handout highlighting this information. AAMC staff can assist you with this and have your handout duplicated. It is best to arrange for copying of this handout well in advance of the meeting so that duplication can be completed, at reduced cost, at the AAMC Print Shop.

### **Drafting the Budget/Determine the Registration Fee**

The expenses associated with the spring GEA/GSA regional meeting (apart from attendees' sleeping rooms and non-group meals) are paid from the registration fee revenue for the conference. The goal should be to develop a budget for the meeting that provides best estimates of costs for various phases of the meeting program and best estimates for the number of GEA/GSA representatives who are expected to attend.

**Determine your estimated attendance.** Use registration data from past regional meetings. It is best to be conservative with this number estimate.

**Estimate your fixed costs.** These are the costs that will not vary regardless of the number of people that attend. If you have an expense statement from last year's meeting, you can use those figures as guidelines; you will also need to make estimates of what you think you will spend at this meeting. Fixed costs include:

- **Meeting room rental**, if any
- **Rental fee for off-site event** venue, if any
- **Transportation** to off-site event
- **Postage**
- **Shipping costs**, if any
- **Audiovisual equipment**

- **Travel and hotel expenses for paid speakers:** Estimate \$500 for airfare, \$50 for “other” expenses (ground transportation, etc.), \$25 per day for food, and the room rate plus tax per night for each speaker.

**Estimate your variable, or per person, costs.** These include your meals, meeting materials, and other costs that you will only incur for each person who attends the meeting. Variable costs include:

- **Meals.** Use the hotel menus to estimate the cost of each meal to be provided. Be sure to include the service charge and taxes in your estimate. General estimates are:  
 Continental Breakfast: \$20-25 per person  
 Lunch: \$35-45 per person  
 Coffee Break: \$10 per person per break  
 Light Reception: \$25-35 per person (includes \$10 for alcohol)  
 Hearty Reception: \$60-75 per person (includes \$15 for alcohol)  
 Dinner: \$75 per person
- **Meeting materials** (binders, handouts, etc.). Estimate how much it will cost per person to duplicate these materials.
- **Gratuities for hotel staff.** \$3.00 per person will give you a good pool to work with when you are distributing gratuities. If you prefer to put aside a set amount for gratuities (a whole dollar amount), you can include this line item in your fixed costs.

**Calculate your breakeven** by dividing the total fixed costs by the estimated number of attendees and adding the variable cost. Since it is difficult to estimate attendance and expenses exactly, it is recommended that you build in a “cushion” by adding 10% on top of the breakeven. The result of these calculations would be your registration fee.

**Take any subsidies into account.** If you plan to subsidize the meeting with funds from your regional budget, you should add the amount of the subsidy to your budget. Subtract this amount from your fixed costs before dividing the fixed costs by the number of attendees. Please note that the regions must be in compliance with the AAMC’s Organizational Policy for Accepting External Support (attached). The Commercial and Nonprofit Participation in Meetings and Conferences guidelines (attached) outline the specific application of the policy to meetings.

## Registration

Registration will typically be handled by the host school. In circumstances where it may not be possible for the host school to manage registration, AAMC may be able to handle registration for the regional meeting. Should you be in this situation, please discuss with April Morrow or Kate McOwen well in advance of your meeting.

Should AAMC handle registration for you, you will work with a member of the Meetings team, who will setup online registration for you and be your point of contact throughout the process. You will need to identify ONE person from your group/committee to communicate with the AAMC staff person; that person will also be the point of contact for any general meeting questions that arise (AAMC will refer general, non-registration questions to the regional contact).

At the start of the process, the AAMC meetings staff will ask you a number of questions (via conference call) that you will need to answer in order to have registration set up:

1. What is your planning timeline (including target date for registration to go live)?
2. What is your anticipated number of attendees?

3. Are there speakers and staff to be waived?
4. What are your registration fees? Do they include CME? One-Day options? Student? Member v Non-Member? Exhibitors?
5. Is there a survey associated with this meeting application/registration? What is being asked, how is data being used, when are responses needed?
6. Is there an attendee limit for the meeting? For workshops?
7. Is the meeting open to members only?
8. Will there be a need for different color badges (ie exhibitors, one-day only)?
9. Do you require tickets for any meeting events?
10. Is there any other information you need to track besides sessions and meals (specialty, etc.)?
11. If tracking concurrent sessions, consider options: Shut event down once limit is reached or keep wait lists (up to how many) to be managed by planner prior to meeting or onsite.

AAMC prefers that all attendees register and pay online. If a hard copy form is required to handle check payments, a higher registration fee will apply (typically \$50 more than online registration).

Once registration is open, the AAMC meeting registrar will send you weekly updates and reports. The standard report includes a registration count and a current participant list. If there is any other information you will need in your weekly updates, you will need to inform the registrar. Please note that AAMC's policy which prohibits commercial attendees (other than paid exhibitors) to attend the meeting is applicable, and it will be your responsibility to "police" the registration list that you receive weekly to make sure there are no commercial registrants. If one has slipped through, you will need to contact them to let them know they cannot attend, and let your AAMC registrar know to cancel their registration.

The AAMC registrar will finalize the participant list and print badges for all pre-registered individuals and send them to the meeting site. S/he will also prepare on-site registration forms for your use in the event that your meeting accepts on-site registrants. On-site forms can be sent back to the AAMC with April Morrow or Kate McOwen or with another designated AAMC staff.

### **Soliciting Logistical Information from Speakers**

- h. **Logistical details for speakers.** Send a program to each speaker, along with a letter requesting the logistical details for his/her presentation.
- i. **Speaker registration form.** Ask speakers to complete a Speaker Registration Form.
- j. **Solicit audiovisual needs.**
- k. **Bio materials.** Request a brief biographical sketch from each speaker that you can use for introductions at the meeting, or that you can print up for inclusion in the conference materials. Ask speakers to send you their bios via e-mail - this saves you from having to re-type them.
- l. **Speakers' hotel needs.** Solicit the hotel needs of the speakers if you will be covering their lodging.
- m. **Request handout materials.** Ask for any handouts speakers may have to supplement their presentations.
- n. **Deadline.** Set a deadline that is six weeks out from the start date of your meeting for receipt of these materials from speakers.

## Logistical Arrangements

The person or committee responsible for arranging the meeting must maintain a close working relationship with the region's chair or program planning committee. It is important to involve this individual in the planning process from the start.

Once the contract has been signed, the hotel will assign a Convention Services Manager (CSM) to work with your group on the details of your meeting. The program chair for the spring GEA/GSA regional meeting and the local arrangements liaison should be the only individuals in direct contact with the hotel representative. It is confusing for the hotel to have multiple contact people from the Group; such a practice may also lead to unanticipated hotel charges and will make it difficult for you to review the billing with confidence.

- **Final check.** Once the program has been finalized, but before it has been mailed, the agenda should be compared against the space blocked at the hotel. You should not print your program until you are sure you have the space you need for all of your sessions. If you need to make space changes, you should contact the hotel and make your request. If the hotel can accommodate your changes, ask hotel staff to send you the new space outline in writing, so you have written confirmation of the changes.
- **Master account charges.** As soon as the program has been mailed, reservations should be made for speakers and group members who will be paid for on the master account. While you are still soliciting specific hotel information from your speakers at this point, you can make a “best guess” as to their arrival and departure dates, and adjust their reservations, as necessary. Making these reservations early insures that your VIPs get hotel rooms before your attendees begin to fill up the block. Whenever you make reservations, or make changes to your rooming list, you should ask the hotel for an updated reservation list so that you can confirm that the changes have been made. Always make requests for reservations and reservation changes in writing, and keep a copy of the correspondence in your file for backup.
- **Reservation lists.** Beginning about six weeks out, you should request weekly copies of the reservation list, along with your current pickup, so that you can monitor your room block. Individuals frequently make hotel reservations before registering for a meeting, so your hotel pickup will let you know if your attendance is likely to grow beyond what is already in your registration database. A couple of weeks before your published cut-off date, you should send an email or listserv reminder to your mailing list to remind them to make their reservations. Once your cut-off date has passed, you should periodically check with the hotel to see if it is still offering your group rate, and whether it is approaching a sold-out situation. If the hotel does sell out over any nights of your room block, be sure that you know where the hotel is referring your attendees for accommodations. If you have a nearby hotel to which you prefer that hotel staff refer meeting attendees, you can advise them accordingly.

## Logistical details to CSM

One month before the start of the meeting, forward the logistical details of your meeting to the hotel CSM. These details are often called “specs.” However it is compiled and formatted, the document should include a chronological listing of all of the sessions and meal functions, and each session should include the following data:

- **Date**
- **Start and end time of each session**
- **Session name**



- **Meeting room name**
- **Room setup** (schoolroom, theater, conference, rounds) and number of people
- **Setup details** (podium, podium on a riser, head table, etc.)
- **Audiovisual requirements**, including microphones and audiotaping
- **Food and beverage requirements** (you do not need to include guarantees at this stage, just the menus selected)
- **Any other information** relevant to the hotel

Accompanying this list of logistical details should be the following information:

- **Billing.** How is billing to be handled? Who is authorized to sign to the master account?
- **Master account charges.** Whose room and tax should be charged to the master account?
- **Upgrades/amenities.** Who will receive any upgrades and/or amenities included in the contract?
- **Staff rate recipients.** Who will receive the staff rate, if one is included in the contract?

**Details confirmation.** Confirm the details for on-site registration. Determine what materials will be included in the on-site registration packets, the hours for registration, etc. You will need volunteers to handle on-site registration, either GEA/GSA representatives from other schools or staff from your school. Most local arrangements liaisons have found it helpful to have some staff present who are able to prepare on-site name tags, etc. Plan how the on-site packets and nametags will be prepared.

**Incoming registrations.** Discuss with the program chair who will manage incoming registrations. The individual who has this responsibility will need to set up a database to keep track of the name, title, school, and payment information of each person who registers for the meeting. This information will be used to prepare nametags and a list of registrants to include in the on-site registration packet. This person will also need to prepare receipts for registration to distribute on-site.

### Final Meeting Preparations

During this period, the program chair and the local arrangements liaison should be in frequent contact with each other. There should be a clear understanding of who is doing each task!

- **Inform the GEA/GSA regional chair.** Be sure that the GEA/GSA regional chair is briefed weekly on the registration numbers and on general progress.
- **Check the registration database** to be sure all of your speakers are registered.
- **Speaker reservations.** Do a final review of the hotel reservation list to make sure that your speakers have the correct reservations. You might consider e-mailing them their hotel confirmation numbers a few days before the meeting.
- **Line up volunteers** to staff the registration area on the opening day of the meeting. You will need more people than you might think --- people staffing a registration table need a break every few hours!
- **Determine what equipment and supplies need to be transported** to the meeting site. You will find it helpful to have a laptop or PC and printer to prepare last minute nametags, as well as an ample supply of extra registration materials and general office supplies (pencils, pens, scotch tape, scissors, stapler, plain paper, envelopes, White-Out, etc). Check on the services and charges at the hotel's Business Center for attendees who may need to make copies, send faxes, etc.
- **Assemble materials for nametags.** These can be prepared most efficiently about a week before the meeting, but you need to be sure you have all the required supplies on hand.
- **Determine needs for signage**, and have appropriate signs made.

- **Review and approve the hotel's Banquet Event Orders (BEOs).**
- **Provide guarantees to the hotel CSM** (see contract for deadlines).
- **Finalize counts for any social events.** Provide guarantees for the events to the appropriate contact persons. Make sure you have adequate ground transportation to the event, if necessary.
- **Prepare on-site registration packets.**
- **Confirm final arrangements with co-sponsoring organizations.** If you are handling local arrangements for co-sponsoring groups or organizations, confirm final arrangements with them to make sure everyone is on the same page.

### Pre-Conference Meeting

If possible, the regional chair, program chair and local arrangements liaison should plan to arrive at the meeting location the day before the meeting for a pre-conference meeting (referred to as a "pre-con") with the hotel conference staff. This is standard procedure for all AAMC conferences, and good hotel conference staff expect this request. During the planning process, set up an appointment with the conference staff for this purpose for the day preceding your regional meeting. This is a final opportunity to "walk through" each event in your meeting, to be sure the arrangements for rooms are correct, areas for registration and coffee breaks appropriately located, and timing and arrangements for receptions and meals synchronized. This is a good time to reinforce the notion that **all requests to hotel staff for additional services are to be referred to YOU.**

### During The Meeting

On-site, you should focus on the following:

- **Confirm room arrangements.** Check each room before the start of each session to confirm correct setup, food and beverage service, etc. Be sure to check the rooms early enough that changes can be made if the hotel has not followed all of your detailed instructions.
- **Minimize the number of handouts that are duplicated on site.** Although the hotel's Business Services office can provide helpful assistance in an emergency, remember that charges are often quite expensive!
- **Minimize the number of additional audiovisual requests that you approve.** Audiovisual equipment is expensive!
- **Meet daily with your hotel contact** to review and approve the day's bill.
- **Thank program contributors.** At some point in the meeting, it is important to thank publicly all of the individuals who contributed to a successful meeting. This includes those who helped to plan the program, who staffed the registration desk, and who helped to stuff envelopes. Public recognition goes a long way! Titles are important to people. Be sure to check in advance the title of each individual you introduce so you can be sure that you have correct and up-to-date information.
- **Distribute gratuities** to deserving hotel staff on the last day of your meeting. Never feel obligated to give gratuities! You should be tipping for excellent service, not mediocre service. It is nice to include the gratuity in a brief handwritten note. If you can give the envelope to the person individually, you should do so. In the event that you do not see some staff members to hand them an envelope in person, ask the CSM to distribute the envelopes to the appropriate people. Some gratuity guidelines:

CSM:	\$50-100
Banquet Captains:	\$25-40 each
AV Technicians:	\$25-40 each
Banquet/Houseman Fund:	\$100-150 (will be distributed to all housemen/banquet staff who worked your functions)

## Post-Meeting

Plan something relaxing to do. You have done a GREAT job and deserve some R & R! Take a few days for recuperation, but keep in mind that there are some important post-conference follow-up activities to take care of:

- **Review the final bill from the hotel.** Be sure to discuss any items you do not understand with your hotel contact. If you have reviewed the bill daily during the meeting, there will be fewer misunderstandings. If you are paying the bill directly, be sure to send a copy to the GEA/GSA staff for their files. If AAMC is paying the bill, the GEA/GSA staff will need the final bill (referred to by the hotel as your master account), and your confirmation that all of the charges are correct.
- **Complete the Post-conference Report** and send to the GEA/GSA staff. This report includes the final daily pick-up from the hotel, the master account total, the F&B expenses total and the total number of registrants at the meeting. This information is critical for contracting for future meetings.
- **Prepare and review a final expense report** with the immediate past GEA/GSA regional chair and with your executive committee.
- **Write thank you letters to each speaker, panelist, and/or presenter.**

# AAMC Organizational Policy for Accepting External Support

Approved by the AAMC Board of Directors

February 19, 2009

## Guiding Principles for Accepting External Support

The AAMC acknowledges its role as a charitable, tax-exempt organization whose mission is to serve and lead the academic medicine community to improve the health of all. External support contributes to AAMC meeting its mission. External support currently comes to the AAMC from a number of sources and in a number of ways:

- Commercial, not-for-profit, charitable, and other philanthropy
- Commercial, not-for-profit, and charitable grants and support of meetings, reports, and projects
- Commercial, not-for-profit, and charitable support of awards
- Exhibitors
- Governmental grants and contracts
- Advertising from external entities, mostly commercial.

