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Introduction

The School of Medicine MD Student Handbook is a reference for medical students and others regarding the administrative policies, rules and regulations of Emory University and the Emory University School of Medicine (EUSOM). In addition, this Student Handbook contains policies and procedures for areas such as admissions, academic and professional standards, progress and promotion, financial aid, student organizations, disability insurance, academic and personal counseling, and student health.

The policies and procedures in place are to maximize student success and help students maintain the high academic and professional standards necessary to be a physician. The School of Medicine abides by and follows all University policies, except where noted. Part of being an excellent physician is always knowing expectations and ensuring those are met. These skills will continue to serve students well as they are required to obtain and maintain licensure, hospital privileges, credentialing, and beyond.

Handbook Disclaimer

The policies and procedures appearing in the MD Student Handbook reflect the most current policies and procedures of the University and School of Medicine, but are subject to amendment and change without prior notice. EUSOM reserves the right to change policies, procedures, and programs. Minor changes will be posted directly to the Student Handbook. When major changes occur, a notification will be sent to all medical students.

It is the responsibility of each student enrolled in the Emory University School of Medicine to understand and abide by the regulations and policies within this handbook and within Emory University Publications.

Part I: General Information

Section 1: Accreditation

Emory University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, master's, doctorate, and professional degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Emory University.

The Emory University School of Medicine MD Program is fully accredited by the Liaison Committee on Medical Education (LCME). Current accreditation standards and additional information is available at the LCME website.

Section 2: Diversity, Equity, and Inclusion

The Emory University School of Medicine is committed to ensuring a climate of inclusion and organizational equity by leveraging the varied attributes of diversity in our community. Our commitment is amplified by our Mission to recruit and develop a diverse group of students and innovative leaders in biomedical science, public health, medical education, and clinical care. View our policy.

Section 3: Emergency Preparedness

CEPAR (Center for Emergency Preparedness and Response)
The Office of Critical Event Preparedness and Response (CEPAR) serves as the center for Emory enterprise-wide planning for and coordinated response to catastrophic events affecting Emory and the broader community. Learn more about CEPAR.

Emergency Notification System

The Emory Emergency Notification program is a multi-modal system for alerting students, staff, faculty and visitors of an emergency affecting the Emory community. The wide array of notification options affords Emory the flexibility to convey emergency information in the most appropriate manner and provides redundancy to help ensure the message gets out. Not all emergencies require all of the notification components to be engaged simultaneously. Students can access the Emergency Alert Information page by logging into OPUS or PeopleSoft. Students should enter their cell phone number and provider information. Students should be sure to update their information if changes to cell phone number or mobile carrier occur.

LiveSafe App

LiveSafe is a personal safety mobile app that Emory University is providing to all students, faculty, and staff to download for free. The app provides a quick, convenient, and discreet way to communicate directly with Emory University safety officials, enhancing your overall safety and allowing Emory University Police to better protect you. We encourage all students to download the LiveSafe App.

Section 4: MD Program

Overview of the MD Student Program

Student Physician Activities (SPAs)

The Emory University School of Medicine Executive Curriculum Committee has stated the outcomes of the MD program in terms of the activities characteristic of a physician that students will learn and do. These “Student Physician Activities” (SPAs) define what students should be able to perform prior to graduation.

The MD curriculum is divided into four phases (view a chart of the 4-year MD Curriculum):

Foundations of Medicine (18 months):

Following a week-long shadowing experience, known as “Week on the Wards,” students begin “Healthy Human”, a 4-month study of healthy human physiology. During this time, students begin their clinical skills training, meeting twice a week with their small group – forming a close relationship with classmates and their faculty mentor early on. Small group discussions about professionalism, ethics, communication, cultural competency, and other “How to be a Doctor” skills add to the “whole person approach” to medical education.

Using those new skills, students begin seeing patients in an outpatient clinic (OPEX – outpatient experience) in the early months of medical school. Reporting for service one afternoon every other week for 12-months, first-year medical students are able to learn from a healthcare team – and their patients – in a longitudinal experience.

Approximately 5 months into the curriculum, students begin studying human disease in organ systems-based blocks for the duration of the Foundations Phase. Anatomy also takes place during this time period. Each of 24 dissection tables is equipped with a computer to display cross-sectional imaging, study guides, lecture notes, and other electronic references.
A central component of the curriculum involves our Society System. There are four societies with four experienced clinician-educators (Small Group Advisors) in each Society; thus, each medical school class has 16 practicing physicians who are dedicated clinical teachers. Every student is assigned to a Society and a Small Group Advisor who stays with the student throughout their medical education. Small Group Advisors instruct students in professionalism and the art of patient care, patient-physician communication skills, and the principles of physical examination and diagnostic thinking. Small group instruction also covers many other critical topics over the four year curriculum.

An integral part of the MD student experience is the Community Learning and Social Medicine course. This structured learning experience combines community service with preparation, action and reflection. Learners work with over 50 community based organizations/partners focused on one of four underserved or disadvantaged populations including elderly, disabled, economically disadvantaged, and immigrant/refugee populations.

Upon completion of the formal courses in Foundations, students are given two months of study time for Step 1 of the United States Medical Licensing Exam.

Grading is Satisfactory/Unsatisfactory for the Foundations phase of the curriculum.

**Application of Medical Sciences (12 months):**

Providing students with core knowledge of the basic clinical medical and surgical fields, each student will complete required rotations in Surgery, Medicine, Pediatrics, Psychiatry, Neurology, Obstetrics & Gynecology, Radiology, Primary Care, Dermatology, Ophthalmology, Palliative Care, and Anesthesiology.

Students complete these rotations at Emory and Emory-affiliated healthcare facilities throughout the Atlanta area, including:

- Grady Memorial Hospital
- Emory University Hospital
- Emory University Hospital Midtown
- Children’s Healthcare of Atlanta at Egleston
- Children’s Healthcare of Atlanta at Hughes Spalding
- Emory Wesley Woods Center
- Atlanta Veterans Affairs Medical Center
- The Emory Clinic (multiple sites around Atlanta)
- Other clinical sites in and around Atlanta

During the Application phase, students still regularly meet with their Small Groups to further develop their professional identity and to process and reflect on their clinical experiences.

**Discovery (3-5 months):**

The Discovery phase is a structured time for students to conduct a hypothesis-driven research project under the direction of a faculty member. While the Discovery project must be a scientific inquiry based in medicine, students are able to combine their interests in other areas, such as creative writing, public health, community development, education, or health policy, into their project. Some students are also able to include an international experience in their Discovery project. This is an opportunity for students to renew their creative energies and explore a new facet of medicine under the tutelage of an Emory faculty member.

Students must carry out a research project that meets the standards for the MD degree as established by the Discovery faculty. This project can be part of the student’s second degree program, and may be designed and undertaken as part of that program. The Discovery leadership is responsible for assuring that the project fulfills the requirements for the Discovery phase of the MD curriculum.
During Discovery, medical students work full time on their projects with minimal other academic commitments except occasional seminars or workshops relevant to their research. Many students publish their Discovery work in peer-reviewed scientific journals and all students are required to present their Discovery project at Medical Student Research Day in the fourth year.

Translation of Medical Sciences (7 months):

This phase prepares each individual for the transition to physician. Required senior rotations include Emergency Medicine, Critical Care Medicine (ICU), 3 months of electives, and a sub-internship in Surgery, Medicine or Pediatrics; there is sufficient time for away-rotations during this year. The Translation Phase concludes with a required month-long Capstone course that offers carefully designed lectures, workshops, panel discussions, and exercises which equip the soon-to-be graduate with the practical skills and information that will be crucial to their success as residents.

Section 5: Office of Medical Education and Student Affairs (OMESA)

The School of Medicine Office of Medical Education and Student Affairs (OMESA) specializes in helping students succeed both academically and personally so that they graduate well-prepared for a career in medicine.

Executive Associate Dean (EAD) for Medical Education and Student Affairs

The Executive Associate Dean for Medical Education and Student Affairs is responsible for oversight and coordination of educational programs within the School of Medicine. These programs include Continuing Medical Education (CME), Graduate Medical Education (GME), and Undergraduate Medical Education (UME). The MD program is one of five degree programs in UME.

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Admissions

The work of Admissions does not end when a new class matriculates into the M1 year. Staff continue to serve students by organizing and directing events including M1 Orientation; White Coat Ceremony; Week on the Wards; class officer elections; Student Organization Fair; coordination of senior student participation in admissions interviews; Housing Weekend; access to the Music Room; and helping enrolled students coordinate a wide variety of student-organized clubs and events.

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Clinical Education

The Office of Clinical Education provides resources to support students during the Application, Discovery, and Translation Phases. Some of the major activities of this office include:

- Plan and implement Orientation to the Clinical Years
- Career counseling and assistance with selecting a clinical advisor
- Determine student schedules during the Application and Translation Phases
- Review clinical student assessments and provide counsel to students in need of remediation
- Write student Medical Student Performance Evaluation (MSPE) letters for residency applications
- Issue tokens to access ERAS and upload documents
- Counsel and assist students with the residency application process - selecting letter writers for letters of recommendation, residency program choices, interviewing, NRMP rank list, etc.
- Counsel unmatched students with the Supplemental Offer and Acceptance Program (SOAP)
- Assign student lockers for storing personal belongings while rotating at Grady
- Set up AAMC Visiting Student Learning Opportunities (VSLO) access for Emory students
- Screen and process visiting student applications, and place visiting students into electives
- This office is supported by the Grady Campus Student Affairs staff listed below.

Office of Clinical Education

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Associate Director, Student Affairs
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Grady Campus
Emory University Faculty Office Building
49 Jesse Hill Jr. Drive
Suite 102
Human Simulation Education Center (HSEC)

The Human Simulation Education Center (HSEC) is located in the James P. Williams School of Medicine Building on the 3rd floor. The Center is a state-of-the-art educational space designed for simulated participant (SP) encounters.

HSEC is utilized for SP education, clinical skills education, physical examination practice, diagnosis assessment and other educational experiences. It contains four suites, each of which contain a central debrief room with projection capability and four adjacent examination rooms equipped with examination tables and standard clinic equipment. All HSEC rooms have the capacity for direct and remote observation and recording through our simulation software system.

HSEC is a resource for the entire School of Medicine. Currently, many of the school’s educational programs, residencies, fellowships, and faculty programs work with the Center staff to build robust Human Simulation educational experiences.
Emory Center for Experiential Learning (ExCEL)

The ExCEL Simulation Center is located in the James P. Williams School of Medicine Building and includes state-of-the-art spaces and equipment such as task trainers, high fidelity electronic mannequins, mock clinical spaces such as an operating room and ICU used for immersive simulation scenarios for individual and interdisciplinary team learning, and virtual reality equipment for learning various procedural techniques. All ExCEL rooms have the capacity for direct and remote observation and recording.

ExCEL is a resource for the entire School of Medicine. Currently, many of the school’s educational programs, residencies, fellowships, and faculty programs work with the Center staff to build robust simulation educational experiences.

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Alison Dean
BLS/ACLS Technology Specialist
ExCEL Simulation Center
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404-727-2231

Financial Aid

The goal of Financial Aid staff is to help students find the necessary resources to cover their educational and living expenses and provide counseling to minimize and manage personal expenses while enrolled. Financial aid personnel review applications for financial assistance to determine eligibility for federal and University funds and certifies loan applications. In addition, staff offer education loan indebtedness counseling for all students.

TBD
Associate Director
Financial Aid, Scholarships and Student Affairs
404-727-5683

TBD
Dean, Financial Aid, Scholarships and Student Affairs
Medical Education

The Medical Education unit is responsible for executing the medical education program leading to the MD degree, including curriculum development, program evaluation, and student assessment. It also provides administrative support for education-related faculty committees and schedules space for classes, conferences, and other meetings in the School of Medicine building.