The following principles will underlie all financial (and gift in-kind) interactions between the AAMC and commercial, not-for-profit, and charitable organizations. These principles are designed to minimize real or perceived conflicts of interest with external supporters:

- The AAMC acknowledges its role in facilitating prudent interactions between its members and commercial, not-for-profit, and charitable entities.
- The AAMC will engage with all parties (external supporters, member institutions, and others) with the same level of professionalism and integrity.
- The AAMC is accountable primarily to its member institutions, and that relationship takes precedence in resolving conflict with a commercial, not-for-profit, or charitable supporter.
- The AAMC seeks external support for projects, programs, and collaborative partnerships that align with its Strategic Priorities.
- The AAMC evaluates each prospective external supporter according to mission alignment, funding interests, and related criteria before accepting that support. The AAMC maintains the right to decline external funding from any source.
- When sponsoring CME programs, the AAMC will comply strictly with the regulations of the accrediting body.
- The AAMC does not endorse commercial, not-for-profit, or charitable organizations. While the AAMC always will disclose financial support from these organizations, that does not imply endorsement.
- The AAMC reserves the right to restrict attendance at AAMC meetings.

## Policy for Acceptance of Specific Types of External Support

### *Annual Meeting*

The AAMC will not accept commercial support for its Annual Meeting outside of the Exhibit Hall. With respect to the exhibit hall, the AAMC will accept commercial, not-for-profit, educational, and other charitable exhibitors. The AAMC will use the Guiding Principles (above) as the criteria for accepting exhibitors. Other forms of commercial support (e.g. branded sponsorship or support of social functions) will not be allowed.

### *Meetings of Professional Development Groups and Other AAMC-Sponsored Meetings*

Consistent with the Annual Meeting policy, the AAMC will permit commercial, not-for-profit, educational, and other charitable entities to purchase booth space in a designated “exhibit area/hall.” Other types of commercial support (e.g. branded sponsorship or support of social functions) will not be allowed.

### *Sponsored Programs and Philanthropy*

AAMC will seek and accept philanthropy and support for sponsored programs only from not-for-profit organizations and individuals, with no restrictions on that support beyond the general designation of the initiative (i.e., specific award, research project, or report). The AAMC will use the Guiding Principles as criteria for accepting gifts and sponsored program funding. Most foundations indicate specific funding interests and priorities, and many foundations do not accept proposals for unrestricted support. When responding to a call-for-proposals, the AAMC should provide the appropriate specificity requested by the funding source (i.e., if a foundation has an identified interest in supporting curriculum development, the AAMC would request funding for that designation).

### *Awards*

The AAMC will accept support for awards from not-for-profit entities and individuals, using the Guiding Principles as criteria for accepting support of awards. An award may be named after a donor, at the discretion of the AAMC. If the AAMC agrees to name an award after a corporate foundation donor, the word “foundation” must be included in the title; e.g. “The Acme Foundation Award for Primary Care Teaching Curriculum.” No individual or representative of the donor may be engaged in setting the criteria beyond the intended purpose of the award or in the promotion, selection, or presentation of the award recipient(s).

No policy is able to foresee all possible situations that might arise. In such a case, the Guiding Principles listed above should guide all decisions made by the AAMC in relation to external support. Above all, the AAMC will work with its members to ensure that our professional and institutional integrity is affirmed and the public trust invested in us is fully warranted.

## Policy on Commercial and Non-profit Participation in AAMC Meeting and Conferences

The primary purpose of AAMC conferences and meetings is to provide constituents with access to best practices, sound educational content, and industry expertise. In some cases, this may include constituent access to representatives of commercial and non-profit organizations. Thus, it is appropriate for the AAMC to allow commercial and non-profit participation in conferences and meetings, provided that their participation: a) adheres to the AAMC's overall policy regarding external support; and, b) reduces the cost of participation for constituents. AAMC's policy dictates that commercial and non-profit participation must be as exhibitors.

The requirements for commercial and non-profit participation are as follows\*:

1. Commercial and non-profit support can only be accepted in the form of exhibitor fees. Commercial or non-profit entities may purchase a booth (in most cases, a six-foot table and chairs) in an exhibit hall or area at the meeting.
2. Commercial representatives may not register for the meeting as attendees; non-profit representatives may register for the meeting at the discretion of the Group Executive Secretary or appropriate AAMC staff.
3. Exhibitor fees must be unrestricted (i.e., fees paid may not be targeted to support any specific activities).
4. Groups may seek exhibitors from those commercial and non-profit entities whose organizations have a market focus among AAMC member institutions. Groups should consider the educational purpose of the meeting when seeking exhibitors and evaluate whether potential exhibitors are appropriate and aligned with the educational goals of the conference or meeting. Each group is responsible for determining what organizations are appropriate as exhibitors for that group, and to what extent it wishes to pursue exhibitors.
5. If Group committee members are responsible for recommending and the initial solicitation of exhibitors, the Group Executive Secretary must approve all organizations before they are contacted. In addition, committee members must follow AAMC's policies regarding external support, including this policy specific to meetings and conferences.
6. AAMC reserves the right to deny exhibit space to any organization.
7. Total exhibit fee income for one meeting or event shall not exceed 25% of the total cost of the meeting.
8. It must be acknowledged that exhibitor fees are financially supporting the meeting. The following statement must be included in the meeting program: "This meeting is supported in part by the fees paid by exhibitors. Acceptance of exhibitors does not imply AAMC endorsement of the organization or its product(s) and service(s)."
9. Exhibitors will not have any role in the selection of meeting content, topics, or speakers, and cannot attend any planning activities for the meeting.
10. An exhibitor or other commercial representative may be included on the program agenda if he/she has a particular expertise that would make a significant and relevant contribution to the program, and a representative of an AAMC member institution (or AAMC staff) is a co-presenter. Exhibitors will never be solicited as a quid pro quo for a slot on the program agenda. The program planning committee should use its discretion in permitting exhibitor/commercial participation on the program.
11. Meals or other functions may be held in the same space as the exhibits, provided that: a) attendance at the function is optional, or b) attendees have the option to access food and beverage without

interacting with exhibitors.

12. Exhibitors are restricted in their activities, as described below:

- h. All tables/booths at a meeting must be sold for the same price (non-profit tables/booths may be sold at a lower price). The purchase of multiple tables/booths is not permitted (except for the annual meeting). The table/booth price must at least cover the variable cost of the exhibitor staff.
- i. Exhibitors may send up to four staff for their table/booth. If the Group chooses to limit the exhibitor staff to less than four, they may. Groups should consider the ratio of exhibitor staff to meeting attendees when deciding how many exhibitor staff are permitted. Exhibitors cannot purchase additional staff passes. Exhibitors can choose to purchase a table/booth and not staff it; they can send materials to be displayed at their unmanned table/booth. The annual meeting exhibit policy requires all booths to be staffed during official show hours.
- j. Exhibitors may provide token giveaways at their table/booth, but cannot distribute these items in any other space, including at registration. Exhibitors are prohibited from providing meeting accessories (totebags, lanyards) for distribution to all attendees. Raffles are permitted, but must be pre-approved by AAMC staff. AAMC staff has the right to approve exhibitor materials. Materials cannot be displayed or distributed anywhere besides the exhibit table/booth.
- k. Exhibitors will not be accepted in exchange for the company/organization conducting a pre- or post-conference session or workshop about their services or products.
- l. Exhibit staff may attend meeting sessions, but may not initiate sales activities while in the room where the activity takes place.
- m. Exhibitors may not be granted “podium time” to promote products and services.
- n. AAMC will not accept exhibitor/commercial advertisements in its meeting publications, including conference or meeting programs. Exhibitors will be listed in the final program along with contact information and a brief description of their services. No logos or company graphics may be used in any AAMC meeting materials, including the final program and signage. Exhibitors may also be included in a separate section of the participant list for the conference or meeting.

13. If an exhibitor is interested in hosting an independent event for meeting attendees, it may do so if it adheres to the following guidelines: Companies/organizations may not hold any social events or functions that conflict with any scheduled meeting event. These events or functions will not be listed in the meeting program. Exhibitors are responsible for advertising any independent event or function to meeting attendees; AAMC will not be responsible for advertising the event.

14. Exhibitors may be provided with mailing labels of the conference attendees for the exclusive purpose of marketing prior to and post-conference. They will not have access to any other AAMC or meeting lists. Attendees will be given the option to opt out of being included in these lists to exhibitors. At meetings offering CME credit, exhibitors will not be given addresses for meeting attendees.

\*These requirements do not apply to funding received from a joint sponsor/host of a meeting. Only non-profit organizations may jointly host/sponsor a meeting with AAMC. Separate guidelines for jointly sponsored meetings are available.

## Special Regional Activities

### **NEGSA Outstanding Service Award:**

The Northeast Group on Student Affairs (NEGSA) presents the NEGSA Outstanding Service Award to current or former NEGSA members (either institutional or individual) who have demonstrated outstanding service to the NEGSA.

Outstanding service is defined as significant and sustained leadership or expertise in addressing issues of importance to the NEGSA. Nominees for this award shall have demonstrated service to the NEGSA and shall have an outstanding record of accomplishment, resourcefulness and dedication to the mission of the NEGSA. Areas of service recognition may be in any of the leadership roles of the NEGSA. These may include service as a member or official of the Steering Committee, serving in a special role of the NEGSA in any of the five areas of Student Affairs, Diversity Affairs, Financial Assistance, Admissions or Student Records, or service on any NEGSA Ad Hoc Committees or Meeting Program Committees. It could also include service in National GSA leadership positions providing that service is in a position of representation of the CGSA.

### **Presentation**

No more than two NEGSA Outstanding Service Awards may be presented annually at the spring meeting of the CGSA.

### **Nomination**

A call for nominations will be announced annually at the NEGSA Business meeting during the AAMC Annual meeting. Any NEGSA member may submit a nomination. No self-nominations will be considered. Nominations will be submitted to the NEGSA Vice Chair and must be accompanied by the nominees' curriculum vitae.

### **Selection Process**

The Past Chair and Nominating Committee of the NEGSA shall serve as the Screening Committee and forward the names of no more than four finalists to the NEGSA Steering Committee for consideration at their winter meeting. The Steering Committee will select the award recipients for announcement at the spring meeting. No nominee for the Outstanding Service Award may serve on the Screening Committee, nor be present for discussion and decision by the Steering Committee. If necessary, the Chair will appoint a replacement to the Screening Committee from among the membership of the Steering Committee.



# **Southern Group on Student Affairs Regional Handbook**

## SGSA Regional Leadership Roster

### **Chair**

Jerry Clark, Ph.D., M.B.A.  
Chief Student Affairs Officer  
Associate Dean for Student Affairs  
University of Mississippi School of Medicine

### **Chair-Elect**

Robert Campbell  
Assistant Dean for Student Affairs  
University of South Carolina School of Medicine

### **Vice-Chair**

Adrian Jones, J.D.  
Associate Dean for Student Affairs  
Florida International University Herbert Wertheim College of Medicine

### **Executive Secretary/Treasurer**

Betty Monfort, MPH  
Assistant Dean of Admissions and Director of Student Records  
Florida Atlantic University Charles E Schmidt College of Medicine

### **At-Large**

Thomas L. Matthews, M.D.  
Associate Dean for Student Affairs  
University of Texas School of Medicine at San Antonio

Angela Peterman Mihalic M.D. (2014-2015)  
Associate Dean for Student Affairs and Associate Professor of Pediatrics  
UT Southwestern Medical Center

### **Immediate Past Chair**

Hilit Mechaber, M.D.  
Associate Dean for Student Affairs  
Associate Professor of Medicine  
University of Miami Miller School of Medicine

## Roles and Responsibilities

- Election results announced and all officers move up at spring SGSA business meeting.

### **SGSA Chair Primary Responsibilities**

- Chair regional business meetings at regional and national meetings
- Attend 2 national GSA leadership meetings (National Steering Committee)
- Participate in monthly GSA leadership meetings via Conference Call

### **SGSA Chair Elect (next year), Program Chair (2 years) Primary responsibility**

- Presides in the absence of the Chair
- Serves as the program chair for the next spring SGSA meeting
- Attend SGSA Steering Committee Meetings (annual AAMC meeting and Spring meeting)

### **SGSA Vice-Chair Primary Responsibilities**

- Assist in planning regional SGSA meetings and national meetings as needed
- Serve as Program Chair for regional meeting year of election +2

### **SGSA Past Chair**

- Serve as Chair of the SGSA Nominating Committee and as a member of the GSA Exemplary Service Award Selection Committee
- Prepare ballots and administer elections at regional meetings

# Rules and Regulations

## **Name**

The name of the organization shall be the Southern Group on Student Affairs (SGSA) of the Association of American Medical Colleges (AAMC).

## **Purpose**

The purpose shall be to advance medical education with respect to the unique needs of the students, with particular emphasis on the critical review of issues and interests of medical schools and medical students, in the area of admissions, financial aid, diversity affairs, student affairs and student records. The SGSA shall facilitate communication and mutual assistance among its member institutions, with medical schools in other regions and with the national Group on Student Affairs (GSA), and shall provide a forum for discussion of matters to be acted upon at SGSA and GSA meetings.

## **Membership**

Members of the SGSA shall be of three types:

**Institutional members** who are appointed:

- Annually by the deans of the medical schools in the Southern region, that are institutional members of the AAMC (hereafter referred to as “member medical schools”), and who shall serve at the pleasure of their respective deans. Each member school shall have five institutional members, one in each of the five areas of GSA interest and expertise (admissions, financial aid, diversity affairs, student affairs and student records). In some circumstances, the dean of a member medical school may appoint an additional institutional member, a member-at-large, who shall be an administrator in one of the five areas of GSA interest and expertise.

**Individual members** who are:

- May be self-nominated or nominated by other members and who shall be administrators in one or more of the five areas of GSA interest and expertise at member medical schools.

**Affiliate members** who may be appointed:

- By the deans of medical schools in the Southern Region that are affiliate institutional members of the AAMC.
- By the deans of medical schools in the Southern Region that are provisional institutional members of the AAMC.
- All (institutional, individual and affiliate) members duly appointed by their deans shall be eligible to participate in all SGSA programs and activities as organized by the SGSA and the GSA.
- Each member medical school in the Southern region holding institutional membership in the AAMC shall be entitled to one vote. This vote shall be cast by the “voting representative” (so designated by the dean) at each member medical school and shall represent a consensus among the members of the GSA delegation at that school.

## **Meetings and Quorums**

Meetings of the SGSA membership shall be held annually in the spring and at other such times as may be appropriate (i.e. at the fall AAMC Annual Meeting); notification of such meetings to members must occur at least thirty (30) days prior to the meeting date. Additional meetings may be called by the

Steering Committee or by the voting representatives of 50 percent of member medical schools in the Southern region. A meeting may be canceled or postponed by a majority vote of the voting representatives at member medical schools in the Southern region, voting either by mail, email or at a previous meeting.

A majority of the voting representatives from member medical schools in the Southern region shall constitute a quorum (that number is currently 48, as of October 15, 2012). The responsibilities of the voting representative from a member medical school may be transferred in writing to another SGSA institutional member from that school, in the event of the voting representative's absence. Formal actions may be taken at meetings in which a quorum is present. At such meetings, decisions and actions shall be made by a majority vote of voting representatives present.

The SGSA Chair who will make parliamentary decisions as required shall conduct meetings. Such decisions may be appealed and require a two-thirds majority of voting representatives to nullify the Chair's original decision.

### **Officers and Representatives**

In accordance with AAMC national Group on Student Affairs (GSA), eligibility for SGSA offices will be limited to institutional GSA members, as defined in section III.1.a. These officers, who make up the SGSA Steering Committee, include the SGSA Chair, Chair-Elect, Vice Chair, and Immediate Past Chair, as well as SGSA Committee Representatives, the SGSA Executive Secretary/Treasurer and the two members at-large.

The SGSA officers shall include a Chair, a Chair-Elect, a Vice-Chair, and an Immediate Past Chair. Responsibilities of the SGSA officers shall include:

The Chair presides at all meetings of the SGSA and at all meetings of the SGSA Steering Committee.

The Chair, in consultation with the SGSA Steering Committee, also nominates SGSA members for vacancies on the GSA National committees and submits names of potential nominees to the GSA Nominating Committee for consideration for the position of GSA National Vice-Chair.

The Chair-Elect presides in the absence of the Chair and serves as the program chair for the next spring SGSA meeting.

The Vice-Chair assists the Chair-Elect with plans for the spring SGSA meeting and coordinates the plans for the spring SGSA meeting two years later.

The Immediate Past Chair serves as Chair of the SGSA Nominating Committee and as a member of the GSA Exemplary Service Award Selection Committee.

The person selected as Vice-Chair shall serve a four-year term of office under assumption of automatic progression through the office of Vice-Chair (one year), Chair-Elect (one year), Chair (one year), and Immediate Past Chair (one year).

If a vacancy occurs during the term of office of the Chair, the Chair-Elect or the Vice Chair, each succeeding officer will advance to fill the opening, and a new interim Vice Chair will be selected by the

SGSA Steering Committee to serve until the next spring SGSA meeting. At the spring SGSA meeting, the SGSA Nominating Committee will have the prerogative of forwarding the name of the interim Vice-Chair as Chair-Elect or call for open nominations.

## **Elections**

The terms of office for the SGSA elected officials shall extend from the concluding session of the spring SGSA meeting, at which time they assume office, to the concluding session of the following year's spring SGSA meeting.

The SGSA Nominating Committee will provide the names of a minimum of two nominees annually to the membership for the purpose of selecting a Vice-Chair. The nominees' name, biographical information, and statement of goals and purposes for his/her tenure as an officer will be distributed prior to the election.

All votes for Vice-Chair shall be cast by the voting representative by either written or electronic balloting. Ballots shall be distributed to the voting representative at each member medical school, who will vote after consultation with the full GSA delegation at the school. A place for any write-in candidates will be available on the ballot. Ballots will be due to the Nominating Committee chair no later than one week prior to the spring SGSA meeting. Results of the election shall be publicly announced at the spring SGSA meeting.

Election to the Steering Committee of two members-at-large for two-year terms shall be held annually at the SGSA spring regional meeting with voting by each institutional and individual member of the SGSA present.

Elections will be decided by a majority of ballots cast. In the event a run-off election is necessary, members present at the spring SGSA Business Meeting shall determine, by majority vote, whether the run-off election will be by ballots distributed to the voting representatives at all member medical schools immediately after the meeting has concluded or by additional balloting at the meeting. If it is decided that additional balloting at the meeting will ensue, then votes will be cast at the meeting by each institutional and individual member of the SGSA present.

## **Committees**

Standing Committees of the SGSA shall include a Steering Committee and a Nominating Committee. The Chair, in consultation with the Steering Committee, may appoint other standing committees. The standing committees and their functions shall be reviewed annually by the Steering Committee, and the Chair, in consultation with the Steering Committee, may dissolve those committees no longer needed. The Steering Committee shall consist of the officers of the SGSA, the two members elected at-large for staggered two-year terms, the SGSA representatives to the GSA national committees (Admissions, Student Affairs, Diversity Affairs, Student Financial Assistance, and Student Records), and the Chair and Chair-Elect of the SGSA Organization of Student Representatives (SGSA-OSR). Ex-Officio non-voting members of the Steering Committee will include chairs of any existing ad hoc committees, the local arrangements contact persons for the next two spring SGSA meetings, and any SGSA members serving as GSA committee chairs or national GSA officers.

The SGSA Steering Committee shall have the usual duties of an executive committee and shall be responsible for the planning and implementation of SGSA programs at the spring SGSA meeting. When

planning meetings, the Steering Committee shall determine program content and scheduling after soliciting advice from and having discussions with representatives of related groups that may meet in conjunction with the SGSA (e.g., the Southern Association of Advisors for the Health Professions [SAAHP], the Southern Region Organization of Student Representatives [SOSR], the Southern Region Group on Educational Affairs [SGEA], and other regional GSA organizations). The Steering Committee shall determine the site and dates of each spring SGSA meeting and appoint a member of the SGSA from the host school (or each of the co-host schools) to serve as the local arrangements contact person(s) for the meeting.

To assist in the operation of the SGSA, the Steering Committee will appoint a member of the SGSA to the position of Executive Secretary/Treasurer for a term of four years. The Executive Secretary/Treasurer will serve as the SGSA treasurer and will be responsible for taking minutes during all meetings, maintaining SGSA records and the membership mailing address and email address lists, and performing other duties, as requested. The two elected “members-at-large” will coordinate and facilitate the orientation for new members at the spring SGSA meetings; email communications to SGSA members to identify both mentors and mentees; pair new SGSA members up with compatible mentors; follow-up with mentor/mentees pairs to ensure the presence of a working relationship; and perform other duties, as requested. Both the Executive Secretary/Treasurer and the two members-at-large will be expected to attend all Steering Committee meetings.

The Nominating Committee shall consist of two available past SGSA chairs and two other members of the SGSA, selected by the Immediate Past Chair. The Nominating Committee will be chaired by the Immediate Past Chair, who shall vote only to break a tie. The Nominating Committee shall solicit nominations as described in VI. (B./C.) from the SGSA membership and shall work with the Chair to conduct an orderly election process to fill the position of Vice-Chair and the member-at-large positions on the Steering Committee and to fill other vacant positions, as needed. They shall also serve as the SGSA Outstanding Service Award Screening Committee and present the names of finalists to the Steering Committee for selection of award recipients.

Ad hoc committees are appointed by the Chair, acting on advice of either the Steering Committee or the membership, as appropriate. The function and structure of ad hoc committees shall take into consideration the function and structure of existing GSA sections and committees and, specifically, the areas of interest delineated in Section II (Purpose).

### **Finance**

The Steering Committee will determine the registration fee and any special function fees for spring SGSA meetings based on consideration of funds needed to meet SGSA expenses. The Chair must approve any expenses in excess of amounts anticipated by the Steering Committee before the expense is reimbursed by the Executive Secretary/Treasurer. Other anticipated and routine expenses may be reimbursed by the Executive Secretary/Treasurer, but must be detailed in the annual Executive Secretary/Treasurer’s annual report. No resources of the organization may accrue to the financial benefit of any of its members.

### **Parliamentary Rules**

Roberts' Rules of Order shall be the authoritative source of all meeting procedures not specifically discussed in these Rules and Regulations.

**Amendments to Rules and Regulations**

Subject to approval of the GSA Steering Committee, these may be amended by either written or electronic ballot cast by the voting representatives at member medical schools in the Southern region for which 30 days written notice of the proposed Rules and Regulations change has been given. A two-thirds majority of ballots received thirty (30) days following ballot distribution will be required to amend, provided that the total number of votes cast for the changes constitute a majority of the voting representatives.



## **Western Group on Student Affairs Regional Handbook**

## WGSA Regional Leadership Roster

### **WGSA Chair**

Tara K. Cunningham, Ed.D. (2015-2017)  
Associate Dean for Admissions and Recruitment  
University of Arizona College of Medicine-Phoenix

### **WGSA Vice Chair**

Cherie Singer, Ph.D. (2015-2017)  
Associate Dean for Admissions and Student Affairs  
University of Nevada School of Medicine

### **WGSA Secretary**

Tanisha N. Price-Johnson, Ph.D. (2014-2016)  
Executive Director for Admissions and Financial Aid  
University of Arizona College of Medicine

### **WGSA Past Chair**

Donna D. Elliott, M.D., Ed.D.  
Associate Dean for Student Affairs  
Keck School of Medicine of the University of Southern California

### **WGSA Committee Representatives**

#### **COSR**

Teresa Cook, MEd  
Keck School of Medicine of the University of Southern California  
[teresa.cook@usc.edu](mailto:teresa.cook@usc.edu)

#### **COA**

Carolyn Kelly, MD  
University of California, San Diego, School of Medicine  
[ckelly@ucsd.edu](mailto:ckelly@ucsd.edu)

#### **COSDA**

Lawrence Hy Doyle, EdD  
David Geffen School of Medicine at the University of California, Los Angeles  
[hydoyle@ucla.edu](mailto:hydoyle@ucla.edu)

#### **COSFA**

Lauren Snow  
University of California, Davis, School of Medicine  
[lauren.snow@ucdmc.ucdavis.edu](mailto:lauren.snow@ucdmc.ucdavis.edu)

#### **COSA**

Karen Restifo, MD, JD  
College of Medicine Phoenix, The University of Arizona  
[kmrestifo@email.arizona.edu](mailto:kmrestifo@email.arizona.edu)

## Rules and Regulations

The name of the organization shall be “Western Group on Student Affairs” (hereinafter referred to as the WGSA).

### Purpose

The purpose of the WGSA is to advance medical education and, specifically, to represent the interests of medical schools and medical students in the areas of admissions, student affairs, financial aid, diversity affairs, and student records. The functions of the WGSA are to provide a means of communication and mutual assistance among its members, with medical schools in other regions, and with the National Office and to provide a forum for discussion of matters to be acted on at national GSA meetings.

### Membership

Members of the WGSA shall be of three types:

1. **Institutional members** who are appointed annually by the deans of medical schools which are members of the region and who shall serve at the pleasure of their respective deans. Each member medical school shall have five institutional members, one in each of the five areas of interest and expertise. In some circumstances, the dean of a member medical school may appoint an additional institutional member, a member-at-large, who shall be an administrator in one of the five areas of interest and expertise.
2. **Individual members** who may be self-nominated or nominated by other WGSA members. They shall be administrators who work in one or more of the given areas of the WGSA’s interest and expertise at member medical schools.
3. **Affiliate members** who may be appointed: a. by the deans of medical schools that are affiliate institutional members of the AAMC in the Western Region or b. by the deans of medical schools that are provisional institutional members of the AAMC in the Western Region (e.g., newly developing medical schools)

Institutional members from member medical schools shall be entitled to vote and there shall be only one vote per member medical school. This vote shall be cast by the institutional member so designated by the dean of each member medical school (hereinafter referred to as the “voting representative”) or his/her designee.

All members duly appointed by their deans shall be eligible to participate in all WGSA programs and activities as organized by regional and national officers.

### Meetings and Quorums

At least one meeting of the WGSA membership shall be held annually and at other times as may be appropriate (i.e., at the national meeting of the AAMC, or WGSA regional meeting), unless a simple majority of all the representatives vote (by mail or at a previous meeting) to postpone or cancel a meeting. All WGSA members shall be notified of the dates and locations of regional meetings at least thirty days prior.

- A. Representatives from a majority of WGSA institutions shall constitute a quorum.
- B. Formal actions other than the election of WGSA officers may be taken at meetings in which a quorum is present, and decisions will be made by a simple majority vote of those present.

Meetings shall be conducted by the WGSA Chair, who shall make all parliamentary decisions. The Chair's decisions may be reversed by a two-thirds majority of representatives present.

### **Officers and Representatives**

- A. The WGSA officers shall consist of the WGSA Chair, the WGSA Vice-Chair, a Secretary, the WGSA Committee Representatives and the WGSA Program Chairs for the subsequent meeting. The Chair will preside at the regional meetings and represent the Region on the GSA Steering Committee. The WGSA Vice-Chair shall preside in the absence of the Chair. The WGSA Vice-Chair will have oversight of the WGSA financials held in a custodial account at the AAMC and shall present a financial report at the fall annual meeting. The usual and customary procedure shall be for the WGSA Vice-Chair to advance to the position of WGSA Chair. The terms of office for the WGSA Vice-Chair and WGSA Chair are for 2 years, extending from the end of the regional meeting at which the appointment takes place, to the end of the regional meeting held two years hence. The Immediate Past Chair serves as the chair of the Nominating Committee. The term of office for the WGSA Program Chair is for 2 years beginning from the regional meeting two years prior to the meeting they will host.
- B. The Program Chair shall be appointed from the established rotation of medical schools in the Western Region.
- C. For new appointments to the WGSA, e.g. to the Committee on Student Affairs, Admissions, Student Diversity Affairs, Student Records or Financial Aid, the Chair of the WGSA, after consultation with the executive committee, shall send recommendations to the GSA National Chair who will finalize the appointment with appropriate input from the AAMC staff.
- D. To assist in the operation of the WGSA, the Steering Committee will appoint a member of the WGSA to the position of Secretary for a term of two years. The Secretary will be responsible for taking minutes during all meetings, maintaining WGSA records and the membership email listserve, and performing other duties, as requested.
- E. All votes for Vice-Chair shall be cast by the voting representative by either written or electronic balloting. Ballots shall be distributed to the voting representative at each member medical school, who will vote after consultation with the full GSA delegation at the school. Ballots will be due to the Chair no later than one week prior to the spring WGSA meeting. Results of the election shall be publicly announced at the spring WGSA meeting. The WGSA Vice-Chair shall take office at the regional meeting at the time the current WGSA Vice-Chair advances to WGSA Chair and there is a vacancy.
- F. If a position becomes vacant prior to the end of a term the position will be filled in the usual manner.

### **Committees**

The WGSA shall appoint such committees as are necessary to carry out regional WGSA business. Institutional and individual WGSA members will be eligible for appointment to regional WGSA committees.

The Executive Committee shall include the WGSA Chair, the Vice-Chair, the WGSA Program Chair(s), the Secretary, the GSA Committee Representatives and its Immediate Past-Chair. The OSR western regional chair shall be an ad-hoc member.

**Finances**

- A. Registration fees will cover the cost of organizing and presenting the regional meeting.
- B. All expenses must be approved and signed by the Vice Chair.

No resources of the organization may accrue to the financial benefit of any of its members.

**Parliamentary Authority**

For matters not covered in these rules and regulations, the parliamentary authority shall be Robert's Rules of Order.

**Amendments**

Subject to the approval of the GSA Steering Committee, these rules and regulations may be altered, repealed, or amended or new rules and regulations adopted by a two-thirds vote of the voting members present at any annual meeting of the WGSa membership or by ballot response of two-thirds of the voting membership for which 30 days' written notice of the proposed bylaws change had been given, provided that the total number of votes cast for the changes constitute a majority of the voting representatives.