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Office of Multicultural Affairs (OMA)

The Office of Multicultural Affairs (OMA) provides programs to support the development and matriculation of diverse learners, including those enrolled in EUSOM degree and pipeline programs. View up-to-date information about the Office of Multicultural Affairs.
Registrar

The School of Medicine Registrar works closely with the University Registrar and maintains the permanent records and academic documents of all active and former Doctor of Medicine students.

The Registrar is also responsible for:

- Processing requests from students and alumni to view permanent student records
- Maintaining the School of Medicine course catalog and making the necessary annual updates
- Updating the MD program course descriptions and other pertinent information in OASIS
- Managing the registration of all students in their classes each term
- Verifying the accuracy of student grades in the Emory PeopleSoft/OPUS system
- Providing GPA reports for consideration of induction into AOA (MD program) and final honors for graduation
- Managing student enrollment changes
- Monitoring satisfactory progress and advancement to the next phase of the curriculum for MD students
- Ensuring degree candidates have met all graduation requirements
- Certifying graduates with the University, AAMC, and the NBME
- Submitting graduate list of honors students to the University registrar for notation on transcript
- Data reporting on student demographics, enrollment, and academic progress

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Associate Director, Student Affairs
Emory University School of Medicine
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Student Affairs and Enrollment Services

Student Affairs processes student enrollment and class registration and provides resources to support and promote students during their development at Emory School of Medicine. Some of the specific functions of this office include:

- Class registration in the Emory PeopleSoft/OPUS system
- Upload final grades for MD students and process grade changes in OPUS
- Process changes to enrollment status for student leaves, dual degree study, and withdrawals in OPUS
- Organize and implement informational class meetings, including Residency Days, for students in their clinical years
- Support EmoryDOCS, which includes: organize and plan student Career Advising resources, activities, and class meetings, maintain and update the EmoryDOCS website
- Assign space for classrooms, conferences, and other meetings in the School of Medicine building space using 25Live
- Arrange access to the School of Medicine Building after hours for after-hours events and for students with ID prox cards
- Enrollment verification and letters of good standing
- Request exclusion of jury duty during medical school rigors on behalf of students
- Initiate emergency loan requests
- Facilitate, monitor and ensure compliance of students’ annual vaccination and healthcare training requirements (PPD, flu shot, OSHA, HIPAA)
- Generate Intent to Graduate letters
- Degree verifications for state medical board/residency programs
- Notary Public services
- Monitor and facilitate the sign up for USMLE Step 1 board examination
- Assign student lockers in the student lounge, in the anatomy locker rooms, and in the basement for use by bicyclists
- Lost and found for the School of Medicine building
- Provides services to students on all campuses and has staff members on both the main Emory and Grady campuses.

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Part II: Matriculation

Section 1: Criminal Background Checks and Drug Testing

All incoming medical students must undergo a Criminal Background Check (CBC) and drug screening before matriculation as facilitated by a contracted vendor. Acceptance to Emory School of Medicine is contingent upon the authorization to conduct a drug screening and CBC, as well as the release of its findings to Emory.

The Admissions Committee will review any findings to determine what, if any, action is required. Students may also be required to undergo additional CBCs and drug screening as required by clinical rotation sites, or if required to do so as an evaluation of their fitness to participate in their medical education.

All positive and multiple negative-dilute drug screenings, and any findings from the CBC that were not previously disclosed by the applicant prior to acceptance, will be reported to the Executive Associate Dean for Medical Education and Student Affairs, and then referred to a faculty committee for further consideration. After review of the results of the CBC and/or drug screening, the committee may seek additional information from the student, in writing or via interview. In the case of multiple negative-dilute drug screenings, the committee may require the student to submit to a blood-based drug screening.

Given the reports and any follow-up information provided, the committee will provide the Executive Associate Dean for Medical Education and Student Affairs with one of the following recommendations:

1. Revocation of the acceptance to Emory University School of Medicine (for students who have been accepted but not yet enrolled)
2. Referral to a conduct committee for further consideration (for enrolled students)
3. No further action to be taken (for both enrolled and accepted but not yet enrolled students)

The Executive Associate Dean for Medical Education and Student Affairs will consider the report of the faculty committee and relay his decision to the student in writing. Based on the nature of the findings of the CBC report or...
drug screening, the Executive Associate Dean for Medical Education and Student Affairs reserves the right to immediately suspend a student, pending further investigation. The student may appeal the decision of the Executive Associate Dean for Medical Education and Student Affairs to the Dean of the School of Medicine in writing.

Section 2: Entering Medical Student Health and Immunization Requirements

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which medical students are subjected in the course of clinical work, certain tests and immunizations are required of all students prior to matriculation.

Entering students are required to provide documentation of all required immunizations using the Emory University Student Health (EUSHS) Immunization Form. This form must be signed by a healthcare provider and returned to EUSHS prior to matriculation.

A physical examination is also required prior to matriculation and must be recorded on the School of Medicine Physical Examination Form. This form must also be signed by a healthcare provider and returned to EUSHS prior to matriculation.

Students will not be allowed to register or participate in any clinical activities until both forms are on file with EUSHS. An updated medical history and physical examination are required for re-enrollment after more than one year of attendance lapses. For re-admission after withdrawal for medical reasons, medical clearance by designated University health officials is required.

Registration and attendance at classes are considered as agreement to comply with the Rules and Regulations of the University as published in the Bulletin and MD Handbook and other official publications of the University and as amended or revised during the student’s continued enrollment.

Immunization Requirements 2021-2022

Documentation for the following immunizations and tests is required prior to matriculation for all entering students:

- **COVID-19** - All students must be vaccinated against COVID-19. Student Health Services will maintain a list of acceptable COVID-19 vaccines on its website.
- **Tetanus/Diphtheria/Pertussis** – primary series of 3 doses of Diphtheria and Tetanus Toxoid (DT or TD), in addition to at least one adult Td or Tdap booster within the past 10 years.
- **Measles/Mumps/Rubella (MMR)** – 2 doses of a combined MMR -OR- two (2) doses of Measles, two (2) doses of Mumps, and one (1) dose of Rubella –OR- laboratory evidence of immunity to each disease.
- **Varicella (Chickenpox)** – positive Varicella antibody titer -OR- 2 doses of the Varicella vaccine given at least 1 month apart.
- **Hepatitis B** – 2 or 3 dose series, followed by a post-vaccine quantitative antibody titer.
- **Tuberculosis Screening** – one PPD/Mantoux skin test or interferon gamma release assay (Quantiferon or T spot) must be completed within 6 months and at least 2 weeks prior to matriculation. Upon matriculation, incoming students who had PPD testing (with a negative result) will be required to obtain a SECOND PPD, to be administered during the first semester of medical school and at the expense of the School of Medicine. Thereafter, students will receive a TB exposure questionnaire to determine if additional testing for latent TB is required. Students who develop new latent TB infection while enrolled full-time in the School of Medicine will be referred for care by a physician affiliated with Emory University Student Health Services and will receive their treatment at the expense of the School of Medicine.
TB Screening notes:

- Entering students with a positive test for latent TB are required to have a negative chest x-ray.
- Students who have received BCG vaccination in the past and have a positive PPD reaction, should have both a chest x-ray and a blood test (QuantiFERON Gold or T-spot) performed to complete the evaluation for latent TB. Students with BCG vaccination may have only a blood test for TB screening (a PPD test is not required).

Exceptions

Emory Student Health Services is aware that some students have a strong personal objection to vaccination with one or more of the required vaccines. In the case of a medical contraindication, EUSHS requires the student to submit a letter of explanation, signed by both the student and the student’s healthcare provider, along with other immunization records to EUSHS through the Student Patient Portal. To see more details about medical contraindication or declination processes, please visit our immunization page and scroll to the last section.

View more information regarding immunization requirements.

Section 3: Student Agreements, Consents, and Releases

Student Agreements

All medical students must enter into an agreement with Emory University and Emory School of Medicine to follow all policies and regulations and to abide by the standards of the Conduct Code and Honor Code. All policies and regulations included in these agreements can be found in the Student Handbook.

Students must also agree to use the systems and software required by the school for evaluation and communication.

All student agreements will be signed upon matriculation.

Student Consents and Releases

Students must release certain information, including specific protected health information (PHI), to Emory School of Medicine and allow the School of Medicine to provide this information to Emory facilities and to any outside institution that requests verification of immunization status prior to participation in any required, elective or voluntary clinical experience related to medical training at Emory School of Medicine.

Students must allow the Emory School of Medicine to release information to other departments of the University, such as Student Health Services and the Office of Financial Aid, in order to verify or certify services, scholarship eligibility, or other items necessary for the continuation of enrollment and to meet all state and federal health and safety requirements.

Because passing USMLE licensing exams is a requirement for promotion and graduation from EUSOM, students must agree to release their USMLE Step 1 and Step 2 Clinical Knowledge exam scores and results to the Emory School of Medicine.

All students must also give their consent to be photographed and recorded. Many of the clinical and professional skills assessments require that faculty and students view recordings of their assessments together.

If a student should refuse to provide or revoke any of these consents or releases, the student should understand that such action might affect the student’s ability to meet the requirements for the degree and eligibility to graduate and participate in the national residency match.
These consents and releases must be provided by the student upon matriculation and will remain in effect throughout the student’s enrollment or until such time as consent is revoked, in writing, by the student.

**Section 4: Technical Requirements for Matriculation***

For successful completion of the course of study for the Doctor of Medicine degree at Emory University, students must have certain technical and intellectual skills. In order to maintain an acceptable level of performance, the student must:

- Be able to develop the ability to obtain a medical history and perform a thorough physical examination. These activities require that the student:
  - Communicate effectively with the patient and the patient's family in order to obtain an adequate medical history.
  - Review records that relate to the patient's medical history and be able to develop a medical record for the current episode that will be useful to others who care for the patient.
  - Perform the essential functions of the medical school curriculum such as performing a thorough physical examination by using the appropriate instruments and manual techniques required.
- Be able to participate in and demonstrate an understanding of all phases of the educational program, including lectures, laboratory activities, teaching conferences, hospital rounds, and clinical duties.
- Be able to demonstrate characteristics that suggest that the student has the ability to function in complex social, professional, and personal roles.
- Be able to function in delicate interpersonal relationships and manifest honesty, reliability, genuineness, warmth, and empathy.
- Be able to control impulses and maintain good judgment even under physically and emotionally exhausting conditions.

*Developed in compliance with the Rehabilitation Act of 1973.

**Part III: Academic Standards, Policies, and Procedures**

**Section 1: Attendance**

**Overview and Expectations**

Active participation in all aspects of the medical education program is critical to students’ development as physicians. Attendance is expected at all scheduled classes and is mandatory at all small group sessions, preceptorships, laboratory experiences and patient presentations. Attendance is also mandatory for all examinations, including written, oral, and observed structured clinical exams (OSCEs). Attendance is likewise mandatory for class meetings and orientation sessions. Orientation to courses, clerkships and curricular phases are especially important to attend as such sessions occur usually once during an academic year. Daily attendance during clinical clerkships is mandatory, except for required days off as outlined below.

**Duty Hours on Clinical Clerkships**

During the clinical clerkships, students must adhere to the [duty hour guidelines](#) as outlined by the Accreditation Council of Graduate Medical Education (ACGME), with the exception that students cannot work more than 80 hours in any given week.

Duty hours are defined as all clinical and academic activities related to the program:
- Patient care (both inpatient and outpatient)
- Administrative duties relative to patient care
- The provision for transfer of patient care
- Time spent in-house during call activities
- Scheduled activities, such as conferences

Duty hours do not include reading and preparation time spent away from the duty site.