Reviewed and approved by the GSA Steering Committee: (by/date) November 5, 2013

Reviewed and approved by the Western GSA: (by/date) November 1, 2013

# Regional Structure

## Election Process

1. All votes for Vice-Chair shall be cast by the voting representative by either written or electronic balloting. Ballots shall be distributed to the voting representative at each member medical school, who will vote after consultation with the full GSA delegation at the school. Ballots will be due to the Chair no later than one week prior to the spring WGSA meeting. Results of the election shall be publicly announced at the spring WGSA meeting. The WGSA Vice-Chair shall take office at the regional meeting at the time the current WGSA Vice-Chair advances to WGSA Chair and there is a vacancy.
2. The Program Chair shall be appointed from the established rotation of medical schools in the Western Region.
3. For new appointments to the WGSA, e.g. to the Committee on Student Affairs, Admissions, Diversity Affairs, Student Records or Financial Aid, the Chair of the WGSA, after consultation with the executive committee, shall send recommendations to the GSA National Chair who will finalize the appointment with appropriate input from the AAMC staff.
4. To assist in the operation of the WGSA, the Steering Committee will appoint a member of the WGSA to the position of Secretary for a term of two years.

## Terms of Office

The terms of office for the WGSA Vice-Chair and WGSA Chair are for 2 years, extending from the end of the regional meeting at which the appointment takes place, to the end of the regional meeting held two years hence. The term of office for the WGSA Program Chair is for 2 years beginning from the regional meeting two years prior to the meeting they will host. The term of appointment for the secretary is two years. The terms of appointment for the WGSA committee representatives are for three years as per GSA bylaws.

### A. Roles and Responsibilities

1. The Chair will preside at the regional meetings and represent the Region on the GSA Steering Committee. The WGSA Vice-Chair shall preside in the absence of the Chair.
2. The WGSA Vice-Chair will have oversight of the WGSA financials held in a custodial account at the AAMC and shall present a financial report at the fall annual meeting.
3. The Secretary will be responsible for taking minutes during all meetings, maintaining the listserve, and performing other duties, as requested.
4. The committee representatives represent the WGSA in their respective area and serve as a liaison between the national committee and the regional steering committees.

### B. Custodial Accounts

1. Working with AAMC Liaison (insert common language)

### C. Meeting Schedules

1. WGSA Regional Meetings are hosted by our member institutions on a rotating basis. In recent years these meetings have been combined WGEA and WGSA meetings and the region

supports this collaboration going forward. Institutions are asked to verbally commit to hosting five years in advance and confirm their ability to host three years in advance for publication on the AAMC website. Institutions are allowed to swap hosting years with each other and both institutions should notify the WGEA and WGSA chairs of the change. Institutions may host the conference at Asilomar Conference Center in Pacific Grove, California, or at a venue of their choice.

- 2013 - UCI
- 2014 – Hawaii WGEA; GSA National meeting
- 2015 – San Diego
- 2016 – Arizona
- 2017 – Nevada–Reno
- 2018 – Utah; GSA National meeting
- 2019 – Oregon
- 2020 - Washington
- 2021 – UCSF
- 2022 – Colorado; GSA National meeting
- 2023 – Loma Linda
- 2024 – New Mexico
- 2025 – UCLA
- 2026 – UC Davis; GSA National meeting
- 2027 – Stanford
- 2028 – USC

## Regional Participation in National GSA Programming

### Nomination of GSA Vice Chair

Prior to the July Steering Committee meeting, the WGSA executive committee will submit a nominee for GSA Vice chair to the GSA Nominating Committee. During the July GSA Steering Committee meeting, the GSA Nominating Committee will identify two finalists and provide those two nominees annually to the membership at large for purposes of selecting a GSA Vice-Chair. The names, brief biographies, photographs, and personal statements of the nominees will be provided to all GSA institutional members to familiarize them with each nominee's goals and purposes for his/her tenure as an officer. One ballot containing the names of nominees provided by the GSA Nominating Committee will be sent by mail or electronically to the GSA voting representative at each member medical school. The GSA voting representative will vote after consultation with the full GSA delegation at his/her medical school. Balloting will be completed by October 1 of each year. Voting will be done by mail or electronically as arranged by the GSA Group Program Leader. The results of the election will be announced at the GSA Business Meeting at the AAMC Annual Meeting. Election to the position will be by simple majority of voting representatives.

The person elected as the GSA Vice-Chair shall serve a five-year term of office on the GSA Steering Committee under the assumption of automatic progress through the offices of GSA Vice-Chair (one year), GSA Chair-Elect (one year), GSA Chair (one year), GSA Immediate Past Chair (one year) and GSA Previous Past Chair (one year).

### Nomination for Exemplary Service Award

A call for nominations will be announced annually at the GSA regional spring meetings or the GSA national spring meeting. Any GSA representative may submit a nomination to the Award Committee. No self-nominations will be considered. Nominations will be submitted to the AAMC-GSA Group Leader, by means of a standard nomination form downloadable from the GSA website. The nominee's curriculum vitae must accompany the nomination form. Any GSA representative nominated, but not selected, in the prior year will be considered again, on a one-time basis in the following year.

Two semi-finalist nominees for this award shall be selected in late June by the Award Committee (composed of the Immediate Past GSA Regional Chairs, the CODA National Chair Elect, and the GSA National Vice Chair, who shall serve as chair). The Award Committee shall forward the names of the two semi-finalists to the GSA Steering Committee for consideration at the Steering Committee's summer meeting. The GSA Steering Committee shall select the award recipient.

**Regional Internal AAMC-GSA/External Non-AAMC Relationships...** Not sure what is being asked here.

1. OSR.....
2. NAAHP.....
3. GEA.....
4. GDI.....
5. Other.....



# Regional Meeting Planning

## Hosting Brief for WGEA/WGSA Spring Meetings

The following brief outlines roles and responsibilities for hosting the WGEA/WGSA Regional Meeting.

### Roles and Responsibilities

#### *Program Chair*

The host school appoints an education leader or leaders as Program Chair(s) in accordance with WGEA and WGSA guidelines who sits on the WGEA and/or WGSA Steering Committees. The Program Chair(s) is/are responsible for appointing a Program Committee that includes members of the host institution and members of the WGEA and WGSA Steering Committees. The Program Chair is expected to be in attendance at WGEA/WGSA business meetings at the Spring and AAMC Annual Meeting preceding the meeting they are hosting.

#### *Program Chair(s) and Program Committee Responsibilities:*

The program chair(s) and program committee are responsible for:

- Overall planning, implementation, and quality assurance for the annual Spring Meeting
- Holding hosting monthly phone conferences during the preceding 12 months with weekly updates to the WGEA/WGSA chairs during the last two months.
  - Identify dates for the Spring Meeting
  - Select theme
  - Plan the call for proposals and submission review process
  - Create detailed program schedule with times, dates, and locations
  - Select registration fees
  - Identify plenary speakers
  - Plan process for giving awards
- Working with staff at host institution and/or AAMC to coordinate registration and housing
- Financial planning and tracking of all meeting expenditures; reporting of revenue to WGEA/WGSA Chairs

The identified Conference Coordinator (staff) should be present on each conference call, in addition to the Program Chair.

#### *WGSA Executive Committee:*

The Executive Committee is responsible for providing support to the Program Chair and Program Committee as follows:

- **Chair:** Provides guidance on overall meeting decisions and makes final decisions regarding WGSA issues when consensus is not achieved. The chair also approves the selection of meeting dates in coordination with the AAMC GEA and GSA Coordinators and the WGEA steering committee chair.
- **Program Chair:** The WGSA Steering Committee includes the Program Chair(s) for the subsequent two regional meetings. The term of office for the WGSA Program Chairs is for 2 years, extending from the end of the regional meeting at which the appointment takes place 2 years prior to the year they will chair the regional meeting, to the end of the regional meeting held two years hence. The Program Chair shall be appointed from the established rotation of medical schools in the Western Region.

### *WGEA Steering Committee:*

The Steering Committee is responsible for providing support to the Program Chair and Program Committee as follows:

- **Steering Committee Chair:** Provides guidance on overall meeting decisions and makes final decisions when consensus is not achieved. The chair also approves the selection of meeting dates in coordination with the AAMC GEA and GSA Coordinators and the WGEA steering committee chair.
- **Member-at-Large Spring Meeting Liaison:** Serve on the program committee as an advisor; be present on all conference planning calls. Provide updates to Steering Committee in collaboration with Program Chair(s).
- **CRIME SIG Chair:** Schedule annual CRIME meeting to occur the opening day of conference. May include lunch.
- **LIME SIG Chair:** Schedule annual LIME meeting to occur the opening day of conference. may include lunch.
- **OSR Section Rep:** Schedule the OSR meetings that occur prior to the opening day of the conference.
- **UGME Section Rep:** Schedule sessions related to the UGME national agenda and ensure that meeting content appropriately represents the interest of the UGME constituency.
- **GME Section Rep:**
  - Plan GME Focus session that usually occurs on the opening day of the conference.
  - Plan GME poster session that occurs as part of the first general poster session.
  - Advertise GME sessions through regional DIO's and other stakeholders
  - Assist with the GME abstract review process
  - Assist with the GME poster award selection process
- **CME Section Rep:** Schedule sessions related to the CME national agenda and ensure that meeting content appropriately represents the interest of the CME constituency.
- **MESRE Section Rep:** Works closely with program committee regarding the review process of submissions and ensures that the editorial process is rigorous and transparent. Helps plan the MESRE-focused oral presentations at the meeting. Oversees or participates in awards for best presentations.

### *AAMC:*

The Association of American Medical Colleges is responsible for:

- Working with the host school to identify a conference hotel/site and to negotiate a contract.
- Approving the dates for the meeting to avoid conflict with AAMC events.
- Running the abstract submission and review process using the **ScholarOne** system.

### **Developing a Planning Timeline**

Your regional planning committee should:

- Consult with the previous program chair and develop a timetable for planning. Working backwards from the dates selected for the meeting, you will need to determine
  - Date for completing a concept outline for the meeting, including overall theme, proposed sessions, time slots for sessions, and assignments to planning committee members to secure speakers (June-July)
  - Dates for the call for proposals process, including when the call will be posted (November), when proposals will be due (January), when reviewers will be finalized (December) and when authors will be notified (February).
  - Date for any preliminary communication(s) to Group members to promote the meeting. You can use e-mail and listserv announcements to promote the meeting, and get it marked on

potential attendees' calendars (Announce date at previous year meeting, market at AAMC annual meeting).

- Date for advertising program and opening registration. It is recommended that you open registration for your program 2-3 months prior to the meeting date. At a minimum, you should advertise the program six weeks before the hotel cut-off date to allow time for attendees to make their hotel reservations at the group rate.
- Date for sending the final program to the printer. The amount of time needed for printing will vary depending on who is printing the program, but two weeks prior to your mailing date is a safe estimate.
- Date for completing the final program, including verification of speakers, their professional titles, titles, times and location of sessions.

#### *Timeline:*

18 Months:

- Set dates for meeting

12 Months: (at Spring Meeting preceding)

- Appoint the Program Chair

September:

- Convene Program Committee for Monthly Meetings

November:

- Announce Theme and call for abstracts; distribute conference flyer at AAMC

January:

- Close Call

February

- Conduct abstract review
- Announce accepted abstracts

March

- Produce and release program

### **Selecting Dates for Meeting**

Before selecting a date for the regional meeting, your regional planning committee should take the following steps:

1. Identification of major religious holidays (Passover, Easter, Good Friday) and avoiding the scheduling of the meeting during these periods.
2. Consultation with the GEA/GSA or GSA Staff (April Morrow) to determine whether the tentative meeting dates conflict with dates of other AAMC or regional GEA/GSA meetings or activities. A listing of GEA/GSA-relevant meeting dates can be found on the AAMC Web site. GEA/GSA/GSA regional officers have agreed not to plan a meeting in one region that overlaps with a meeting in another region if at all possible. Such advance planning permits AAMC program and service staff members sufficient time to travel from one GEA/GSA regional meeting to another for participation in all meeting programs and activities.

### **The Venue for Hotel and Conference**

*Location for Meeting (18 months in advance)*

Your regional planning committee should:

1. Choose a desired city for meeting.
2. AAMC will conduct the site research

3. AAMC meeting staff will present you with a list of available hotels that can accommodate your meeting – with the data you need to make a decision (sleeping room rate, meeting room rental, internet cost, etc.)

AAMC meeting staff will negotiate and sign the contract for your meeting. In doing so, AAMC becomes the liable party for the contract. An AAMC staff member will work directly with the hotel on the contract and provide you with a final, signed copy when it is fully executed.

Once the contract has been signed, the hotel will assign a Convention Services Manager (CSM) to work with your group on the details of your meeting. The program chair for the spring GEA/GSA regional meeting and the local arrangements liaison should be the only individuals in direct contact with the hotel representative. It is confusing for the hotel to have multiple contact people from the Group; such a practice may also lead to unanticipated hotel charges and will make it difficult for you to review the billing with confidence.

#### *Booking Conference Rooms at a Hotel/Conference Site*

Once the program has been finalized, but before it has been mailed, the agenda should be compared against the space blocked at the conference space. You should not print your program until you are sure you have the space you need for all of your sessions. If you need to make space changes, you should contact the conference venue and make your request. If the venue can accommodate your changes, ask venue staff to send you the new space outline in writing, so you have written confirmation of the changes.

#### *Booking Guest/Plenary Speakers*

As soon as the program has been finalized, reservations should be made for speakers and group members who will be paid for on the master account. While you are still soliciting specific hotel information from your speakers at this point, you can make a “best guess” as to their arrival and departure dates, and adjust their reservations, as necessary. Making these reservations early insures that your VIPs get hotel rooms before your attendees begin to fill up the block. Whenever you make reservations, or make changes to your rooming list, you should ask the hotel for an updated reservation list so that you can confirm that the changes have been made. Always make requests for reservations and reservation changes in writing, and keep a copy of the correspondence in your file for backup.

#### *Reservation Lists*

Beginning about six weeks out, you should request weekly copies of the reservation list, along with your current pickup, so that you can monitor your room block. Individuals frequently make hotel reservations before registering for a meeting, so your hotel pickup will let you know if your attendance is likely to grow beyond what is already in your registration database.

A couple of weeks before your published cut-off date, you should send an email or listserv reminder to your mailing list to remind them to make their reservations. Once your cut-off date has passed, you should periodically check with the hotel to see if it is still offering your group rate, and whether it is approaching a sold-out situation. If the hotel does sell out over any nights of your room block, be sure that you know where the hotel is referring your attendees for accommodations. If you have a nearby hotel to which you prefer that hotel staff refer meeting attendees, you can advise them accordingly.

A list of alternate hotels should be available and ready to communicate to the listserv/registered attendees proactively, in the event that the host hotel(s) meet capacity.