Students on clinical clerkships are required to report their duty hours on a weekly basis via OASIS. The Executive Curriculum Committee monitors student duty hours and makes any necessary curricular revisions to ensure duty hour compliance.

**Punctuality**

In addition to attendance, punctuality is considered part of professional duty. It is the responsibility of the student to arrive on time for classes, small group sessions, clinical rounds, scheduled examinations, and all other events related to the MD program.

**Arriving Late for or Missing an Examination**

Students who arrive after an examination has begun may be refused admission to the examining room, thus jeopardizing their course or clerkship grade. Unexcused absences from a scheduled exam will result in a grade of “U” (in Foundations) or “F” (in Application) for that examination. The final grade of a clerkship will account for the failed examination grade as determined by the clerkship director. Unexcused absences from NBME or OSCE exams will result in the student being charged for any additional costs associated with rescheduling of the examination.

Students who are late to an examination or other required sessions as outlined above, are subject to an Unprofessional Conduct Report being submitted to the Progress and Promotions Committee.

**Section 2: Absences**

**Overview**

We strongly recommend students to be present for ALL educational activities. And as stated above, for many of the educational sessions attendance is required. These required sessions are described above.

The practice of medicine is collaborative and collegial. Excellent patient care requires good communication and trust among and between colleagues. Medical education requires students to work collaboratively with each other, patients, fellow students, staff, and faculty in a regular and predictable manner.

The nature of our work as caregivers requires that we notify appropriate persons when we must be absent so that patient care is not compromised, and both clinical and educational responsibilities are fairly shared. As a supportive community that values wellness and well-being, the School of Medicine faculty, staff, and administration realize that various circumstances--emergent or otherwise--will require that members of our community must occasionally be absent from required events. Furthermore, we must work together to support each other during circumstances that take us away from required events. This policy outlines a process by which students can be granted excused absences. Failure to comply with this policy will be considered unprofessional behavior.

Excused absences will be considered for the following reasons:
- Appointments for medical care that cannot reasonably be scheduled outside your MD program responsibilities
- Acute medical illness or family emergency
• To give a scholarly presentation at an academically relevant national meeting
• Running for or holding national office in a relevant professional organization
• Religious observances
• Residency interviews
• Participation in the MD or MD/PhD interview as an invited tour guide related to the admissions process
• Participation in meetings of the EUSOM Executive Curriculum Committee and its subcommittees
• Required student meetings with deans and potential/actual Discovery mentors
• Required MD/PhD meetings, including the annual MD/PhD retreat

Absence Policy

During the Foundations Phase, students should contact Dr. Ira Schwartz to be granted an excused absence. During the Application, Discovery, and Translation Phases, students should follow the Absence from Clinical Duties Policy and Process (below).

Requests should be made as far in advance as possible. For emergent absences, students should phone the appropriate Dean and clerkship director (for students on clinical rotations). All other requests should be made in person or by email.

During Foundations

If the requested absence is approved, Dr. Schwartz will notify the Foundations and course director and the student’s Small Group Advisor.

Any required sessions, academic assignments, etc. that are missed must be fulfilled to the satisfaction of the course and Foundations director and the appropriate Dean. Within reason, course directors will assist students to complete all work missed during excused absences, as deemed necessary by the director of the course. If an excused absence does not allow for the missed work to be made up before the end of the course or phase, the student may be assigned a grade of “Incomplete” until the work is completed. If the student is unable to complete the missed work in a timely manner, as determined by the course director, the grade may be converted to “Withdrawal”. The designation of “Withdrawal” would require the student to repeat the course.

Repeated unexcused absences during the Foundations Phase will be considered a professionalism concern and will be brought to the attention of the Progress and Promotions (P&P) committee. If a student has three or more unexcused absences, referral to the P&P committee could result in a letter of concern, warning, probation, or other ramifications as the committee deems appropriate.

During Clinical Clerkships

Clinical training is an essential part of medical education and represents a critical phase of the medical student experience. Given this, any absence from clinical duties (ACD) is considered a serious matter. Clerkship directors understand that circumstances will sometimes require a student to be absent from clinical duties. The following are responsibilities and general guidelines for a medical student considering an ACD:

Terms and Definitions

Duty hours
Duty hours are defined as time spent doing all clinical and academic activities related to the program and include patient care, administrative duties related to patient care, and scheduled educational conferences. Clinical service time may occur outside of business hours but should not exceed 80 hours/week.

Scheduled Days Off/Mandatory Time off/Wellness Half-Days

Each clerkship will assign a number of scheduled days off, which includes the minimum mandatory time off from duty hours, as specified by ACGME guidelines. The total number of scheduled days off will be determined by each clerkship according to clinical service needs and schedules. Required wellness half-days are considered an excused absence from clinical duties and students are expected to request the allotted amount of wellness half-days for each clerkship.

Absence from Clinical Duties (ACD)

This is an absence that occurs during scheduled duty hours, and does not occur during mandatory time off or on additional scheduled days off from clinical service. It does not include wellness half-days. An ACD will decrease the total amount of time that a student is able to invest in clinical service activities. A student who has an ACD may be required to make up the time absent, depending on what activities were missed.

Extended ACD

This is an ACD that is longer than the limit set based on the length of the clerkship, and which will need to be made up. Policies are enforced at the discretion of individual clerkship directors. An extended ACD is defined by the total length of a clerkship/rotation:

- 1-week clerkship/rotation: ≥ 1 day
- 4-week clerkship/rotation: ≥ 2 days
- 6-week clerkship: ≥ 3 days
- 8-week clerkship: ≥ 4 days

Student Responsibilities

1. Students should attempt to schedule non-clerkship related activities outside of normal duty hours for that clerkship (e.g., late afternoons/evenings and weekends or scheduled time off).
2. Students must communicate all requests with advance notice (as soon as the need is known to the student) to the clerkship director, clerkship coordinator, and Associate Dean for Clinical Education.
3. All communication regarding requests for time off should be done in a professional manner.
4. Students who are ACD are required to collect any didactic materials/notes from lectures that they may have missed during their time away.

Guidelines

1. Advance communication with the clerkship director, clerkship coordinator, and the Associate Dean for Clinical Affairs is required for any requested activity that could result in an ACD. These types of activities include:
   a. Doctors’ Appointments
   b. Meetings with Discovery Mentors
   c. Meetings or conferences at which the student is presenting (poster or podium)
   d. Important personal events (graduations and weddings of close family members)
   e. Residency interviews
   f. Religious observances
   g. Admissions committee interviews/tours
   h. Curriculum committee meetings
2. With advance notice, the clerkship directors will work with the student to avoid an ACD. This may include arranging rotations or shifts to accommodate the request or helping the student select the best days/times to attend their activity and limit time away from clinical duties. If accommodations can be made to align the student’s scheduled time off with their activity, the absence will not be considered an ACD. However, clerkship directors may not always be able to accommodate these requests. In this case, if the clerkship director permits the student to attend the activity, this will result in an ACD.

3. Emergency requests for ACD such as student illness, personal injury, or injury/illness/death of a family member should be communicated as soon as possible to the Associate Dean for Clinical Education and the clerkship director and clerkship coordinator.

4. In cases of ACD without prior communication with, or approval by, the Associate Dean for Clinical Education’s office and the clerkship director, a Professionalism Report will be filed by the clerkship director. This includes unauthorized extension of a previously authorized ACD.

Further information about common reasons for missing required educational events:

**Excused Absences for Personal Medical Care**

Medical students are strongly encouraged to maintain their own physical and mental health and well-being. Whenever possible, students should schedule non-emergent healthcare appointments during times that do not conflict with classroom and clinical activities. In the event an appointment must be scheduled during a required educational activity, students must request permission to be excused from the appropriate Dean (see above).

**Religious Observances**

The Emory School of Medicine recognizes and respects the importance of individual religious beliefs and practices. While the School of Medicine calendar includes only religious observances recognized as U.S. federal holidays, the school seeks to accommodate student religious needs reasonably and within the requirements of the academic schedule. There shall be no adverse or prejudicial effect resulting to any student requesting excused absences for religious observances. Students assigned to patient care educational activities may request assignments that allow the student to meet their religious needs; on occasion, students may be asked to attend patient care activities that cannot be reasonably re-scheduled, such as on-call time with a care team. Required academic work missed as part of an excused absence must be made up to the satisfaction of the supervising faculty member.

**Residency Interviews**

During clinical clerkships, students MAY be granted one-day excused absences for residency interviews per each two weeks of the clinical rotation. This may vary on rotations that schedule shift clinical duties (e.g. Emergency Medicine). Students should discuss and submit requests for absence from clerkship responsibilities to the Deans Office PRIOR to making travel or other interview plans. Regardless of absences for interviews, students must complete the requirements of the rotation by the last day of the rotation. Any deviation from this policy must be approved by the Associate Dean for Clinical Education.

**Participation in the MD or MD/PhD Admissions Process or Tour Guide**

Students actively participate in the MD and MD/PhD admissions process, serving as interviewers and tour guides. Students will not be allowed to miss mandatory components of any clerkship to serve as an interviewer and tour guide.

**Participation in Meetings of the EUSOM Executive Curriculum Committee and its Subcommittees**

Students actively participate in the subcommittees of the EUSOM Executive Curriculum Committee. They play an invaluable role in curricular decisions. Students are allowed to attend
Required Student Meetings with Deans and Potential/Actual Discovery Mentors

During the required clerkships, students are required to meet with the Associate Dean for Clinical Education or his/her designee. In addition, students need to meet with faculty members in order to select a mentor for their Discovery phase project. If possible, these meetings should be scheduled during a time that minimizes student disruptions in clinical care activities.

Absence Flow Chart (PDF)

Section 3: Academic Integrity

Academic integrity is defined as a commitment, even in the face of adversity, to six fundamental values: honesty, trust, fairness, respect, responsibility, and courage. The Emory School of Medicine seeks to involve every member of the community in cultivating a culture of academic integrity and promoting communal standards.

Pursuant to this goal, the students, faculty, and administration of the Emory School of Medicine have created the Honor Code, which presents our standards of academic integrity and outlines the consequences for violations thereof.

This section of the student handbook outlines the School of Medicine Honor Code, along with academic regulations and procedures, promotional guidelines, graduation requirements, and the granting of awards and honors.

Emory University School of Medicine Honor Code

Preamble

The students, faculty, and administration of the Emory University School of Medicine join together in support of this MD Student Honor Code for the purposes of (a) providing an atmosphere of mutual trust, concern, and respect; (b) fostering honorable and ethical behavior; and c) cultivating lifelong professional conduct.

To promote this purpose, matters regarding academic misconduct shall fall under the jurisdiction of the Honor Code. Matters outside of those that fall within the jurisdiction of the Honor Code, such as violations of the Student Conduct Code, will be handled in accordance with the applicable policy.

Students who matriculate in the Emory University School of Medicine must agree to abide by and uphold the Honor Code.

Statement of the MD Student Honor Code

Any action indicating lack of integrity and/or dishonesty in academic matters is considered a violation of academic ethics. Such offenses include, but are not limited to, engaging in or attempting to engage in cheating, plagiarism, sabotage, falsifying or manipulating data, misrepresenting attendance, or knowingly passing off work of another as one’s own.

Honor Code Violations Definitions and Policies Include:
Cheating. Cheating includes knowingly acquiring, receiving, or passing on information about the content of an examination prior to its authorized release or during its administration, provision or utilization of un-authorized aids, or impermissible collaboration.

Plagiarism. Plagiarism is the act of incorporating into one’s own work, the work or expression of another without appropriately and adequately indicating the source.

Sabotage. Sabotage is defined as intentional and malicious actions that impair another student’s academic performance.