### *Meeting Rooms (Hotel or Conference Site)*

Two months before the start of the meeting, forward the logistical details of your meeting to the hotel CSM. These details are often called “specs.” However it is compiled and formatted, the document should include a chronological listing of all of the sessions and meal functions, and each session should include the following data:

- Date
- Start and end time of each session
- Session name
- Meeting room name
- Room setup (schoolroom, theater, conference, rounds) and number of people
- Setup details (podium, podium on a riser, head table, etc.)
- Audiovisual requirements, including microphones and audiotaping
- Food and beverage requirements (you do not need to include guarantees at this stage, just the menus selected)
- Any other information relevant to the hotel

Accompanying this list of logistical details should be the following information:

- Billing. How is billing to be handled? Who is authorized to sign to the master account?
- Master account charges. Whose room and tax should be charged to the master account?
- Upgrades/amenities. Who will receive any upgrades and/or amenities included in the contract?
- Staff rate recipients. Who will receive the staff rate, if one is included in the contract?

## **Planning the Program**

### *Conference Website:*

A conference website is developed and hosted by each host institution. This website serves as the primary resource for information about the meeting. It is linked to the AAMC/WGEA and AAMC/WGSA websites.

### *Listserv:*

Regular announcements should be posted to the WGEA and WGSA listservs regarding the meeting.

- WGEA Listserv: <http://goo.gl/GrYf0>
- WGSA Listserv: [wgsa-l@mymaillists.usc.edu](mailto:wgsa-l@mymaillists.usc.edu)

### *Recommended Communications:*

- November:
  - Announcement of theme, dates, venue and call for abstracts
- January:
  - Reminder of call for abstracts
  - Opening of registration and hotel
- January/February:
  - Final call for abstracts if necessary
  - Registration/hotel reminder and announce plenary speakers/topics
- March-May:
  - Reminders of registration/hotel, availability of online program, social event, etc.

### *Promoting Your Regional Meeting at the AAMC Annual Meeting*

You will have the opportunity to brief the members of your regional GEA/GSA on plans for the spring GEA/GSA regional meeting when they are gathered at the AAMC Annual Meeting in the fall. This is an ideal time to inform people about various aspects of the program. Include brief information about how to get to the site. Will it be necessary or desirable to rent a car at the airport? Describe the social events. You should also let people know when to expect the full program. It may be helpful to provide a handout highlighting this information. AAMC staff can assist you with this and have your handout duplicated. It is best to arrange for copying of this handout well in advance of the meeting so that duplication can be completed, at reduced cost, at the AAMC Print Shop.

### *Logistical Details for Plenary Speakers*

1. Send a program to each speaker, along with a letter requesting the logistical details for his/her presentation.
2. Speaker registration form. Ask speakers to complete a Speaker Registration Form.
3. Solicit audiovisual needs.
4. Bio materials. Request a brief biographical sketch from each speaker via email that you can use for introductions at the meeting, or that you can print up for inclusion in the conference materials.
5. Speakers' hotel needs. Solicit the hotel needs of the speakers if you will be covering their lodging.
6. Request handout materials. Ask for any handouts speakers may have to supplement their presentations.
7. Deadline. Set a deadline that is six weeks out from the start date of your meeting for receipt of these materials from speakers.

### *Conference Theme:*

A theme is selected by the Program Committee and announced at the WGEA/WSA Business Meetings held during AAMC Annual Meeting in November.

### *Abstract Submission and Review System:*

A call for submissions for posters, oral presentations, panels and workshops is made at the WGEA/WGSA Business Meetings held during the AAMC Annual Meeting in November. Call for submissions usually closes around the end of January.

The abstract system used by the AAMC is **ScholarOne**, a subsidiary of Thomson Reuters. The AAMC will work with regions if they would like to use this system for calls for proposals. If so, the GEA Regional Affairs Specialist will serve as the primary contact to set up and run the call and will administer the review process within the system. The conversation should begin between the WGEA and the AAMC approximately eight weeks prior to the open of the call with a projected timeline at minimum (call open/close, review open/close, decision date). At this point the AAMC contact will work with the regional point person to define the details for the call (types of calls, body section requirements, character limits, survey questions, etc).

For the review period, the AAMC will need the list of reviewers with institution and topic areas (if available) as well as the review questions. Once the call closes The AAMC will match submissions to reviewers and send notification to reviewers that the review period is open. Following the review period, the AAMC will deliver final review information to the selection committee for decision and after decisions are made, the AAMC will send acceptance notifications to submitters.

*Primary AAMC Contact:*

Stephen McKenzie  
 GEA Regional Affairs Specialist  
 (202) 862-6051  
 smckenzie@aamc.org

*Budget and Registration Fees*

The expenses associated with the spring GEA/GSA regional meeting (apart from attendees' sleeping rooms and non-group meals) are paid from the registration fee revenue for the conference. The goal should be to develop a budget for the meeting that provides best estimates of costs for various phases of the meeting program and best estimates for the number of GEA/GSA representatives who are expected to attend. Determine your estimated attendance. Use registration data from past regional meetings. It is best to be conservative with this number estimate.

Estimate your fixed costs. These are the costs that will not vary regardless of the number of people that attend. If you have an expense statement from last year's meeting, you can use those figures as guidelines; you will also need to make estimates of what you think you will spend at this meeting. Fixed costs include:

- Meeting room rental, if any
- Rental fee for off-site event venue, if any
- Transportation to off-site event
- Postage
- Shipping costs, if any
- Audiovisual equipment
- Travel and hotel expenses for paid speakers:  
 Estimate \$500 for airfare, \$50 for "other" expenses (ground transportation, etc.), \$25 per day for food, and the room rate plus tax per night for each speaker.

Estimate your variable, or per person, costs. These include your meals, meeting materials, and other costs that you will only incur for each person who attends the meeting. Variable costs include:

- Meals. Use the hotel menus to estimate the cost of each meal to be provided. Be sure to include the service charge and taxes in your estimate. General estimates are:
  - Continental Breakfast: \$20-25 per person
  - Lunch: \$35-45 per person
  - Coffee Break: \$10 per person per break
  - Light Reception: \$25-35 per person (includes \$10 for alcohol)
  - Hearty Reception: \$60-75 per person (includes \$15 for alcohol)
  - Dinner: \$75 per person
- Meeting materials (binders, handouts, etc.). Estimate how much it will cost per person to duplicate these materials.
- Gratuities for hotel staff. \$3.00 per person will give you a good pool to work with when you are distributing gratuities. If you prefer to put aside a set amount for gratuities (a whole dollar amount), you can include this line item in your fixed costs.

Calculate your breakeven by dividing the total fixed costs by the estimated number of attendees and adding the variable cost. Since it is difficult to estimate attendance and expenses exactly, it is

recommended that you build in a “cushion” by adding 10% on top of the breakeven. The result of these calculations would be your registration fee.

Take any subsidies into account. If you plan to subsidize the meeting with funds from your regional budget, you should add the amount of the subsidy to your budget. Subtract this amount from your fixed costs before dividing the fixed costs by the number of attendees. Please note that the regions must be in compliance with the AAMC’s Organizational Policy for Accepting External Support. The Commercial and Nonprofit Participation in Meetings and Conferences guidelines outline the specific application of the policy to meetings. Both guidelines are included in this document.

### *Registration*

Registration will be handled by AAMC. You will work with a member of the Meetings team, who will setup online registration for you and be your point of contact throughout the process. You will need to identify ONE person from your group/committee to communicate with the AAMC staff person; that person will also be the point of contact for any general meeting questions that arise (AAMC will refer general, non-registration questions to the regional contact).

At the start of the process, the AAMC meetings staff will ask you a number of questions (via conference call) that you will need to answer in order to have registration set up:

1. What is your planning timeline (including target date for registration to go live)?
2. What is your anticipated number of attendees?
3. Are there speakers and staff to be waived?
4. What are your registration fees? Do they include CME? One-Day options? Student? Member v Non-Member? Exhibitors?
5. Is there a survey associated with this meeting application/registration? What is being asked, how is data being used, when are responses needed?
6. Is there an attendee limit for the meeting? For workshops?
7. Is the meeting open to members only?
8. Will there be a need for different color badges (ie exhibitors, one-day only)?
9. Do you require tickets for any meeting events?
10. Is there any other information you need to track besides sessions and meals (specialty, etc.)?
11. If tracking concurrent sessions, consider options: Shut event down once limit is reached or keep wait lists (up to how many) to be managed by planner prior to meeting or onsite.

AAMC prefers that all attendees register and pay online. If a hard copy form is required to handle check payments, a higher registration fee will apply (typically \$50 more than online registration).

Once registration is open, the AAMC meeting registrar will send you weekly updates and reports. The standard report includes a registration count and a current participant list. If there is any other information you will need in your weekly updates, you will need to inform the registrar. Please note that AAMC’s policy which prohibits commercial attendees (other than paid exhibitors) to attend the meeting is applicable, and it will be your responsibility to “police” the registration list that you receive weekly to make sure there are no commercial registrants. If one has slipped through, you will need to contact them to let them know they cannot attend, and let your AAMC registrar know to cancel their registration.



The AAMC registrar will finalize the participant list and print badges for all pre-registered individuals and send them to the meeting site. S/he will also prepare on-site registration forms for your use in the event that your meeting accepts on-site registrants. On-site forms can be sent back to the AAMC with April Morrow or with another designated AAMC staff.

### *Preconference Meetings and Workshops*

#### **MERC Workshops**

The Medical Education Research Certificate (MERC) program is intended to provide the knowledge necessary to understand the purposes and processes of medical education research, to become informed consumers of the medical education research literature, and to be effective collaborators in medical education research.

Two MERC workshops are typically held at each regional meeting and occasionally one, though regions are not required to offer MERC workshops. AAMC staff will assign which workshops occur at each meeting as well as facilitators for each session. Regions are responsible for securing the space as well as any technical support required for the room (i.e. A/V techs). These workshops are typically scheduled in pre or post-conference timeslots, although occasionally they do occur during the program itself.

The AAMC builds registration for the MERC workshops into the meeting registration form. Additionally, the MERC workshops are not limited to meeting attendees. Constituents are able to attend the workshops only without registering for the meeting, though this is a rare occurrence.

For more information concerning the MERC program, please visit the website:

<https://www.aamc.org/members/gea/merc/>

#### **Primary AAMC Contact:**

Caroline Coleman  
Educational Affairs Sr. Specialist  
(202) 828-0412  
ccoleman@aamc.org

The following groups usually schedule a preconference workshop. Please contact the regional chair to organize the pre-conference workshop.

CRIME: Computer Resources in Medical Education

LIME: Librarians in Medical Education

UC PRIME Consortium

#### **GME Focus Group**

Plan the GME Focus session that usually occurs on the opening day of the conference. A GME poster session usually occurs as part of the first general poster session. The GME sessions should be advertised through regional DIO's and with other stakeholders. There needs to be a process in place to assist with the GME abstract review process and the GME poster award selection.

#### **iCollaborative Submissions**

Meeting participants are invited to share their work in MedEdPORTAL's *iCollaborative* ([www.mededportal.org/icollaborative](http://www.mededportal.org/icollaborative)), a service provided by the AAMC which aims to promote the educational innovations occurring across health professions. *iCollaborative* submissions should include

the files associated with accepted workshops, presentations and posters from the meeting. Promoting work through the iCollaborative platform allows meeting participants to follow-up, share project details and collaborate on future plans. For more information, please contact Emily Cahill at [ecahill@aamc.org](mailto:ecahill@aamc.org).

### *Final Meeting Preparations*

During this period, the program chair and the local arrangements liaison should be in frequent contact with each other. There should be a clear understanding of who is doing each task!

1. Inform the GEA/GSA regional chair. Be sure that the GEA/GSA regional chair is briefed weekly on the registration numbers and on general progress.
2. Check the participant list to be sure all of your speakers are registered.
3. Speaker reservations. Do a final review of the hotel reservation list to make sure that your speakers have the correct reservations. You might consider e-mailing them their hotel confirmation numbers a few days before the meeting.
4. Line up volunteers to staff the registration area on the opening day of the meeting. You will need more people than you might think --- people staffing a registration table need a break every few hours!
5. Determine what equipment and supplies need to be transported to the meeting site. You will find it helpful to have a laptop or PC and printer to prepare last minute nametags, as well as an ample supply of extra registration materials and general office supplies (pencils, pens, scotch tape, scissors, stapler, plain paper, envelopes, White-Out, etc). Check on the services and charges at the hotel's Business Center for attendees who may need to make copies, send faxes, etc. Include cost of transport in the budget. Also, arrangements should be made for shipping and receiving of materials sent from conference participants and vendors.
6. Determine needs for signage, and have appropriate signs made.
7. Review and approve the hotel's Banquet Event Orders (BEOs).
8. Provide guarantees to the hotel CSM (see contract for deadlines).
9. Finalize counts for any social events. Provide guarantees for the events to the appropriate contact persons. Make sure you have adequate ground transportation to the event, if necessary. The cost and logistics of transportation can be significant, depending on the location. This can vary between the weekend and mid-week. Transportation should be budgeted, and planned at least 2 months in advance.
10. Confirm final arrangements with co-sponsoring organizations. If you are handling local arrangements for co-sponsoring groups or organizations, confirm final arrangements with them to make sure everyone is on the same page.

## **The Meeting Begins**

### *Pre-Conference Venue Meeting*

If possible, the WGEA/WGSA chairs, program chair and local arrangements liaison should plan to arrive at the meeting location the day before the meeting for a pre-conference meeting (referred to as a "pre-con") with the hotel conference staff. This is standard procedure for all AAMC conferences, and good hotel conference staff expects this request. During the planning process, set up an appointment with the conference staff for this purpose for the day preceding your regional meeting. This is a final opportunity to "walk through" each event in your meeting, to be sure the arrangements for rooms are correct, areas for registration and coffee breaks appropriately located, and timing and arrangements for receptions and meals synchronized. This is the time to confirm that conference materials shipped to the venue have arrived and are placed in their correct locations. Reinforce the notion that all requests to hotel staff for additional services are to be referred to the Program Chair.

### *During the Meeting*

On-site, you should focus on the following:

- Confirm room arrangements. Check each room before the start of each session to confirm correct setup, food and beverage service, etc. Be sure to check the rooms early enough that changes can be made if the hotel has not followed all of your detailed instructions.
  - Have a plan in place for last minute changes to directional signage and communication of any program changes to the conference attendees.
  - Minimize the number of handouts that are duplicated on site. Although the hotel's Business Services office can provide helpful assistance in an emergency, remember that charges are often quite expensive!
  - Minimize the number of additional audiovisual requests that you approve. Audiovisual equipment is expensive!
  - Meet daily with your hotel/venue contact to review and approve the day's bill.
  - Thank program contributors. At some point in the meeting, it is important to thank publicly all of the individuals who contributed to a successful meeting. This includes those who helped to plan the program, who staffed the registration desk, and who helped to stuff envelopes. Public recognition goes a long way! Titles are important to people. Be sure to check in advance the title of each individual you introduce so you can be sure that you have correct and up-to-date information.
  - Distribute gratuities to deserving hotel staff on the last day of your meeting. Never feel obligated to give gratuities! You should be tipping for excellent service, not mediocre service. It is nice to include the gratuity in a brief handwritten note. If you can give the envelope to the person individually, you should do so. In the event that you do not see some staff members to hand them an envelope in person, ask the CSM to distribute the envelopes to the appropriate people. Some gratuity guidelines:
- CSM: \$50-100
  - Banquet Captains: \$25-40 each
  - AV Technicians: \$25-40 each
  - Banquet/Houseman Fund: \$100-150 (will be distributed to all housemen/banquet staff who worked your functions)

### Post-Meeting

- Review the final bill from the hotel. Be sure to discuss any items you do not understand with your hotel contact. If you have reviewed the bill daily during the meeting, there will be fewer misunderstandings. If you are paying the bill directly, be sure to send a copy to the GEA/GSA staff for their files. If AAMC is paying the bill, the GEA/GSA staff will need the final bill (referred to by the hotel as your master account), and your confirmation that all of the charges are correct.
- Complete the Post-conference Report and send to the GEA/GSA staff. This report includes the final daily pick-up from the hotel, the master account total, the F&B expenses total and the total number of registrants at the meeting. This information is critical for contracting for future meetings.
- Prepare and review a final expense report with the immediate past GEA/GSA regional chair and with your executive committee.
- Write thank you letters to each speaker, panelist, and/or presenter.