Falsifying or manipulating data. Falsifying or manipulating data is the act of creating, enhancing, or otherwise changing actual results in academic, clinical, or research matters.

Acts observed that appear to be in violation of the Honor Code must be reported to the Honor Council as detailed below. Failure on the part of a student to report such apparent violation will itself be considered a violation of the Honor Code.

Students are expected to abide by the terms of the Honor Code and a lack of knowledge of the actions prohibited by the Honor Code is not a valid defense and does not excuse a violation of the Honor Code.

To uphold this Honor Code and its purpose, an instructor may ask students to sign the following pledge at the end of all final examinations, quizzes, and other important projects:

“On my honor, I have neither given nor received any aid on this (examination, quiz, or paper), nor am I aware of anyone who did.”

The absence of this pledge does not exempt the student or the assignment from abiding by this Honor Code.

Each student upon entering the School of Medicine must sign a matriculation pledge stating that the student has read, understands, and is aware of the student’s responsibilities under the Honor Code.

The Medical Student Council on Honor

The Medical Student Council on Honor, hereafter, referred to as the Honor Council, will have jurisdiction over the supervision of the Honor Code as applies to medical students.

The Medical Student Honor Council will consist of 5 (five) elected student representatives (1 M1, 1 M2, 1 M3, and a Chair and Vice-Chair both elected from the M4 class), and two faculty members appointed by the EAD. Two alternate members from each class will be elected. In addition, the EAD will appoint two faculty member alternates in basic science and two in clinical education.

Student Representatives and Alternates

In April of each academic year following implementation, the members and alternates of the rising M2, M3, and M4 classes will be elected by their own class members to serve on the Honor Council for a one-year term.

The elections will be open to any student, including previous members of the Honor Council, who wishes to run. In order to be eligible to serve as a Student Representative or Alternate Student Representative, a student must remain in good standing and cannot have previously been found to be in violation of the Honor Code.
M1 students will elect Honor Council members and alternates following the first two months of classes. Vacancies will be filled by special election of the respective student classes.

**Faculty Representatives and Alternates**

To establish a pool of four faculty members, two of whom are replaced each year, the following process will be utilized:

- The EAD will appoint two faculty members (one from the pre-clinical faculty and the alternate from the clinical faculty) to serve a two-year term, and two faculty members (one clinical, one alternate pre-clinical) to serve a one-year term.
- After one year, two more faculty members (one clinical and one pre-clinical alternate) will be appointed by the EAD for full two-year terms. Members who served during the first year for a one-year term will be eligible for reappointment.
- From that time forward, each appointed member could serve no more than two years without reappointment by the EAD.
- Faculty members will be limited to three consecutive terms.
- Vacancies will be filled by appointments by the EAD.

**Honor Council Liaison**

An Assistant or Associate Dean in the School of Medicine will function as an ad hoc advisor to the Honor Council indefinitely in order to provide guidance and continuity in the day to day operations of the Honor Council. The Honor Council Liaison (hereafter called the HC Liaison) will only be notified that an alleged violation of the Honor Council has occurred if the Honor Council requests assistance to ensure the investigation and hearing are conducted according to policies. The Assistant or Associate Dean will not be directly involved in investigations and/or hearings but will serve primarily in an administrative role facilitating contact between faculty advisors, students, and Honor Council members. The HC Liaison will:

- Work with the AED to ensure Faculty and Student Representatives are selected.
- Coordinate and lead the two training sessions described below.
- Provide guidance, as needed, to the Student Leadership, Investigators, and the Student and Faculty Representatives during the process of an investigation and hearing.
- Be notified that an accusation has been made only if the Student Leadership requests assistance to ensure the investigation and hearing are conducted according to policies.
- The HC Liaison will only be given the name of the student who is alleged to have violated the Honor Code if a hearing is deemed warranted.

**Training**

The HC Liaison will coordinate a formal training session for all new Faculty and Student Representatives in the fall. The session will be conducted by an official representative of the Office of Undergraduate Education Honor Council. A second training session will follow to review in detail the investigation and hearing process.

All members of the Honor Council are required to complete the training prior to participating in an investigation or hearing. If an Honor Council member cannot attend either session, they must coordinate with the HC Liaison to find a date in which to make-up the training.

**Leadership of the Honor Council**
The Chair, Vice-Chair and Secretary will be chosen from the Student Representatives of the Honor Council. The HC Liaison will ask if any of the Student Representatives would like to volunteer to fill each position. If there are multiple Student Representatives who volunteer to fill a position, the Honor Council Liaison will coordinate an election where the positions will be voted on by the members of the Honor Council by majority vote. Any person who volunteers or is elected to fill one of the positions must ultimately be confirmed by a majority vote of the Honor Council.

- Chair: The Chair will be a M4 Council member selected to a one-year term by the rising M4 class.
- Vice-Chair: The Vice-Chair will be a M4 Council member elected to a one-year term by the rising M4 class in the spring.
- Secretary: The Secretary will be a M2 Council member elected to a one-year term by the rising M2 class.
- Rising M2, M3, and M4 class elections for the Honor Council will be held in April, and M1 class elections will be held in August at the beginning of the M1 year. The newly spring-elected Council will be in charge during the summer term.

Procedures for Reporting and Investigating Honor Code Violations

1. If an individual believes that a violation of the Honor Code has or may have occurred, that individual must report the violation as soon as possible to any member of the Honor Council. Failure to report the violation will itself constitute a violation of the Honor Code.
2. Once an allegation has been made, the individual making that allegation must draft, sign, and submit a brief statement to the Honor Council Secretary.
3. Upon notification of a possible violation of the Honor Code, the following will occur:
   - The Honor Council Secretary will inform the Honor Council Chair that a possible violation of the Honor Code has been reported.
   - The Council Secretary will then choose two investigators from available student representatives whose responsibility will be to gather information about the case.
   - The Honor Council Chair will inform the Honor Council Faculty Representatives, the HC Liaison, and the EAD that the Honor Council has received a complaint of an alleged violation of the Honor Code and an investigation will be conducted. The name of the student and details of the incident will remain known only to the Chair, the Secretary, the investigators, and any individuals the Chair may deem necessary.
   - The student named in the allegation will be informed of the investigation prior to its onset by HC Secretary and an investigation will proceed.
   - After the investigators finish gathering information concerning the alleged violation, the investigators will submit that information to the Honor Council Chair, who along with the two investigators, will determine whether sufficient evidence exists to warrant a formal hearing by a majority vote.

Prior to the Hearing

1. If a hearing is deemed warranted, the accused student will be notified by the Secretary of the Honor Council in writing of the date, time, and place of the Hearing; the nature of the violation with which the student is charged; the evidence of the investigation, including the name of the individual making the initial allegation. Upon notification of the hearing, the student will be provided with a list of available faculty by the HC Liaison, with whom to consult, at the student’s discretion or select a consulting member of the school of medicine themselves with the guidance of the HC Liaison.
2. The hearing will take place no more than 21 days after the determination is made to move forward with a hearing. In rare instances, the Honor Council, at their sole discretion, may extend that time period if the Honor Council feels that the circumstances dictate such an extension.
3. Any student who is alleged to have violated the Honor Code will be permitted to continue academic endeavors until a final decision is made.
4. The student who is alleged to have violated the Honor Code may review the evidence of a violation and gather evidence prior to the hearing.

The Hearing

The Chair (or Vice-Chair) will preside over the hearing and participate in the discussion and deliberation of the case but will not have a vote.

Order of Proceeding

1. Call to order.
4. Presentation of evidence: The Investigators and the student alleged to have violated the Honor Code may present testimony and other evidence as appropriate and relevant to the case. The Chair and members of the Honor Council, and the student alleged to have violated the Honor Code, may ask questions of witnesses.
5. The chair will determine whether the hearing board can properly weigh or take into consideration any evidence offered by a party or witness based upon relevance. Rules of evidence applicable to criminal or civil court proceedings will not apply.
6. Discussion and deliberation by the Council is held in a private executive session.

After all admissible evidence has been reviewed, the hearing panel shall deliberate to decide the case.

Rules Governing Proceedings

All hearings will be conducted in closed-door sessions and will remain confidential. Participants in the hearing will be limited to the following:
- Chair (or Vice-Chair) of the Honor Council.
- The other six members of the Honor Council (2 Faculty, 4 Students, not including the Chair)
- The Secretary or, if needed, a temporary secretary appointed by the permanent secretary.
- The student accused of the Honor Code violation.
- The two investigators assigned to the case.
- Relevant witnesses who may be present only while testifying.
- The faculty advisor selected by the accused. This individual is not permitted to testify, ask questions, or to make statements of any nature.

The Secretary or his/her appointee will take notes during the hearing and make them available to the Honor Council.

Decision and Penalties

For a student to be found responsible of an Honor Code violation, the unanimous vote of the six voting members of the Honor Council is required [the Chair (or Vice-Chair) is not eligible to vote]. For all cases, the standard that shall be used to determine whether a violation was committed is “preponderance of the evidence”, i.e., it is more likely than not that a violation of the Honor Code occurred.
If a student is found to have violated the Honor Code, the hearing panel will make a recommendation to the EAD for a sanction. The hearing panel will make the decision on the sanction by majority vote of the voting members of the Honor Council. In case of a tie, the Chair (or Vice-Chair) will cast a vote.

The HC Liaison and EAD will be informed of the decision of the hearing panel and recommendation for sanction, where applicable, promptly following the decision of the hearing panel.

**Recommendation for penalties regarding violations of the Statement of the Honor Code**

The standard sanction for violation of the Honor Code is (a) a mandatory leave of absence from Emory University School of Medicine for at least one academic term (semester); and (b) a grade of “Incomplete” for all courses in which the student is enrolled at the time of the infraction.

The Honor Council may recommend to the EAD a penalty more severe than a mandatory leave of absence (e.g., permanent expulsion) or may recommend a less severe penalty (e.g., disciplinary probation for Honor Code violation), dependent upon the circumstances of the case.

Upon receipt of a mandatory leave of absence, the student cannot advance to the next term until he/she has completed the term in which the “Incomplete” grades were given.

If the student is in the first or second year of medical school, he/she will return from a mandatory leave of absence to the beginning of the uncompleted term. If the student is in the third or fourth year of medical school, he/she will return from a mandatory leave of absence to the beginning of the uncompleted clerkship.

A student on a mandatory leave of absence may enroll on graduate resident status.

**Decision of the Executive Associate Dean (EAD) of the School of Medicine**

The final decision on responsibility and the sanction rests with the EAD. The decision of the EAD will be effective immediately, unless there is an appeal to the dean. The appeal, including the basis for the appeal, must be submitted by the student in writing to the Dean within one week after the student is notified by the EAD of the decision. If a student files an appeal, the EAD will appoint an ad hoc committee consisting of three faculty members from the School of Medicine. The EAD will provide the committee with the information reviewed by the hearing panel, the minutes of the hearing, and the student’s appeal. The committee will then make a recommendation to the Dean that the decision of the appeal committee be affirmed or remanded to a new hearing panel. The Dean will then review that recommendation and make the final decision in the matter.

**Amendments to the Honor Code**

Amendments to the Honor Code may be proposed by the Honor Council at any point in the academic year; proposed amendments must be reviewed by Emory School of Medicine General Counsel and approved by the EAD before becoming effective. If an amendment is approved while a case is under active review that amendment will not apply to that case. Any new amendment, once approved, will become effective as soon as all medical students have been notified of the change via mail or email.

**Honor Council Necessary Personal Belongings Policy**

**Objective:**
• To optimize the testing environment in all rooms where EUSOM and NBME tests/exams are administered.

• To implement a clear policy, which would hopefully, in turn, minimize opportunities to cheat and minimize the chance someone could be perceived as cheating.

• The testing procedures laid out by third-party testing companies, such as the NBME, should be followed per their specific policies and procedures. If third-parties do not have established policies and procedures, the Necessary Personal Belongings Policy should serve as the policy for any test administered by the School of Medicine.

Actions:
• OMESA staff will display a PowerPoint slide at the start of each test that will explicitly refer to the Honor Code to remind students of the “Necessary Personal Belongings Only” policy.

• This policy applies to all medical students, first through fourth year classes.

• This policy will be enforced by the students who are in the testing room.

• Any student found in violation of the policy may be reported to the Honor Council.

Policy:
Only necessary personal belongings are allowed at a student’s testing station (or in the possession of a student) while taking any exam administered by EUSOM. All other belongings must be placed in the student’s locker or at an appropriate location as designated by the below policy.

• Possible necessary personal belongings that may be at the students testing station include: laptops without sticky notes or other academic stickers, unmarked laptop chargers, simple writing instruments, a water bottle without academic stickers, unwrapped food items in clear containers or food provided by SOM, unmarked Emory Student ID, disposable ear plugs, and any medically necessary items such as an insulin pump, all within reason and subject to inspection.

• Unnecessary personal belongings include, but are not limited to: study materials, such as books, notes, drawings, and flash cards; bags of any kind, such as backpacks, briefcases, and purses; extraneous clothing; cell phones; wired/wireless earbuds; smart watches; food wrappers.

Students may start the exam wearing a sweater/sweatshirt/vest and can take it off and hang it on the back of the chair during an exam. Students cannot start the exam with any extraneous clothing or outerwear at their desk. Students may only put back on their original layer during an exam.

All unnecessary personal belongings, including cell phones and smart watches, are to be placed in bags and not on any student’s person during an exam.

First and Second year students should store all unnecessary personal belongings in lockers. If the lockers are too small to accommodate large items, students must make prior alternative arrangements to keep all unnecessary personal belongings outside of the testing room.

Third and Fourth year students, as students without lockers and those taking exams outside of the SOM, are encouraged to minimize the belongings brought to the test. If this is not possible, any items that fall under “unnecessary personal belongings” should be placed against the wall at the front of the testing room. Students are not permitted to put bags on the sides or back walls of the testing room, or in the hallways near testing rooms. Note this does not apply to third-party testing. Please refer to specific policies for NBME, Aquifer or other third-party exams.
Section 4: Student Records

The official record of each Emory University School of Medicine student is maintained in the School of Medicine. These records include information that assists in evaluating the progress of students in obtaining their medical education. Student records are kept secure and are not available to anyone other than faculty members and administrators of the School who have an appropriate need to review a student’s attendance or progress.

Other than information covered in the “Consent to Release Information” form, no information is released to external sources without written permission from the student.

While students are enrolled in the School of Medicine, the student record may contain the following:

- Official premedical education transcripts
- Admissions application
- Letter of acceptance
- Georgia residency affidavit
- Consent to Release Information Form
- Verification of TB and mask fit testing
- Verification of annual OSHA and HIPAA training
- Information regarding research or scholarship activities
- Honor Code compliance signature
- MD student Medical Student Performance Evaluation (MSPE)
- Copy of MD student USMLE Exam registration form
- Letters concerning probation, deceleration, leave of absence, failure to be promoted, or disciplinary actions
- Notes concerning health problems are not maintained unless said health problems influence academic or clinical performance.

Access to Student Records

Per Emory University policy under the Family Educational Rights and privacy Act (FERPA), each student has a right of access to his or her education records, except confidential letters of recommendation and financial records of the student’s parents. These rights include:

- The right to inspect education records.
- The right to limit disclosures of personally identifiable information contained in educational records, except to the extent that FERPA authorizes disclosures without consent (i.e. directory information, faculty members and administrators of the School who have an appropriate need to review a student’s attendance or progress)
- The right to request correction of the educational record.

Students who wish to review their file must do so in writing to the School of Medicine Registrar by completing a Request to Review Educational Records Form. The School of Medicine complies with a request within a reasonable time, at most within 45 days. Arrangements are made for the student to read his or her academic file in the presence of a staff member.
Without exception, all requests for letters of reference or for completion of forms relating to academic performance and/or personal qualities require written authorization from the student (or graduate) for release of such information. This also applies to requests for information from faculty or administrative officers. Students have the right of access to letters or statements giving such information unless, in the authorization for release, the student waives this right and agrees that the information to be sent is to be held confidential. Confidential references are often requested by agencies or institutions to which students apply for aid or a clinical position.

Without a formal request, School of Medicine students have access to review information about themselves within the educational systems used by their program that contain courses taken, clinical schedules, assessments, and grades received.

View more detailed information about FERPA

Requesting Certified University Transcripts

At the end of each semester, students can log into the OPUS system to obtain their course grades, accumulated hours of credit, and grade point average.

If any discrepancies appear on the transcript, students are encouraged to contact the School of Medicine Registrar immediately so the record can reflect the correct information.

The School of Medicine Registrar does not produce transcripts. Students can request certified transcripts by clicking “Request Emory Transcript” under the Academic Record section of the login page. Certified transcripts are delivered electronically to a specified individual, agency or organization, provided the student’s financial status with the University is clear (no indebtedness except for loans with approved repayment schedules). Emory University utilizes the services of a third party called Parchment, Inc. to process requests. Before initiating the request, students must obtain an email address of the recipient. The transcript will be transmitted within 30 minutes of the online request. If the recipient will not accept an electronic transcript, an option to request a paper copy still exists and can be arranged through the same online process. There is no charge to request an electronic or paper transcript. If a student requests that expedited shipping of the transcript, a shipping fee will be charged to the student. All transcripts include the entire academic record at Emory University; the Registrar will issue no partial statements of record as transcripts. Report of performance in courses before the end of the academic year may be sent to any agency or institution by one of the School’s administrative officers on written request by the student.

View further information on official transcripts.

Legal Name Changes

Legal name changes are recorded in a variety of government offices (Social Security card, driver’s license, passport, birth certificate in some cases). Once you have updated documents, you will be able to update your legal name on campus. These are Emory systems where you should update your information:

- OPUS
- HR/Payroll (so any tax documents are correct)

Please note that:
1. Emory does not update network IDs with legal name changes. Your network ID will remain as originally issued. Thus, you will continue to use your netID to access email and other campus systems that utilize your netID/password for authentication.
2. These systems do not “talk” to each other (even though they may all use your net ID to log you in). In other words, updating your legal name in OPUS does not automatically update your Human Resources record, or vice versa.
3. The above pertains to updating your legal name in University systems. That process is separate from the recent Registrar policy that allows students to add a preferred name. (Registrar website or from the ability to create an email alias)

Preferred Name

Emory University recognizes that students may wish to use a name other than their given names as recorded on official University documents. When designated by a student, the University will use a preferred first/middle name except where use of the official name is required by University business or legal need. Emory Preferred Student Name Policy

Students may enter a preferred first name through OPUS regardless of whether or not they have legally changed their name.

Places Where Preferred First Name Can be Used:
- OPUS Student Self Service
- Class and Grade Roster
- Emory Online Directory (unless directory suppressed)
- Canvas
- Emory Card
- Diploma (due to state medical licensing applications and requirements, there are serious implications for students in the health professions that use a preferred name instead of a legal name on diplomas)

Places Where Legal First Name Must be Used:
- Student Financial Accounts
- Financial Aid
- Responses to enrollment enquiries such as verification requests
- Official transcripts
- Student payroll information
- Emergency responder and enforcement systems (parking, police, etc.)
- Internal systems that require and can only accommodate legal name
- All external communications and reporting

Section 5: Accommodations

Department of Accessibility Services (DAS)

Emory University provides all persons an equal opportunity to participate in and benefit from programs and services afforded to others. Students requiring accommodations are referred to the Department of Accessibility Services (DAS). The DAS office offers a wide variety of services to students with documented disabilities.

As the administrative office responsible for managing access needs, providing ADA accommodations, ensuring compliance with local, state, and federal civil rights regulations pertaining to disability law, and serving as a critical resource for the enterprise, it is DAS's role to embody Emory's commitment to its mission "in work and deed."

DAS assists eligible students and faculty/staff in obtaining a variety of services (i.e., alternative testing, note taking, interpreting, advocacy, mobility/transportation, etc.) and ensures that all matters of equal access, reasonable accommodation, and compliance are properly addressed.
Eligible students and faculty/staff must register and request services — contact DAS at Emory University or Emory's Oxford College. Confidentiality is honored and maintained.

In compliance with the Americans with Disabilities Act, Emory University School of Medicine is committed to making reasonable accommodations to assist students with documented disabilities to fulfill their educational objectives.

Students with disabilities who wish to request accommodations under the ADA must follow the University’s procedures for verification of ADA eligibility by submitting supporting documentation to the Department of Accessibility Services (DAS). Once DAS verifies an individual’s ADA eligibility, the student will work with the medical school’s Assistant Director of Medical Education, Sherice Allen-Henry, to coordinate their accommodations while matriculating. Further information about documentation requirements and the eligibility process can be found DAS’s website.

Once a student’s ADA eligibility has been verified, there is no need to repeat the registration process unless the student’s situation or needs change. Students must request an updated accommodation letter each term to share with Mrs. Allen-Henry. If an adjustment to an accommodation is needed, it is the student’s responsibility to reach out to DAS. Accommodations are only determined by DAS.

Any confidential records and documentation submitted by the student to DAS to support determination of ADA eligibility will be retained and kept confidential in the DAS office. Once an accommodation letter has been generated, it is the student’s responsibility to share this letter with the Assistant Director. This is an official notice of the individual’s ADA eligibility and guidelines related to reasonable accommodations appropriate for the individual’s needs.

It is the responsibility of the student to request needed accommodations. Once a request is made, the student will meet with Mrs. Allen-Henry to assist in the implementation of necessary accommodations. Unless a request is made, and the student authorizes release of the information regarding the need for accommodations to appropriate others (faculty, staff, etc.), the medical school will not proceed with arranging accommodations. No retroactive consideration will be given to students who fail to request or to complete the approval process.

Notification to faculty and others about a student’s need for accommodations will contain a statement of the student’s ADA eligibility as well as guidelines for necessary accommodations. No information about the student’s diagnosis, condition or history will be available in any way to course instructors or others from whom a student might request an accommodation.

The Assistant Director of Medical Education will maintain a folder containing all accommodation letters for each student. Such material will be retained separately from the student’s academic file, and access to such material will be limited and appropriate confidentiality will be maintained. The school will not release details related to accommodations that were provided (for example to residency programs, etc.).

Students will be apprised of ADA eligibility within the timeframe that is established by DAS. If a request for eligibility verification is made at the start of an academic period, accommodations cannot be implemented until the student’s registration is finalized with DAS. Because of the number of verifications being processed at the beginning of the academic period, students are urged to submit their request for eligibility verification and accommodations as far in advance as possible. Advance preparation will ensure the smoothest availability of needed accommodations.

**Requesting Accommodations and Determining Initial Eligibility**

Students who need accommodations to participate fully in Emory’s programs must file a formal request for accommodations with DAS. This includes students who may develop an impairment due to an illness, accident, or surgery. DAS may be contacted about potential accommodations for a temporary disability. The best time to do so is...
immediately after registering for classes each semester or term or following the development of an impairment. This allows DAS to adequately coordinate services and provide instructors with reasonable notice.

Students new to Emory or the accommodations process must follow DAS policies and procedures for determining initial eligibility. Determination of eligibility for DAS services and accommodations is not part of the admission process. Returning students will skip this step.