# AAMC Organizational Policy for Accepting External Support

Approved by the AAMC Board of Directors

February 19, 2009

## *Guiding Principles for Accepting External Support*

The AAMC acknowledges its role as a charitable, tax-exempt organization whose mission is to serve and lead the academic medicine community to improve the health of all. External support contributes to AAMC meeting its mission. External support currently comes to the AAMC from a number of sources and in a number of ways:

- Commercial, not-for-profit, charitable, and other philanthropy
- Commercial, not-for-profit, and charitable grants and support of meetings, reports, and projects
- Commercial, not-for-profit, and charitable support of awards
- exhibitors
- Governmental grants and contracts
- Advertising from external entities, mostly commercial.

The following principles will underlie all financial (and gift in-kind) interactions between the AAMC and commercial, not-for-profit, and charitable organizations. These principles are designed to minimize real or perceived conflicts of interest with external supporters:

- The AAMC acknowledges its role in facilitating prudent interactions between its members and commercial, not-for-profit, and charitable entities.
- The AAMC will engage with all parties (external supporters, member institutions, and others) with the same level of professionalism and integrity.
- The AAMC is accountable primarily to its member institutions, and that relationship takes precedence in resolving conflict with a commercial, not-for-profit, or charitable supporter.
- The AAMC seeks external support for projects, programs, and collaborative partnerships that align with its Strategic Priorities.
- The AAMC evaluates each prospective external supporter according to mission alignment, funding interests, and related criteria before accepting that support. The AAMC maintains the right to decline external funding from any source.
- When sponsoring CME programs, the AAMC will comply strictly with the regulations of the accrediting body.
- The AAMC does not endorse commercial, not-for-profit, or charitable organizations. While the AAMC always will disclose financial support from these organizations, that does not imply endorsement.
- The AAMC reserves the right to restrict attendance at AAMC meetings.

## Policy for Acceptance of Specific Types of External Support

### Annual Meeting

The AAMC will not accept commercial support for its Annual Meeting outside of the Exhibit Hall. With respect to the exhibit hall, the AAMC will accept commercial, not-for-profit, educational, and other charitable exhibitors. The AAMC will use the Guiding Principles (above) as the criteria for accepting exhibitors. Other forms of commercial support (e.g. branded sponsorship or support of social functions) will not be allowed.

### Meetings of Professional Development Groups and Other AAMC-Sponsored Meetings

Consistent with the Annual Meeting policy, the AAMC will permit commercial, not-for-profit, educational, and other charitable entities to purchase booth space in a designated “exhibit area/hall.” Other types of commercial support (e.g. branded sponsorship or support of social functions) will not be allowed.

### Sponsored Programs and Philanthropy

AAMC will seek and accept philanthropy and support for sponsored programs only from not-for-profit organizations and individuals, with no restrictions on that support beyond the general designation of the initiative (i.e., specific award, research project, or report). The AAMC will use the Guiding Principles as criteria for accepting gifts and sponsored program funding. Most foundations indicate specific funding interests and priorities, and many foundations do not accept proposals for unrestricted support. When responding to a call-for-proposals, the AAMC should provide the appropriate specificity requested by the funding source (i.e., if a foundation has an identified interest in supporting curriculum development, the AAMC would request funding for that designation).

### Awards

The AAMC will accept support for awards from not-for-profit entities and individuals, using the Guiding Principles as criteria for accepting support of awards. An award may be named after a donor, at the discretion of the AAMC. If the AAMC agrees to name an award after a corporate foundation donor, the word “foundation” must be included in the title; e.g. “The Acme Foundation Award for Primary Care Teaching Curriculum.” No individual or representative of the donor may be engaged in setting the criteria beyond the intended purpose of the award or in the promotion, selection, or presentation of the award recipient(s).

No policy is able to foresee all possible situations that might arise. In such a case, the Guiding Principles listed above should guide all decisions made by the AAMC in relation to external support. Above all, the AAMC will work with its members to ensure that our professional and institutional integrity is affirmed and the public trust invested in us is fully warranted.

### Policy on Commercial and Non-profit Participation in AAMC Meeting and Conferences

The primary purpose of AAMC conferences and meetings is to provide constituents with access to best practices, sound educational content, and industry expertise. In some cases, this may include constituent access to representatives of commercial and non-profit organizations. Thus, it is appropriate for the AAMC to allow commercial and non-profit participation in conferences and meetings, provided that their participation: a) adheres to the AAMC’s overall policy regarding external support; and, b) reduces the cost of participation for constituents. AAMC’s policy dictates that commercial and non-profit participation must be as exhibitors.

The requirements for commercial and non-profit participation are as follows\*:

1. Commercial and non-profit support can only be accepted in the form of exhibitor fees. Commercial or non-profit entities may purchase a booth (in most cases, a six-foot table and chairs) in an exhibit hall or area at the meeting.
2. Commercial representatives may not register for the meeting as attendees; non-profit representatives may register for the meeting at the discretion of the Group Executive Secretary or appropriate AAMC staff.
3. Exhibitor fees must be unrestricted (i.e., fees paid may not be targeted to support any specific activities).
4. Groups may seek exhibitors from those commercial and non-profit entities whose organizations have a market focus among AAMC member institutions. Groups should consider the educational purpose of the meeting when seeking exhibitors and evaluate whether potential exhibitors are appropriate and aligned with the educational goals of the conference or meeting. Each group is responsible for determining what organizations are appropriate as exhibitors for that group, and to what extent it wishes to pursue exhibitors.
5. If Group committee members are responsible for recommending and the initial solicitation of exhibitors, the Group Executive Secretary must approve all organizations before they are contacted. In addition, committee members must follow AAMC's policies regarding external support, including this policy specific to meetings and conferences.
6. AAMC reserves the right to deny exhibit space to any organization.
7. Total exhibit fee income for one meeting or event shall not exceed 25% of the total cost of the meeting.
8. It must be acknowledged that exhibitor fees are financially supporting the meeting. The following statement must be included in the meeting program: "This meeting is supported in part by the fees paid by exhibitors. Acceptance of exhibitors does not imply AAMC endorsement of the organization or its product(s) and service(s)."
9. Exhibitors will not have any role in the selection of meeting content, topics, or speakers, and cannot attend any planning activities for the meeting.
10. An exhibitor or other commercial representative may be included on the program agenda if he/she has a particular expertise that would make a significant and relevant contribution to the program, and a representative of an AAMC member institution (or AAMC staff) is a co-presenter. Exhibitors will never be solicited as a quid pro quo for a slot on the program agenda. The program planning committee should use its discretion in permitting exhibitor/commercial participation on the program.
11. Meals or other functions may be held in the same space as the exhibits, provided that: a) attendance at the function is optional, or b) attendees have the option to access food and beverage without interacting with exhibitors.
12. Exhibitors are restricted in their activities, as described below:
  - a. All tables/booths at a meeting must be sold for the same price (non-profit tables/booths may be sold at a lower price). The purchase of multiple tables/booths is not permitted (except for the annual meeting). The table/booth price must at least cover the variable cost of the exhibitor staff.
  - b. Exhibitors may send up to four staff for their table/booth. If the Group chooses to limit the exhibitor staff to less than four, they may. Groups should consider the ratio of exhibitor staff to meeting attendees when deciding how many exhibitor staff are permitted. Exhibitors cannot purchase additional staff passes. Exhibitors can choose to purchase a table/booth and not staff it; they can send materials to be displayed at their unmanned table/booth. The annual meeting exhibit policy requires all booths to be staffed during official show hours.
  - c. Exhibitors may provide token giveaways at their table/booth, but cannot distribute these items in

any other space, including at registration. Exhibitors are prohibited from providing meeting accessories (totebags, lanyards) for distribution to all attendees. Raffles are permitted, but must be pre-approved by AAMC staff. AAMC staff has the right to approve exhibitor materials. Materials cannot be displayed or distributed anywhere besides the exhibit table/booth.

- d. Exhibitors will not be accepted in exchange for the company/organization conducting a pre- or post-conference session or workshop about their services or products.
  - e. Exhibit staff may attend meeting sessions, but may not initiate sales activities while in the room where the activity takes place.
  - f. Exhibitors may not be granted “podium time” to promote products and services.
  - g. AAMC will not accept exhibitor/commercial advertisements in its meeting publications, including conference or meeting programs. Exhibitors will be listed in the final program along with contact information and a brief description of their services. No logos or company graphics may be used in any AAMC meeting materials, including the final program and signage. Exhibitors may also be included in a separate section of the participant list for the conference or meeting.
13. If an exhibitor is interested in hosting an independent event for meeting attendees, it may do so if it adheres to the following guidelines: Companies/organizations may not hold any social events or functions that conflict with any scheduled meeting event. These events or functions will not be listed in the meeting program. Exhibitors are responsible for advertising any independent event or function to meeting attendees; AAMC will not be responsible for advertising the event.
14. Exhibitors may be provided with mailing labels of the conference attendees for the exclusive purpose of marketing prior to and post-conference. They will not have access to any other AAMC or meeting lists. Attendees will be given the option to opt out of being included in these lists to exhibitors. At meetings offering CME credit, exhibitors will not be given addresses for meeting attendees.

\*These requirements do not apply to funding received from a joint sponsor/host of a meeting. Only non-profit organizations may jointly host/sponsor a meeting with AAMC. Separate guidelines for jointly sponsored meetings are available.

## Special Regional Activities

### Grants

#### *Purpose*

The WGSA is providing a funding opportunity for innovative projects in the area of student affairs. This small grants program is meant to promote research and innovation within the Western region. Possible areas for the grants include admissions, student diversity, financial literacy, wellness, professionalism, technology/social media use, due process, student advising/mentoring, specialty decision making, academic support, student affairs faculty/staff professional development, appropriate mistreatment, threat assessment, and administrative operations. WGSA has made a total of \$20,000 available to fund this program. Investigators can request up to \$5000 to initiate a new program or to conduct a research project.

#### *Eligibility*

All members associated with WGSA member schools are eligible to submit a proposal. Only one proposal per cycle may be submitted.

#### *Application and Submission Process*

Applications must be submitted by email to the WGSA chair at delllott@usc.edu.

Applications must include:

1. Name of applicant(s) and medical school(s) - For multi-institutional applications a representative from each institution must be listed
2. Project title
3. Contact information for project leader(s) (mailing address, telephone, e-mail)
4. Body of the proposal is limited to 3 single-spaced typed pages including all tables, figures, appendices and must include:
  - a. Statement of the problem / rationale
  - b. Specific Aims
  - c. Review of pertinent literature with reference to theoretical framework or learning theory
  - d. Methodology or program description
  - e. Anticipated outcomes
  - f. Plan for dissemination of project outcomes regionally and nationally
  - g. Project timeline (not to exceed 18 months).
  - h. Budget including itemized costs and justification.
5. IRB - If this is a research project involving human subjects, a copy of the application to the host IRB must be included. The study does not need to be approved prior to submitting your grant application, however before payment for the grant can be made, a copy of the letter stating that the project is approved or that approval was not necessary must be submitted to the WGSA Steering Committee.
6. Letter of Support from an appropriate administrator (Letters are not included in the 3-page proposal limit).



### *Submission Deadline and Review Process*

1. Proposals must be received by January 31 to be considered for funding.
2. Each year the Steering Committee will review the proposals.
3. Reviewers may not be authors or mentors of proposals under consideration during the review cycle.
4. Funding decisions will be announced on the WGSa website and those funded will be notified by email.
5. The funding cycle will begin July 1.
6. Number of proposals funded will depend on the proposal quality and funding available.

### *Criteria*

Proposals will be judged on each of the criteria listed below resulting in one of the following decisions: (1) Approved; (2) Tabled - pending clarification/modification and re-review; (3) Not Approved

The review criteria are:

1. Is there a statement of the problem and rationale of the study or program?
2. Is a review of pertinent literature provided?
3. Is the methodology appropriate in light of the research question or program plan?
4. Is the project timeline realistic?
5. Is the budget appropriate and realistic and justified?
6. Is the proposal clearly written?

### *Funding Provided For*

1. Administrative/technical support to carry out project (e.g., clerical, data entry).
2. Supplies/expenses (e.g., duplication, mailings, computer software).
3. Communication(s) between participants (e.g., web/phone conference).
4. Funds to support travel or conference fees are not permitted. However, the lead investigator qualifies to be reimbursed for registration at a future WGSa meeting when the project is presented.
5. **No overhead costs** can be supported by the grant.

### *Progress and Final Reports + Project Dissemination*

1. One year after funding, PI must submit a progress report that include progress to date, obstacles and solutions, dissemination activities, budget report.
2. Projects whose directors are no longer at a WGSa member institution must submit a request for approval of a new project director with continued funding contingent on approval of the WGSa Steering Committee.
3. A final report must be submitted within 60 days of the project completion date (no longer than 18 months from award date) to the WGSa Steering Committee and include copies of materials developed and dissemination activity.

4. Dissemination: all publications, presentations and/or products resulting from this project must acknowledge the WGSA as a sponsor of the work.
5. Project team leader or member(s) must submit a proposal and present the project results at a WGSA Regional or National Meeting.
6. Unused funds shall be returned to the AAMC/WGSA.

# Appendix

## Overview of AAMC Programs

### American Medical College Application Service (AMCAS®)

AMCAS is a centralized application processing service available to applicants in the first-year entering classes at participating U.S. medical schools. AMCAS collects, verifies, and delivers application information, letters of evaluation and MCAT® exam scores to each school designated by the applicant. Each participating school is then responsible for making its own individual admissions decision.