Fill out Emory’s student registration form and submit it along with the appropriate medical/disability documentation. A DAS staff member will review the application materials and determine appropriate accommodations specific to the individual’s disabilities. Accommodations are developed for students on an individual basis and, depending on the course content and format, may vary by semester or term.

If a student is determined to be eligible for reasonable accommodations, a DAS staff member will meet with the student to discuss approved accommodations. Otherwise, DAS may assist the student in identifying voluntary and readily achievable means for meeting his or her needs.

Students have the primary responsibility of advocating for themselves during the accommodation process. They should not rely on their parents, faculty members, or others to do so for them.

Implementing Accommodations

After registering with DAS and receiving approved accommodations, the student will request an accommodation notification letter. Students who are already registered with DAS must request accommodation letters each term.

It is each student’s responsibility to contact the Assistant Director of Medical Education, Mrs. Sherice Allen-Henry, to provide a copy of the official notification letter and to schedule a meeting to discuss EUSOM’s policy for the administration of accommodations.

A copy of the official notification letter must also be submitted to individual faculty members, clerkship directors and coordinators responsible for teaching and/or administering an assessment of the student in which an accommodation is requested.

Accommodations Testing Policy

Students must contact the Assessment Coordinator, Catherine Hall at catherine.m.hall@emory.edu to make test day arrangements. Tests are proctored Monday through Friday from 8 a.m. until 5 p.m. Arrangements must be requested in advance and receive prior approval if a student needs to take an examination outside of those hours.

Before Your Exam

- To utilize approved accommodations, it is the student’s responsibility to contact Sherice Allen-Henry at the beginning of each term they are registered and submit the official accommodation letter from the Department of Accessibility Services.
- Once the School of Medicine receives the letter of notification, students must contact Ms. Hall at the beginning of each course or clerkship to coordinate logistics of administration of any assessments in which accommodations will be used.
- It is also the student’s responsibility to disclose to the director and/or coordinator of each course or clerkship, if they choose to do so.
- Since both the student and their professor will need to complete several steps, it's important to verify that everything is ready before the date of each exam.
• You will receive an email confirmation to identify which building and room to report to for your exam.
• Review and confirm the exam schedule and details ahead of time.

Day of Your Exam

Certain rules and requirements apply to the testing environment. Students must review and become familiar with the rules and procedures listed below.

Test Day Rules and Procedures

• You must arrive ten minutes prior to the start of each exam or exam section for check in and to allow for any delays. Late arrival will result in loss of total examination time.
• You are required to adhere to your test day schedule.
• Do not bring any personal/unauthorized items into the secure testing area. Such items include but are not limited to outerwear, hats, food, drinks, purses, briefcases, notebooks, notes, pagers, watches, cell phones, recording devices, WIFI enabled earbuds and photographic equipment.
• Show a photo ID to the proctor when signing in. Testing cannot take place without an ID.
• Food and drinks are only allowed if their presence is an approved testing accommodation by the Department of Accessibility Services.
• You are not permitted to access any unauthorized items during the exam administration.
• A scratch pad or paper will be provided to you. You are not allowed to bring your own paper into the secure testing area.
• Do not make notes on your scratch paper prior to starting your exam and/or entering your start up code. Once your exam begins, you are permitted to make calculations or notes ONLY on the erasable note board or scratch paper provided.
• You must turn in all used and unused scratch paper to the proctor at the end of your exam.
• You must adhere to the instructions provided by proctors administering the examination.
• Carefully review and agree to abide by any instructions provided or that appear at the start of the examination session.
• Test proctors are not authorized to answer questions from examinees regarding examination content or scoring during the exam.
• Do not leave the testing site at any time during the administration of your exam unless you inform and obtain permission from the testing proctor or are instructed to do so by test administration staff.
• Failure to follow test day rules and procedures may result in the withholding or cancellation of your scores, and/or a bar from future exams administered by the NBME.
• Earplugs and ear protectors are recommended.
• Exams are closely monitored. Staff enters the testing area often.
• If cheating occurs, the exam will be stopped, the course/clerkship/course director and dean will be notified, and all materials will be held for action.

Breaks

• Your break(s) will be scheduled and timed.
• Return all test materials and personal items to the proctor before you start your break.
• Students may choose to omit/skip breaks, but students may not exceed scheduled break times unless given permission by the proctor.
• Time will not be stopped during any exam unless it is an approved testing accommodation; it is at the student’s discretion to break while time is running.
• Note: EUSOM is not responsible for your personal belongings.

Cancellations
Tests must be cancelled 48 hours in advance with approval from the student’s assigned dean.
Students are responsible for rescheduling exams in communication with his/her dean and Ms. Hall.

EUSOM Accommodations Contacts

Sherice Allen-Henry, JM, MS  
Assistant Director of Medical Education Programs Management
sahenry@emory.edu  
404-712-7967

Gordon Churchward, PhD  
Assistant Dean for Medical Education and Student Affairs
gordon.churchward@emory.edu  
404-712-9943

Catherine Hall  
Program Coordinator, Assessment
catherine.m.hall@emory.edu  
404-712-9938

Tyrese Hinkins Jones, M.Ed., Ed.S  
Associate Director, Medical Education thinkin@emory.edu  
404-727-8777

Section 6: Clinical Placement Reassignment and Schedule Changes

The School of Medicine considers student requests for clinical placement reassignments and schedule changes.

Requests for Clinical Placement Reassignments

During the Application and Translation Phases, clerkship directors and coordinators are responsible for assigning students to specific clinical sites. Clerkship directors may factor student preferences into such assignments, but preferences are never guaranteed.

Should special circumstances arise either before or during when a student is placed, a student may request (in writing) a reassignment. A student’s request for reassignment must provide an appropriate rationale. All requests for reassignment should be sent to the respective clerkship director(s) unless the special circumstance is of a highly personal nature. In such cases, a student should request reassignment from the Associate Dean for Clinical Education.

When a decision to deny a student’s request for reassignment is made by a clerkship director, the student may appeal the decision to the Associate Dean for Clinical Education, who will have the final authoritative decision. If the decision to deny a student’s request is initially made by the Associate Dean for Clinical Education, the student may appeal to the Executive Associate Dean for Medical Education and Student Affairs.

Requests for Schedule Changes in the Application and Translation Phases

During the Application and Translation Phases, student schedules are created by the Office of Medical Education and Student Affairs. Many considerations are factored into student schedules. Should special circumstances arise before, during or after student schedules are finalized, a student may request (in writing) a schedule change. A student’s request for a schedule change must provide an appropriate rationale (e.g. personal, medical necessity or other
unforeseen issues). All requests should be sent to the Associate Dean for Clinical Education, who will make the final decision.

Section 7: Graduation Requirements for the MD Degree

Student Physician Activities (SPAs)

The learning outcomes for the Emory University School of Medicine MD program are stated in terms of the activities that a physician performs, called Student Physician Activities (SPA). This list of 28 SPAs defines what EUSOM students will learn over the course of their medical school career and will be required to demonstrate prior to graduation.

1. Take a patient-centered history (focused and complete)
2. Perform a physical examination (standard and “core and cluster”) and recognize normal and abnormal findings
3. Demonstrate understanding of relevant scientific principles of medicine
4. Prioritize a differential diagnosis based on clinical reasoning
5. Develop a patient care plan
6. Perform technical procedures * (see Graduation Technical Procedures List)
7. Communicate with patients and their support system regarding their care
8. Participate in difficult conversations with patients and their families
9. Document and present patient findings and treatment plans
10. Explain the scientific principles of medicine as applied to differential diagnoses and patient care plans
11. Use electronic medical records
12. Formulate clinical questions and search the literature for evidence that enhances patient care
13. Contribute to generalizable medical knowledge
14. Apply best evidence to the care of individual patients
15. Recognize and address ethical dilemmas
16. Protect patient information
17. Fulfill the unique professional role of a physician in society
18. Manage time
19. Be a leader
20. Use feedback to improve one’s own practices
21. Demonstrate trustworthiness to patients, colleagues, and other healthcare personnel
22. Treat patients while understanding own biases
23. Treat patients without regard to personal advantage
24. Work in interprofessional teams
25. Identify personal limitations and seek assistance as needed
26. Teach peers and team members
27. Serve the community
28. Contribute to healthcare quality and safety initiatives

* Graduation Technical Procedures List

1. Adherence to universal precautions
2. Putting on gloves and gowns using sterile technique
3. Basic life support (as evidence by completion of a BLS course)
4. Use of an automatic external defibrillator
5. Drawing venous blood

Academic Requirements
The judgment of the faculty as to the fitness of a student to receive the MD degree is based not only upon scholastic achievement, but also upon demonstration of the attitudes and behaviors expected of a medical professional. Each student must be approved for graduation by the Dean and the School of Medicine Council of Chairs.

To be eligible to receive the degree of Doctor of Medicine from Emory University School of Medicine, students must:

1. have attained satisfactory standing in all courses and clerkships required for the degree;
2. have mastered the 28 EUSOM SPAs and have successfully completed all of the required activities and assessments related to the SPAs;
3. have taken and successfully passed Step 1 and Step 2 Clinical Knowledge of the USMLE;
4. have completed all academic requirements of the MD degree within no more than six academic years from the date of matriculation.

Financial Obligations for Graduation

It is a requirement for graduation that all financial obligations to the University shall have been satisfied. Students with an unpaid balance on their student accounts may have a hold placed on their diploma and transcripts until the balance is paid in full.

Section 8: Honors

Academic Honors

Academic honors are determined by a School of Medicine faculty committee. The designation of students graduating cum laude, magna cum laude, and summa cum laude are made on the basis of a combination of grade point average and other academic accomplishments, inclusive of work done as part of dual degree work or external fellowships.

Alpha Omega Alpha

Founded in 1902, Alpha Omega Alpha Honor Medical Society is a professional organization that recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. Students are elected based on their embodiment of the AΩA mission:

Alpha Omega Alpha – dedicated to the belief in the profession of medicine we will improve care for all patients by:

- recognizing high educational achievement
- honoring gifted teaching
- encouraging the development of leaders in academia and the community
- supporting the ideals of humanism and
- promoting service to others.

The National AΩA Constitution stipulates that up to 20% of a medical school graduation class may be inducted, and up to one-half of the total may be nominated during the junior year. New members are elected by the student members of Alpha Omega Alpha. Elections occur during the spring of junior year and the fall of senior year.

The AΩA provides chapters the flexibility to value the diversity of qualities that contribute to high quality patient care, leadership, service, and scholarship. Membership to AΩA at Emory School of Medicine takes into consideration the following:

1) Students who are in the upper half (50%) of their class in grade point average and/or clinical performance are eligible for nomination.
2) Additional criteria include leadership capabilities, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, scholarship and service to the school and community at large.

View additional information on AOA.

Gold Humanism Honor Society (GHHS)

GHHS is a national honor society that honors senior medical students, residents, role-model physician teachers and other exemplars recognized for demonstrated excellence in clinical care, leadership, compassion and dedication to service. GHHS was created by the Arnold P. Gold Foundation for Humanism in Medicine with the goal to sustain the humanistic passion that motivates physicians throughout their practice. GHHS is comprised of over 25,000 healthcare professionals in training and in practice who have been recognized for practicing patient-centered care. Peer nominations are reviewed by the Executive Committee of the Emory GHHS Chapter. Up to 15% of a medical school class can be inducted. For more information about GHHS: https://www.gold-foundation.org/programs/ghhs/.

Section 9: Leaves/Interruption of Medical Education

Requests for a leave may be granted by the Executive Associate Dean for Medical Education and Student Affairs or his/her designee when recommended by a faculty committee. A leave may be granted, if deemed appropriate, for health, personal, or family reasons, or for special academic study. A leave is generally granted for a period of one year or less, and readmission is automatic at the time agreed upon when the request is made, provided any issues necessitating the leave have been dealt with appropriately. If for any reason the leave extends beyond one year, the student must apply for readmission, unless a longer period for special study is approved by the Executive Associate Dean for Medical Education and Student Affairs or his/her designee. The leave does not extend the six-year period allowed for completion of the standard MD degree unless the approved leave involves an academic course of study longer than two years to qualify for a degree or certificate. The fact that this leave will take more than two years must be made clear in writing to the Executive Associate Dean when requesting approval for the LOA.

The School of Medicine reports all leaves/interruption of medical education in the Medical Student Performance Evaluation (MSPE).

All students requesting a leave must:

1. Request the leave in a letter specifying both the start and the return to medical school dates
2. Meet with the Executive Associate Dean for Medical Education and Student Affairs or his/her designee
3. Meet with the School of Medicine Registrar and Associate Director of Financial Aid and Scholarships (if the student receives financial aid), and
4. Receive a letter from the Executive Associate Dean for Medical Education and Student Affairs or his/her designee approving the leave.

Discussion about planned absences (e.g. for special academic study, research fellowships, or other Extended Discovery activity) whether involving study at Emory, or away from Emory, should be made as far in advance of the absence as possible, and preferably during the application process for the special academic course of study. Optimally, written requests for such absences should be made at least 3 months in advance.

Section 10: Medical Student Performance Evaluation (MSPE)

The MSPE (“Dean’s Letter”) is prepared for all senior students by the Associate Dean for Clinical Education or his/her designee. The document is a key part of the residency application packet.
If for any reason, a student believes that the Associate Dean for Clinical Education or his/her designee cannot prepare the letter in an unbiased manner, he or she may request that the letter be completed by another member of the Dean’s Office.

The document is a letter of evaluation, NOT a letter of recommendation. That is, it is intended to be a comprehensive summary of the student’s academic record through the first three years of medical school. The MSPE consists of the student’s progress until the MSPE is submitted on or around October 1st as dictated by the National Residency Match Program (NRMP). It is intended to present the student in the best possible light but also to convey accurate information to a residency program director about the student’s qualifications for graduate medical education.

Unique to Emory’s MSPE is inclusion of information written by the student’s Small Group Advisor as well as information on the student’s Discovery project. In regards to MD/PhD students, who are not expected to do Discovery, expansion of their research from their PhD work will be detailed in that section.

The MSPE is specialty-neutral and has been standardized across medical schools to include six sections that include the following:

- Identifying information
- Noteworthy characteristics (total of 3-5)
  - Written by student and edited by the letter writer
- Academic history – date of matriculation and leave/interruption of medical education (if applicable)
- Academic progress – which includes student performance on USMLE Step 1 and 2, Foundations and Application phases, the Discovery phase of the curriculum (unique to Emory), and small group advisor comments
  - Of note, a bar graph of the cumulative GPA for the Application phase is included with letter
- Summary
- Medical school information

View additional information on the MSPE.

Process

All graduating medical students should make an appointment to meet with their MSPE writer between April and August of their senior year. Students should provide an up-to-date curriculum vita, 3-5 Noteworthy Characteristics and complete the MSPE form in OASIS, which is required by the dean’s office prior to the scheduled meeting. Each Noteworthy Characteristic should be no more than 6 lines and will be edited by the letter writer in consultation with the student.

Students can review the MSPE for factual accuracy at two points in the MSPE process (after the first and final drafts). All reviews must be done with the oversight of the Office of the Associate Dean for Clinical Education (in-person or via Zoom). Students who will be out of town during September should notify their MSPE writer as soon as possible. Every effort will be made to have the letter completed before the student departs, so the student can review the content of the letter in person. For those students who are not able to review their MSPE in the office, they are encouraged to arrange a call in which the MSPE will be read to them by the Associate Dean for Clinical Education. The MSPE will not be transmitted electronically to students for their review.

All MSPEs are typically transmitted on or around October 1 of each academic year. This can vary however. The most up-to-date timeline can be found here. It should be noted that invitations for residency interviews are sometimes offered before the MSPE is viewed by program directors; therefore, it is important that students submit their applications and letters of recommendation in a timely manner.
Section 11: National Standardized Examinations

National Board of Medical Examiners (NBME) Subject Exams

NBME Subject Examinations are an important part of the educational process, evaluating the performance of a large, representative group of examinees at the same stage of training. These exams are used throughout the curriculum as one part of the evaluation process. Students are required to take NBME Subject Examinations at scheduled times and locations. Those students granted accommodations for testing must present them to Ms. Sherice Allen-Henry, Assistant Director of Medical Education, a letter from the Department of Accessibility Services each semester outlining the student’s specific accommodations.

Individual arrangements will be made for the student at each exam in accordance with the specified accommodations.

To prevent additional charges, exam orders must be placed at least 22 days prior to the testing date. Therefore, it is important for the Office of Medical Education and Student Affairs (OMESA) to know well in advance the number of students scheduled to test at every exam. Unexcused absences from NBME exams will result in the student being charged for any additional costs associated with rescheduling of the examination.

For NBME examinations, students MUST test during the exam time (and date) supported by the medical school. A published exam schedule is available through the student portal.

To ensure the security of NBME materials and compliance with testing regulations, all NBME subject exams must be administered by trained proctors in an NBME-approved testing site.

Arriving Late for an NBME Exam or Missing Examinations

It is considered part of professional behavior and the responsibility of the student to arrive on time for scheduled examinations with their Emory cards.

Emory designates a Chief Proctor for NBME exams. It is the responsibility of the Chief Proctor and his or her designees to assure that NBME exams are given in strict accordance with NBME policy. As per this policy, a student may be admitted to a testing room up to 30 minutes after the exam has started, provided the student’s name is on the check-in roster and the Chief Proctor approves the late start. Students arriving late for an exam will be expected to end the exam at the same time as other examinees; no extra time will be allotted to compensate for their tardiness.

For any student who is more than 30 minutes late for the exam, the NBME must be contacted by the Chief Proctor to seek approval for taking the examination. The Chief Proctor and his or her designees are not required to allow any student to start an exam late if doing so will be excessively disruptive to the other students.

United States Medical Licensing Examinations (USMLE)

The USMLE is an examination series with three complementary steps, the first two of which are graduation requirements for Emory University School of Medicine. Students must successfully pass Step 1 and Step 2 Clinical Knowledge in order to graduate from Emory University School of Medicine.

USMLE Step 1

In addition to successful performance during the Foundations Phase, students must also earn a passing score, as set by the USMLE, on Step 1 examination of the United States Medical Licensing Examination (USMLE) prior to beginning the Application Phase of the Emory University School of Medicine curriculum. With written permission from the
Executive Associate Dean, a student may begin the Application Phase after having taken the USMLE Step 1 before the test score has been released by the USLME.

For the Class of 2024, USMLE Step 1 must be taken by February 7th (2022) following completion of the Foundations phase. Prior to taking USMLE Step 1, all academic requirements of the Foundations Phase, including any necessary remediation, must be completed. For students who do not meet these deadlines, the School cannot guarantee Application, Discovery and Translation schedules that will permit the student to graduate at the expected time. Any delay in taking USMLE Step 1 must be approved in writing by the Executive Associate Dean for Medical Education and Student Affairs or his/her designee. Students who do not meet these deadlines for completion of academic requirements and for taking and passing USMLE Step 1 may be referred to the Progress and Promotions Committee for action.

The following guidelines have been adopted regarding failure to pass the first administration of Step 1 of the USMLE.

A student whose overall academic record warrants promotion, but whose failing Step 1 score is 15 points or less below the passing level has two options to gain promotion into the clinical years:

- **Option A** - permits re-taking the test at the next available administration. Once the examination has been retaken, the student may begin clinical work. If a passing score is achieved, the student will continue the Application Phase; if a passing score is not achieved, the student will cease Application Phase course work and be allowed to retake the examination a 3rd time. It is highly encouraged that such students engage in an intense review of the basic sciences and consider auditing courses prior to re-taking the examination for the third and final time.
- **Option B** - grants a years time during which time the student is encouraged to obtain remedial help and engage in an intense review of the basic sciences, with retake of the examination by February 1st of the following year. If the test is passed at that time, the student then enters the Application Phase.

A student whose failing score is more than 15 points below the passing level is generally required to take a leave of absence to prepare for retaking the test the following year. Such students may appeal to the Executive Associate Dean for Medical Education and Student Affairs and request an earlier re- take if extenuating circumstances can be shown.

A student who fails USMLE Step 1 on the second administration will be given a third and final opportunity to successfully pass Step 1. A student who has three unsuccessful attempts to pass Step 1 of the USMLE will be considered for dismissal.

**USMLE Step 2 Clinical Knowledge (CK)**

Students are encouraged to take Step 2 CK as soon as feasible after the Application Phase. At the latest however, students must take Step 2 CK by October 31st of their senior year. Passing Step 2 CK is a requirement for graduation. Students will have no more than 3 attempts to pass USMLE Step 2 CK. A student who has three unsuccessful attempts to pass Step 2 CK of the USMLE will be considered for dismissal.

**Section 12: Progress and Promotions**

**Promotional Guidelines**

A student is considered to be achieving satisfactory academic progress as long as he or she passes the sequence of courses and clerkships established by the Curriculum Committee and meets the performance standards for the 28 SPAs as set by the Executive Curriculum Committee. The assessment of academic progress includes the domains of knowledge, skills, behaviors, and attitudes – as expressed in the form of SPAs. Hence, professionalism is an integral component when considering academic progress.
Independent of the final grade, unprofessional behavior may be the sole criterion for which a student may be recommended for a letter of concern, academic warning, academic probation, suspension, dismissal, or other sanctions as described throughout this document.

Students must be aware that the designation of academic probation or suspension may result in the loss of federal financial aid.

**Progress and Promotions Committee**

The Progress and Promotions Committee (P & P) monitors the progress of students during the EUSOM curriculum to ensure that students are performing at an acceptable level to successfully complete their present phase and advance to the next phase of the medical curriculum. In the process of these reviews, the P & P Chair will make recommendations to the EAD regarding academic advancement and academic sanctions according to the criteria below. The EAD or his/her designee will make the final decision as to whether a student can advance with or without sanctions or if a student will receive an academic sanction.

**Academic Advancement**

At the completion of each phase of the EUSOM curriculum, the Registrar will provide the Chair of the P & P with a list of students who are scheduled to advance to the next phase of the academic curriculum. The P & P can make recommendations to the EAD as to whether a student meets criteria to advance to the next phase by considering all aspects of a student’s performance, including course grades and adherence to the Emory School of Medicine (SOM) Conduct Code, Honor Code and medical school student policies.

During the academic year, the P & P will regularly review the progress of all students to assess whether they are making adequate progress toward attaining the achievement levels required for promotion to the next phase of the academic curriculum. The P & P members will also determine if students are performing below standards, and may determine that a student should receive an academic sanction according to the criteria outlined below.

The Chair of the P & P will inform the EAD of recommendations regarding individual student’s pending promotion using the following criteria:

1. Adequate Progress: Students with passing grades in all courses/clerkships.
2. Inadequate Progress (these students would not be promoted):
   a. Students with performance below expectations who did not complete the course requirements;
   b. Students placed on academic probation who did not satisfactorily complete the necessary remediation outlined in their probation, or;
   c. Students who are on suspension.

For those students who have two or more incompletes in any phase, this should prompt a review at the level of the EAD (or his/her designee) to create an academic plan for the student that will be shared with the P&P committee at their next meeting.