AMCAS provides a host of resources, including:

- **Centralized Primary Application:** Applicants can apply to multiple medical schools by submitting just one online application to AMCAS. In addition, the AMCAS Web site provides information about the application process, application deadlines, program types, and links to medical school Web sites.
- **Centralized Application Processing:** A team of verify compare applicant- entered coursework to offi transcripts. Once verify software computes standardized AMCAS science, non-science, and cumulative GPAs, and then transmits applicant data, including MCAT scores, to an applicant's designated schools.
- **Criminal Background Check Service:** The AAMC-facilitated criminal background check service, Certiphi Screening, Inc. (a Vertical Screen® Company), procures a national background report on accepted applicants.
- **AMCAS Letters:** The AMCAS Letter Service enables medical schools to receive letters of evaluation electronically via AMCAS and enables authors to send all letters to be considered by schools participating in this service to AMCAS, rather than each school.
- **Application Processing Software:** This suite provides admissions processing software that allows schools to customize fields with school-specific data.
- **Full-Service Help Desk:** Our Medical School Relations team responds to all inquiries from medical schools. A representative is assigned to each participating school, providing assistance with both programmatic and technical questions.
- **School and National Reports:** AMCAS provides access to acceptance and joint acceptance reports, rosters of applicants, and admission action summary data.

For more detailed information about AMCAS, please visit [www.aamc.org/amcas](http://www.aamc.org/amcas).

#### KEY CONTACTS:

Kelly Begatto, Director, AMCAS, ([kbegatto@aamc.org](mailto:kbegatto@aamc.org))

Stephen Fitzpatrick, Senior Director, Application Services, ([sfitzpatrick@aamc.org](mailto:sfitzpatrick@aamc.org))

### AspiringDocs.org

The Aspiring Docs program and Web site provide inspiration and resources to help anyone who aspires to be a physician. The site content includes Ask the Experts, podcasts, a growing library of “How Do I...” and “What’s it Like to...” fact sheets and a collection of Inspiring Stories featuring a wide range of medical students, residents and physicians. Aspiring Docs aims to reach and inspire a broad spectrum of medical school aspirants including the campaign’s original focus on Native Americans, African Americans, and Latinos. The Aspiring Docs Diaries blog, launched in Fall 2012, features the posts of a Harvard medical student as he experiences his first year of medical school. In addition to our Web site, you can follow Aspiring Docs on Twitter, @Aspiring\_Docs, as well as on Facebook at [www.facebook.com/aspiringdocs](http://www.facebook.com/aspiringdocs).

To learn more, please visit: [www.aspiringdocs.org](http://www.aspiringdocs.org).

**KEY CONTACTS:**

Tami Levin, Director, MSAR and Aspiring Docs Programs, ([tlevin@aamc.org](mailto:tlevin@aamc.org))

Janelle Peters, Aspiring Docs Specialist, ([jpeters@aamc.org](mailto:jpeters@aamc.org))

**Careers in Medicine®**

Careers in Medicine® (CiM) is an AAMC-sponsored career-planning and development program designed to equip medical students with the skills and information needed to make an informed specialty choice. CiM helps students examine their interests, values, and skills in light of the myriad specialty options available to them; provides resources for researching and exploring specialties; and then assists them in choosing a specialty and applying to a residency program that fits their career goals. The four-stage model that forms the core of the program includes Understand Yourself, Explore Options, Choose a Specialty, and Land a Residency. The CiM Web site ([www.aamc.org/cim](http://www.aamc.org/cim)) includes information and tools, including a variety of online career assessments, information on more than 120 medical specialties and subspecialties, and advice for choosing a specialty and navigating the residency application process. Users must sign in to access the full program on the Web site. CiM's online newsletter Choices provides another resource for career-planning and specialty choice information. Published four times a year, Choices includes features such as Match Corner, Ask the Advisor, and Spotlight on Specialties. To assist you in implementing career planning and advising in your institution, information and training for student affairs staff and faculty is available through a CiM Workshop, school-hosted advisor trainings, regular presentations at GSA and AAMC meetings, and advisor information available on the CiM Web site ([www.aamc.org/cim](http://www.aamc.org/cim)).

**KEY CONTACTS:**

George V. Richard, Ph.D., CiM Program Director, ([grichard@aamc.org](mailto:grichard@aamc.org))

**Electronic Residency Application Service (ERAS®)**

The Electronic Residency Application Service (ERAS®) – is a service that electronically transmits the MyERAS application, letters of recommendation, the Medical Student Performance Evaluation (MSPE), transcripts and other supporting documents from applicants and medical schools to residency and fellowship training programs.

The process begins with the Dean's Office Workstation (DWS) generating an electronic token (a unique alphanumeric number) for each applicant. Applicants then register on the MyERAS Web site using their token provided by their designated dean's office. Once registered, applicants complete their MyERAS applications, select programs, and create and assign supporting documents. At this point, the designated dean's office starts attaching documents in support of each applicant and transmits them to the ERAS PostOffice for processing. Residency and fellowship programs use the Program Director's Workstation (PDWS) to then download, review, sort, print, and evaluate applicant materials.

For ERAS 2014, 4,500 participating allopathic and osteopathic residency programs, as well as all Army and Navy PGY1 residencies, will utilize the ERAS service during the season. We have also added several new specialties for ERAS 2014, including: Internal Medicine/Anesthesiology, Child and Adolescent Psychiatry, Child Abuse Pediatrics, Dermatopathology, Developmental-Behavioral Pediatrics, Pediatric Rehabilitation Medicine, Sports Medicine, Surgical Critical Care and Vascular Neurology. Additionally, we have added all Internal Medicine Osteopathic Fellowship programs.

As ERAS' popularity among the fellowship community continues to increase, we are seeing a higher demand for participation in ERAS as well with over 3000 fellowship programs participating in ERAS 2014.

Visit our Web site <https://services.aamc.org/eras/erasstats/par/index.cfm> for a complete list of participating specialties and programs.

#### KEY CONTACTS:

Renee Overton, ERAS Director, ([broverton@aamc.org](mailto:broverton@aamc.org))

Amy Mathis, Applicant/Medical School Relations Manager, ([amathis@aamc.org](mailto:amathis@aamc.org))

DK Sujlana, Programs/Business Partners Relations Manager, ([ksujlana@aamc.org](mailto:ksujlana@aamc.org))

#### **FindAResident® (FAR)**

FAR is an online position search service designed to provide a direct and efficient way for eligible students, residents, and fellows to connect with program directors. Residency and fellowship programs share information about open positions, while applicants post their resumes for programs to review. FAR complements the Electronic Residency Application Service (ERAS) and the National Resident Matching Program (NRMP), offering year-round access to unfilled positions that fall outside the scope of ERAS and the NRMP. FAR provides information on vacant residency and fellowship positions, ranging from PGY1 through PGY6, in a variety of ACGME and ABO+G accredited specialties.

For more information, visit the FAR Web site: <http://www.aamc.org/findaresident>.

#### KEY CONTACT:

Renee Overton, FAR Strategic Director, ([broverton@aamc.org](mailto:broverton@aamc.org))

#### **FIRST for Medical Education**

Financial Information Resources, Services, and Tools (FIRST)

FIRST for Medical Education is an unbiased, objective resource for information and data about medical school financial aid topics. Designed to help members of the academic medicine community navigate the complexities of student debt, FIRST offers a full range of resources for applicants, medical school students, residents, advisors, and financial aid officers. Our goal is to support financial aid professionals in our member schools and to help medical school borrowers expand their financial literacy, make informed decisions about student loans, and manage their student debt wisely.

#### KEY CONTACT:

Julie Fresne, Director, Student Financial Service, ([jfresne@aamc.org](mailto:jfresne@aamc.org))

#### **Global Health Learning Opportunities (GHLO™)**

Global Health Learning Opportunities (GHLO pronounced “glow”) is an international initiative sponsored by the AAMC whose mission is to build a community of health professionals transformed by global experiences. With 25 participating institutions around the world, GHLO will facilitate clinical and research elective rotations globally for final year medical students through a robust web-based application service.

In 2013, the GHLO Collaborative will open to institutions to facilitate educational mobility of health professionals and promote standardization of quality with special consideration to institutional

autonomy. This engagement will allow the cadre of institutions to enhance dialogue, exchange ideas and best practices, and conduct joint research towards innovation and building global understanding.

**KEY CONTACTS:**

Janette “Jenny” Samaan, Ph.D., Director, Global Health Learning Opportunities (GHLO), ([jsamaan@aamc.org](mailto:jsamaan@aamc.org))

Shanaz Khan, International Education Specialist (GHLO), ([skhan@aamc.org](mailto:skhan@aamc.org))

**GME TRACK**

GME Track is a Web-based application service that supports the National GME Census. This service is jointly conducted by the AAMC and the AMA to simplify the collection and reporting of Graduate Medical Education (GME) program and resident data. GME Track is a secure, user-friendly system that provides immediate and ongoing access to program and resident data in addition to other data management services, such as viewing, creating, and printing customized reports. The data in the GME Track surveys create a longitudinal database of residency training for each ACGME-accredited residency and fellowship program. These data are used for specialty training tracking purposes and physician workforce statistics and studies. GME Track also allows medical school Deans and their authorized users access to a reporting feature to view, print, and download data on their school’s graduates.

**KEY CONTACTS:**

Marie Caulfield, Ph.D. Manager, Data Operations and Services, ([mcaulfield@aamc.org](mailto:mcaulfield@aamc.org))

**Medical College Admission Test (MCAT®)**

The Medical College Admission Test (MCAT®) is a standardized multiple-choice examination designed to assist admission committees in predicting which applicants will perform adequately in the medical school curriculum. The test assesses problem solving, critical thinking, and knowledge of science concepts and principles that are prerequisite to the study of medicine. The MCAT is scored in each of the following areas: Physical Sciences, Verbal Reasoning, and Biological Sciences.

Note that in 2012 and earlier, the MCAT exam included a Writing Sample section and applicants submitting scores from 2012 and before will report a Writing Sample score. The MCAT exam will change in 2015 to reflect recent changes in medicine and medical education, with the new exam to be introduced in spring 2015. Information about the MCAT2015 exam can be found at [www.aamc.org/mcat2015](http://www.aamc.org/mcat2015).

**KEY CONTACTS:**

Karen Mitchell, Ph.D., Director, Admissions Testing Services, Division of Medical School Services and Studies, ([kmitchell@aamc.org](mailto:kmitchell@aamc.org))

Scott Oppler, Ph.D., Director, MCAT Development & Psychometrics, Division of Medical School Services and Studies, ([soppler@aamc.org](mailto:soppler@aamc.org))

**Medical Academic Performance Service (MedAPS)**

MedAPS is a suite of services currently under development that is designed to promote continuous quality improvement in medical education. MedAPS consists of the following services:

- **Curriculum Inventory and Reports:** National repository and reporting tool designed to streamline and simplify data collection for benchmarking, educational research, and queries from media and

legislators regarding medical education. Participating institutions will have access to a body of individualized and readily customizable reports related to detailed information about curriculum content, pedagogy, structure, and competencies. Public reports include graphical interpretations of medical education in the US, comprised of aggregate and historical curriculum-related data collected annually by the Liaison Committee on Medical Education (LCME) Annual Questionnaire. Available at: [www.aamc.org/cir](http://www.aamc.org/cir)

- **Accreditation Standards Self-Evaluation Tool (ASSET):** Online LCME Medical Education Database pre-populated with data collected annually by the LCME and the AAMC. ASSET replaces the existing paper-based self-study documents and provides institutions with the ability to manage their entire accreditation process using online workflows and reports. Learn more: [www.aamc.org/asset](http://www.aamc.org/asset)
- **MedAPS Reports:** Web-based tool designed to assess individual medical school performance against LCME standards, Curriculum Inventory data, and LCME Annual Questionnaire data on an ongoing basis. MedAPS reports will provide medical school administrators, faculty, and staff with the ability to measure their institution's performance compared to national data and peer data. Learn more: <https://www.aamc.org/assetdashboard>

Each of these tools will be cross-referenced with each other, along with other AAMC offerings such as MedEdPORTAL, to provide one-stop access to a wide array of knowledge and opportunities for assessment and improvement available at the AAMC.

#### KEY CONTACTS:

Terri Cameron, MA, Director of Curriculum Programs, ([tcameron@aamc.org](mailto:tcameron@aamc.org))

Robby Reynolds, MPA, Director, Medical Education Online Programs, ([rreynolds@aamc.org](mailto:rreynolds@aamc.org))

Walter Fitz-William, Sr. Program Operations Specialist, Medical Academic Performance Services (MedAPS), ([wfitzwilliam@aamc.org](mailto:wfitzwilliam@aamc.org))

#### MedEdPORTAL®

MedEdPORTAL® is a free, cross-indexed suite of services provided by the Association of American Medical Colleges. Through Publications, iCollaborative, and the CE Directory, MedEdPORTAL aims to equip healthcare professionals across the continuum with effective and efficient educational tools to improve patient care.

- **Publications** maintains a rigorous peer review process that based on standards utilized in the scholarly publishing community. Modules submitted to Publications are considered “stand-alone” and complete, have been classroom tested and are ready for implementation by other users at their own institutions. Each submission is scrutinized by editorial staff and independent reviewers using a standardized review instrument grounded in the tenets of scholarship. Accepted publications receive a formal citation and are considered pieces of educational scholarship that may be referenced in support faculty advancement decisions.
- **iCollaborative** features educational tools that have not undergone the formal MedEdPORTAL peer review process. Posted resources are related to educational innovations that are being developed, implemented and tested within the health professions. Sample resources include programs which aim to change curriculum at health institutions or frameworks for educating learners on newly adopted patient safety protocols.
- **The CE Directory** promotes the availability of accredited continuing education activities in the support of patient care, lifelong learning, re-licensure, and maintenance of certification goals.



Practicing health professionals are able to quickly search, find, and access high quality, accredited online courses developed by faculty and staff from non-commercial health institutions.

Combined, these services feature over 3,600 peer reviewed publications, innovative resources, and continuing education courses that cover the continuum of health education. The international reach of MedEdPORTAL continues to grow and now includes utilization from more than 10,000 health education institutions and over 196 countries.

#### KEY CONTACT:

Emily (Novinskie) Cahill M.P.H., Director & Managing Editor, MedEdPORTAL, ([ecahill@aamc.org](mailto:ecahill@aamc.org))

#### Medical Minority Applicant Registry (Med-MAR)

The Medical Minority Applicant Registry (Med-MAR) was created to enhance admission opportunities for groups historically underrepresented in medicine. Students applying to medical school who self-identify as being from groups historically underrepresented in medicine or who are economically disadvantaged and plan to take the MCAT® exam can register for Med-MAR. The program's registry distributes basic biographical information about the examinee and the examinee's MCAT exam scores to minority affairs and admission offices of AAMC-member schools and certain health-related agencies interested in increasing opportunities for students participating in the program. Learn how to register for the Med-MAR and access frequently asked questions (FAQs) at <https://www.aamc.org/students/minorities/med-mar/>.

#### KEY CONTACTS:

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#### Medical School Admission Requirements®

The Medical School Admission Requirements (MSAR®) is a suite of guides produced by the Association of American Medical Colleges (AAMC). The MSAR staff collaborates with admissions offices at each medical school and combined B.S./M.D. program to compile the most up-to-date information about each school and program. Three MSAR guides are available, MSAR: Getting Started, MSAR Online, and MSAR: Getting Started e-book. The **MSAR®: *Getting Started*** guidebook is a printed publication which includes chapters with information about the MCAT® exam and AMCAS® application, how to choose the right school, the application process, how admissions decisions are made, diversity in medical schools, financing a medical education, applicant and matriculant data, and more. **MSAR®: *Getting Started*** is also available as an e-book for iPads, computers, Kindle, Nook and other tablet readers. Lastly, **MSAR Online** is a database-driven Web site providing comprehensive listings of U.S. and Canadian medical schools and B.S./M.D. programs. All subscribers have access to download a complimentary copy of the MSAR: Getting Started e-book and access to two years of MSAR data. Users can perform advanced searches, sort data, browse schools at a glance, save favorites, compare schools, save notes, and access more data and information than ever before, including:

- MCAT® and GPA data
- Medical school class profiles
- Education costs and financial aid packages
- M.D./Ph.D. and other combined degree programs
- Data on applicant volunteer and research experiences
- Graduates' specialty choices
- Research opportunities

For more information, including a complete list of topics, information and data, see the MSAR Web site: [www.aamc.org/msar](http://www.aamc.org/msar).

#### KEY CONTACTS:

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Janelle Peters, Aspiring Docs & Social Media Specialist II, ([jpeters@aamc.org](mailto:jpeters@aamc.org))

#### Minority Student Medical Career Awareness Workshops and Recruitment Fair

The Minority Student Medical Career Awareness Workshops and Recruitment Fair is sponsored by the AAMC's (Association of American Medical Colleges), Diversity Policy and Programs cluster and held during its annual meeting. The event is an opportunity for our members to attract and recruit future applicants. We offer diversity affairs, admissions, PhD and MD-PhD program directors and administrators from U.S. medical schools along with other health professions schools the opportunity to meet with college and high school students, non-traditional students, pre-health advisors, guidance counselors, parents, and other interested individuals. Participants are encouraged to "Explore the Possibilities in Medicine" and can obtain more information about this FREE event at [www.aamc.org/medicalcareerfair](http://www.aamc.org/medicalcareerfair).

#### KEY CONTACT:

Angela R. Moses, Program Specialist, Diversity Policy and Programs, ([amoses@aamc.org](mailto:amoses@aamc.org))

#### Pivio

The Pivio™ system is a lifelong learning and career planning tool created by the Association of American Medical Colleges (AAMC) and the National Board of Medical Examiners (NBME). It can store and transfer data necessary for the full continuum of a physician's career from pre-med/pre-health through retirement. This exciting new platform allows personalized data sharing and storage, putting the user in full control.

Users of the Pivio system will enjoy:

- Creating profiles with biographical and educational information imported directly from AAMC and NBME services, when available, reducing the burden of multiple entries;
- Including data from clinical training, research, exam scores (MCAT, USMLE), certifications, licensing, and more in the secure platform for tracking and documentation;
- Simplified storage, organization, and retrieval of documents essential to practice and personal achievements; and
- Full control while sharing content; sending only the documents and data the user chooses, while securing those they don't.

Users will benefit from comprehensive, holistic professional documentation and record management – throughout their medical career.

To learn more, please visit: <http://www.pivio.org> or email: [info@pivio.org](mailto:info@pivio.org).

**KEY CONTACTS:**

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**On-site Engagement of AAMC Staff**

The AAMC and its staff are often engaged by constituents to share expertise on specific subject matters. The AAMC strives to provide its members with value added services that are built upon its expertise and data capabilities. These visits are undertaken at the invitation of the school and are customized to the needs of the institution.

Some examples of on-site engagements delivered to institutions include, but, are not limited to: admissions, quality improvement, payment reform, organizational effectiveness, diversity and inclusion, competency-based learning, financial aid, and career advising.

In an effort to continue to provide value and help members and constituents meet their strategic goals, the AAMC has developed a centrally managed role to provide governance and ensure consistent experiences among institutions. Each engagement is customized to an institution's needs and with the demand for AAMC subject matter experts, the AAMC is asking that institutions pay reasonable fees that will, in turn, be reinvested into providing high value learning and leadership services. A daily engagement is not expected to exceed \$2,500, on average, plus any reasonable expenses.

**KEY CONTACT:**

Mackenzie Henderson, Senior Engagement Solutions Specialist, ([mhenderson@aamc.org](mailto:mhenderson@aamc.org))

**Summer Medical and Dental Education Program (SMDEP)**

The Summer Medical and Dental Education Program (SMDEP) is a free six week academic enrichment program for freshman and sophomore college students from underserved communities who are interested in a career in medicine or dentistry. SMDEP is implemented at 12 sites across the nation – 9 medical and dental school collaborations and 3 medical school only programs. The curriculum includes courses in basic sciences and quantitative topics, career development activities, clinical exposure, and seminars in financial planning and health policy. The Robert Wood Johnson Foundation has provided funding for the program since 1988, starting with the predecessor program – the Minority Medical Education Program. The National Program Office is housed at AAMC, and direction and technical assistance provided by the AAMC and the American Dental Education Association. For additional program information, visit [www.smdep.org](http://www.smdep.org).

**KEY CONTACT:**

Norma Poll-Hunter, Ph.D., Director – Human Capital Portfolio, Diversity Policy and Programs, ([npoll@aamc.org](mailto:npoll@aamc.org))

**Visiting Student Application Service (VSAS)**

The Visiting Student Application Service (VSAS) is designed to simplify the application process for senior away electives at U.S. medical institutions. VSAS requires students to submit just one application for all institutions, effectively reducing paperwork, miscommunication, and saving time for students and staff.

VSAS has experienced enthusiastic growth since launching in 2008 and currently serves 125 medical “host” institutions, 160 medical “home” schools, and over 11,000 applicants.

The benefits of a centralized service for visiting students include:

- **For students:** providing a searchable database of electives, a standardized application, the ability to transmit supporting documentation, and the option to track elective offers and schedules;
- **For home schools:** granting student access to VSAS, reviewing students’ away schedules, standardizing the documentation and process to assist student affairs staff in supporting students applying to other schools;
- **For host institutions:** streamlining the receipt of large volumes of incoming applications, reducing paperwork, and centralizing data for department, campus and site staff.

For more information, a complete list of participating host institutions, and details about joining VSAS for the 2014–2015 academic year, please visit our Web site: [www.aamc.org/vsas](http://www.aamc.org/vsas).

#### KEY CONTACTS:

Melissa Donner, VSAS Director, ([mdonner@aamc.org](mailto:mdonner@aamc.org))

## Staff Directory

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### FIRST Team and Student Financial Services

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### Group on Student Affairs (GSA)

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### Medical School Admissions Requirements (MSAR)

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### Organization of Student Representatives (OSR)

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## Frequently Used Acronyms

### A

AACOM	American Association of Colleges of Osteopathic Medicine
AACOMAS	American Association of Colleges of Osteopathic Medicine Application Services
AACPM	American Association of Colleges of Podiatric Medicine
AACPMAS	American Association of Colleges of Podiatric Medicine Application Service
AACRAO	American Association of Collegiate Registrars and Admissions Officers
AADS	American Association of Dental Schools
AAMC	Association of American Medical Colleges
AAVMC	American Association of Veterinary Medical Colleges
ABMS	American Board of Medical Specialties
ACE	American Council on Education
ACGME	Accreditation Council for Graduate Medical Education
ACMC	Association of Canadian Medical Colleges
ACOG	American College of Obstetricians and Gynecologists
ACP	American College of Physicians
ACT	American College Testing Program, Inc.
ADA	American Dental Association, American Diabetes Association
ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration
ADEA	American Dental Education Association
AERA	American Educational Research Association
AHA	American Heart Association
AHA	American Hospital Association
AHC	Association of Academic Health Centers
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
ALP	Alternative Loan Program, MEDLOANS, AAMC
AMA	American Medical Association
AMCAS	American Medical College Application Service, AAMC
AMSA	American Medical Student Association/Foundation
AMWA	American Medical Women's Association
AOA	Alpha Omega Alpha
AOA	American Osteopathic Association
APHA	American Public Health Association
APM	Association of Professors of Medicine
ASM	American Society for Microbiology
ASR	Additional Score Report (MCAT)

### B

BHP	Bureau of Health Professions
BRSG	Biomedical Research Support Grant, NIH

### C

CAS	Council of Academic Societies, AAMC
CASE	Council for the Advancement and Support of Education
CDC	Centers for Disease Control and Prevention, HHS

CEEB	College Entrance Examination Board
CGSA	Central Region Group on Student Affairs
CiM	Careers in Medicine Program, AAMC
CLEP	College Level Examination Program
CME	Continuing Medical Education
CME	Council on Medical Education, AMA
CMSS	Council of Medical Specialty Societies
COA	Committee on Admissions, GSA, AAMC
COD	Council of Deans, AAMC
CODA	Committee on Diversity Affairs, GSA, AAMC
COGME	Council on Graduate Medical Education
COSA	Committee on Student Affairs, GSA, AAMC
COSFA	Committee on Student Financial Assistance, GSA, AAMC
COSR	Committee on Student Records, GSA, AAMC
COTH	Council of Teaching Hospitals, AAMC
CSAA	Clinical Skills Assessment Alliance (AAMC, NBME, ECFMG, ABMS)

**D**

DDA	Division of Disadvantaged Assistance (formerly OHRO)
DRG	Diagnosis-Related Group
DRG	Division of Research Grants, NIH
DVA	Department of Veterans Affairs

**E**

EDP	Early Decision Program
EEOC	Equal Employment Opportunity Commission
EFN	Scholarship Program for Students of Exceptional Financial Need
ERAS	Electronic Residency Application Service, AAMC
ETS	Educational Testing Service

**F**

FADHPS	Financial Assistance for Disadvantaged Health Professions Students Program
FAP	Fee Assistance Program
FASHP	Federation of Associations of the Health Professions
FBR	Foundation for Biomedical Research
FDA	Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
FMG	Foreign Medical Graduate
FMGEMS	Foreign Medical Graduate Examination in the Medical Sciences
FSMB	Federation of State Medical Boards of the U.S., Inc.

**G**

GAPSFAS	Graduate and Professional School Financial Aid Service
GEA	Group on Educational Affairs, AAMC
GFP	Group on Faculty Practice, AAMC
GIA	Group on Institutional Advancement, AAMC
GIP	Group on Institutional Planning, AAMC

GIR	Group on Information Resources, AAMC
GME	Graduate Medical Education
GPEP	General Professional Education of the Physician and College Preparation for Medicine, AAMC
GQ	Graduation Questionnaire, AAMC
GRAND	Group on Research Advancement and Development
GRE	Graduate Record Examination
GREAT	Graduate Research Education and Training Group, AAMC
GRR	Government Relations Representatives, AAMC
GSA	Group on Student Affairs, AAMC
<b>H</b>	
HCFA	Health Care Financing Administration
HCOP	Health Careers Opportunity Program
HEA	Higher Education Act
HEAL	Health Education Assistance Loan
HHS	Department of Health and Human Services
HMO	Health Maintenance Organization
HPEA	Health Professions Education Act
HPSL	Health Professions Student Loan Program
HRSA	Health Resources and Services Administration
<b>I</b>	
IME	Innovations in Medical Education, AAMC
IOM	Institute of Medicine of the National Academy of Sciences
<b>J</b>	
JAMA	Journal of the American Medical Association
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JME	Journal of Medical Education, AAMC
<b>L</b>	
LCME	Liaison Committee on Medical Education (medical school accreditation)
LDS	Loan for Disadvantaged Students
<b>M</b>	
MARC	Minority Access to Research Careers Program, NIH
MBRS	Minority Biomedical Research Support Program, NIH
MCAT	Medical College Admission Test, AAMC
MEDLARS	Medical Literature Analysis and Retrieval System
Med-MAR	Medical Minority Applicant Registry, AAMC
MEP	Management Education Program, AAMC
MODVOP	Medicine, Osteopathy, Dentistry, Veterinary Medicine, Optometry and Podiatry
MSAR	Medical School Admission Requirements, AAMC
MSMP	Medical Specialties Matching Program
MSOUSMS	Minority Student Opportunities in United States Medical Schools, AAMC
MSPE	Medical Student Performance Evaluation (formerly the “Dean’s Letter”)
MSQ	Matriculating Student Questionnaire



MSTP	Medical Scientist Training Program (M.D./Ph.D.), NIH
<b>N</b>	
NAAHP	National Association of Advisors for the Health Professions
NACHRO	National Association of Children's Hospitals & Related Organizations
NAMME	National Association of Minority Medical Executives
NAPH	National Association of Public Hospitals
NASFAA	National Association of Student Financial Aid Administrators
NBME	National Board of Medical Examiners
NCCAM	National Center for Complementary and Alternative Medicine, NIH
NCI	National Cancer Institute, NIH
NCIH	National Council on International Health
NCMHD	National Center for Minority Health and Health Disparities, NIH
NEAHP	Northeast Association of Advisors for the Health Professions
NEGSA	Northeast Region Group on Student Affairs
NEI	National Eye Institute, NIH
NFME	National Fund for Medical Education
NHBLI	National Heart, Blood, and Lung Institute, NIH
NHGRI	National Human Genome Research Institute, NIH
NHSC	National Health Service Corps
NIA	National Institute on Aging, NIH
NIAAA	National Institute on Alcohol Abuse and Alcoholism, NIH
NIDA	National Institute on Drug Abuse, NIH
NIDCD	National Institute on Deafness and Other Communication Disorders, NIH
NIGMS	National Institute of General Medical Studies, NIH
NIH	National Institutes of Health
NLM	National Library of Medicine, NIH
NMA	National Medical Association
NMF	National Medical Fellowships
NRMP	National Resident Matching Program
NSF	National Science Foundation
<b>O</b>	
OMB	Office of Management and Budget
ORR	Organization of Resident Representatives, AAMC
OSHA	Occupational Safety and Health Administration
OSR	Organization of Student Representatives, AAMC
<b>P</b>	
PAFAMS	Pan-American Federation of Associations of Medical Schools
PCOC	Primary Care Organizations Consortium
PDC	Professional Development Conference, AAMC
PG1, 2,...	Post-Graduate year 1,2, ... (also PGY 1, PGY2, etc.)
PharmCAS	Pharmacy College Application Service
PHS	Office of Public Health and Science
PMQ	Pre- MCAT Student Questionnaire, AAMC
PPO	Preferred Provider Organization

**R**

RIME	Research in Medical Education
ROLIC	Rank Order List Input and Confirmation
RRC	Residency Review Committee

**S**

SAAHP	Southeast Association of Advisors for the Health Professions
SDS	Scholarships for Disadvantaged Students
SGSA	Southern Region Group on Student Affairs
SLMA	Student Loan Marketing Association (also called “Sallie Mae”)
SLS	Supplemental Loans for Students Program
SMAE	Simulated Minority Admissions Exercise
SMEP	Summer Medical Education Program, AAMC
SNMA	Student National Medical Association
SAP	Student Affairs and Programs, AAMC
SSL	Stafford Student Loan

**T**

TOEFL	Test of English as a Foreign Language
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**U**

USFMG	United States Citizen Graduate of a Foreign Medical School
USMLE	United States Medical Licensing Examination

**V**

VHA	Voluntary Hospitals of America
VHA	Veterans Health Administration
VMCAS	Veterinary Medical College Application Service

**W**

WAAHP	Western Association of Advisors for the Health Professions
WGSA	Western Region Group on Student Affairs
WHO	World Health Organization
WICHE	Western Interstate Commission for Higher Education



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