**Academic Sanctions**

A *letter of concern* will be considered when the P & P has concerns about a student’s performance but feel that the concern is not indicative of a pattern of underperformance, or lapses in professional behavior. The following is a nonexhaustive list of reasons why a student would automatically be recommended by the P and P to receive a letter of concern:

- In the Foundations Phase students will be recommended to receive a letter of concern when they require remediation of two courses.
• In the Foundations, Application, Discovery or Translation phases, students will be recommended to receive a letter of concern when they have a professionalism or performance issue that is significant and the P & P members are concerned, but do not feel this behavior represents a pattern of poor performance or professionalism problems.

An academic warning will be considered when a student’s deficiencies are of a more serious nature. The following is a nonexhaustive list of academic difficulties for which a student would automatically be recommended to receive an academic warning:

• In the Foundations Phase, students will be recommended to receive an academic warning when they have been required to remediate three courses and the summed credit hours for the three courses is 6 credit hours or more.
• During the Application/Translation phases, an academic warning will be recommended when a student is noted to have a deficiency in their clinical skills over more than one clerkship or course (e.g., difficulty synthesizing clinical information); or, when a student receives a grade of C in two clerkships/courses.
• In the Discovery Phase, students will be recommended to receive an academic warning if they are late in turning in their materials to start their Discovery project.
• In the Foundations, Application, Discovery and Translation phases, a student will be recommended to receive an academic warning if professionalism problems are recurrent over multiple courses or clerkships or a single professionalism transgression that rises above the level of letter of concern.

The entirety of the student’s academic performance is factored into decisions by the P & P, and an academic warning may also be recommended if a student had difficulties in the Foundations Phase and continues to struggle academically in the Application Phase. An academic warning is intended to alert the student that, without improvement, they are in danger of more serious academic sanctions such as probation.

Academic probation will be considered when the P & P is concerned about a student’s performance and, without improvement, the student is in danger of being suspended or dismissed. The following is a non-exhaustive list of academic difficulties for which a student would automatically be recommended to receive an academic probation:

• In the Foundations Phase, students will be recommended to be placed on academic probation if they are required to remediate four courses and the total credit hours for the four courses is 10 credit hours or more.
• In the Application, Discovery Phase or Translation phases, students will be recommended to be placed on academic probation if they receive a D or F in a clerkship or course. The student will not progress in the phase until they have completed remediation of the clerkship or course. The period of probation will continue until they have successfully completed the phase.
• Any student who is required to repeat a phase will be recommended to be placed on academic probation while they are repeating the phase.
• In any phase, a student will be recommended to be placed on academic probation if the student has a professionalism issues that the P & P members judge to be significant and concerning.

Academic probation serves three functions:

a. It is official documentation that the student is deficient in areas related to academic performance;
b. It provides a pathway and defines a timeline that the student must follow in order to regain good standing. This may include, but is not limited to, remediation, maintaining appropriate performance standards and/or adhering to professional expectations;
c. It describes the consequences that will result if a student does not meet stated expectations during the period of academic probation.

Repetition allows the student to repeat a phase of the curriculum. There are two primary reasons for repetition. 1) Students may voluntarily repeat a phase because of specific events (e.g., health, personal or family issues). This voluntary repetition can only be approved by the EAD or the EAD’s designee. In these cases, the student can repeat
the phase without any academic penalties. 2) Repetition of a phase is recommended by the P & P, due to a concern that the student has not mastered the academic skills of that phase.

The following is a non-exhaustive list of actions for which the P & P would require a student to repeat a phase or course in the curriculum:

- Required remediation of five or more courses
- Grade of D or F in the Discovery Phase.

Suspension is considered for serious academic issues when the P & P has information regarding the student’s academic performance or professional behavior that would support the student benefitting from a period to manage external distractions or other concerns. The period of suspension is recommended by the P & P and will include the conditions for restarting the medical school curriculum. Students who are on academic suspension cannot proceed to the next phase and can only restart their program after the concerns that placed them on suspension have been resolved.

Dismissal is considered for either serious breaches in professional conduct or academic concerns including failure of a course and/or clerkship.

The following is a non-exhaustive list of actions that would automatically lead to dismissal:

- During required repetition of a phase:
  - Any student in the Foundations Phase who is required to remediate four courses and the total credit hours for the four courses is 10 credit hours or more.
  - In the Application, Transition or Discovery phases, students who receive a D or an F in any course or course.
- Two F’s, two D’s or a D and an F in the initial grades for clerkships in the Application Phase or the same criteria for courses or clerkships in the Translation Phase.
- The P & P would recommend dismissal for a professionalism violation that the P & P members consider gross negligence which could include negligence that, in the mind of the committee, could have led to the death or serious injury of a patient, or behavior in the clinic setting that is grossly inappropriate by the standards of the profession.

Student Right to Appeal P & P Decisions

Students may appeal any academic sanction. If a student wishes to appeal an academic sanction, this request should be presented in writing to the EAD within 14 calendar days of receiving the academic sanction from the P & P. The appeal may be based on the following grounds:

1. To consider new information, sufficient to alter the decision, or other relevant facts that the person appealing the decision feels the P & P may not have known, but should have taken into account, in considering their academic sanction.
2. To allege a procedural error within the process that led to the P & P decision that may have substantially impacted the fairness of the decision.

For appeals of academic sanctions not involving dismissal, the EAD will make the final decision on the appeal and will notify the student of that decision. For appeals from P & P findings that include dismissal, the EAD will convene an ad-hoc review panel of faculty members to consider the appeal. The review panel, at its discretion, can meet with the student, EAD, faculty or chair of the P & P to get clarification of any issues. The review panel reviews the documentation from the P & P and sends its recommendation to the EAD whether or not to uphold the decision of the P & P. The EAD will ultimately make the final decision on the appeal and will notify the student of that decision. All appeal decisions are final.

It should be noted that all appeals should be conducted in a professional manner by the student involved; that is, demonstrating respectful disagreement with the perspective and judgment used by faculty members. Failure to exhibit
appropriate professional attitudes may immediately terminate the appeal process and lead to an unprofessional conduct report.

**Length of Time to Complete Degree**

The standard MD program at EUSOM takes four years to complete; however, students may apply to postpone graduation for a year if they:

- a. Want to obtain another degree (e.g., MPH)
- b. Want to spend a year doing a scholarly project (or extended Discovery)
- c. Want to take an additional year of formal coursework

Students who need time off for extenuating medical/personal issues are advised to take a Leave of Absence (LOA) from medical school (Section 9). Students may be eligible to be enrolled at EUSOM for additional periods for purposes of remediation or completion of degree requirements.

Students who plan to obtain the MD degree with no additional degrees or certificates must complete all academic requirements of the MD degree within no more than six academic years from the date of matriculation. Approval for a well-planned fifth year is required. The academic records of students who are approaching the deadline of “Time to Degree” for the MD degree will be reviewed by the Registrar and the Progress and Promotions Committee, with enough notice to enable the student to complete the requirement by the end of “Time to Degree”.

**Section 13: Professional Conduct**

**Expectations**

*Emory University is an institution dedicated to providing educational opportunities for its students, transmitting and advancing knowledge, and providing a wide range of services to students and to the general community.* To accomplish these objectives and responsibilities requires that the University be free from violence, threats and intimidation; protective of free inquiry and dissent; respectful of the rights of others; open to change; supportive of democratic and lawful procedure; and dedicated to intellectual integrity and a rational approach to the resolution of human problems.

The tradition of the university as a sanctuary of academic freedom and center of informed discussion is an honored one, to be guarded vigilantly. The basic significance of that sanctuary lies in the protection of intellectual freedoms: the rights of professors to teach; of scholars to engage in the advancement of knowledge; of students to learn and express their views.

Health professionals are privileged to serve in important and time-honored roles as caregivers for other humans. These roles include physical and emotional dimensions that demand the highest degree of ethical behavior.

Professional behavior includes, but is not in any way limited to *honesty, maintaining confidentiality, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, concern for the welfare of patients, and responsibility to duty*:

- **SPA 17 & SPA 21 Honesty** – Being truthful in communication with all others, while in the healthcare arena or in the community at large.
- **SPA 11 & SPA 16 Maintenance of Patient Confidentiality** – Restricting discussion of patient care to those areas where conversations cannot be overheard by others outside of the care team; refraining from disclosing patient identity to those not connected to the care of the patient; maintaining appropriate security for all paper and electronic patient records, whether in the patient care or research realms.
• SPA 18 & SPA 21 Trustworthiness – Being dependable; following through on responsibilities in a timely manner.

• SPA 7 & SPA 8 Professional Communication and Demeanor – Being thoughtful and kind when interacting with patients, their families, other members of the healthcare team, and all others; maintaining civility in all relationships; striving to maintain composure under pressures of fatigue, professional stress or personal problems; maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the circumstances; refraining from intoxication; abstaining from the illegal use of drugs (both prescription and illicit drugs).

• SPA 15 & SPA 22 Respect for the rights of others – Dealing with all others, whether in a professional or non-professional setting, in a considerate manner and with a spirit of cooperation; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients’ modesty and privacy.

• SPA 20 & SPA 25 Personal accountability – Participating responsibly in patient care to the best of one’s ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if one is unable to perform clinical tasks effectively; complying with University Policies and Procedures in an honest and forthright manner.

• SPA 22 & SPA 23 Concern for the welfare of patients – Treating patients and their families with respect and dignity both in their presence and in discussions with others; avoiding the use of foul language, offensive gestures or inappropriate remarks; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when one’s ability to function effectively is compromised and asking for relief or help; never administering care, in person or over the phone while under the influence of alcohol or other drugs (prescription or illegal); not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient; advocating for the best care of the patient, in context of that patient’s beliefs and desires.

• SPA 18 & SPA 25 Responsibility to duty – Effectively undertaking duties with alacrity [eagerness, enthusiasm and promptness are synonyms] and persevering until complete, or notifying a responsible more senior person of a problem; being punctual for class, small groups, rounds, conferences and other duties; timely notification of supervisory faculty, residents and Deans of absences or an inability to carry out assigned duties; seeing patients regularly and assuming responsibility for their care with appropriate supervision; identifying emergencies and responding appropriately; and being available to faculty or staff personnel when on duty.

Standards of Dress and Appearance

Students are expected to convey a professional demeanor, not only in their behavior but also in their dress and appearance. A professional image conveys credibility, trust, respect, and confidence to one’s colleagues and patients. In all educational settings—classroom, laboratory, clinical environment—students are expected to be clean, well groomed, and dressed in a manner appropriate to their responsibilities and the standards of their assigned clinical sites. When patient-student contact is part of the educational experience (including interactions in the clinic, in the hospital, and with standardized patients), students are expected to dress professionally and wear a clean white coat unless otherwise instructed by EUSOM faculty. When patients are invited into the classroom as part of the Foundations curriculum, medical students should wear respectful and professional attire; white coats are not necessary. Medical students are expected to wear their EUSOM identification badges, ideally placed at the collar or top of the shirt/dress or at the breast pocket of a lab coat, at all times in clinical and academic settings. Of note, each healthcare facility in which students rotate may have their own standards which need to be observed, however the EUSOM will default to the most conservative and restrictive standard that may apply.

All students are required to be clean and maintain appropriate personal hygiene with regard to their body, hair, and nails. Hair and nails need to be clean, neat, and of a reasonable length so as to not interfere with the student’s and/or patient’s safety or ability to perform their duties.
Patients vary in sensitivity to and in expectations regarding the appearance of their health care providers. A reasonable rule of thumb is to lean towards being conservative – for example, choose attire that most people will find appropriate.

Professional dress for clinical duty is outlined below:

**Hair Maintenance**

Hair should be neat, clean, and of a natural human color. Unless head coverings are required for religious or cultural reasons, hats or other head coverings should be avoided.

**Clothing**

Students should wear business attire that is clean and in good repair. In general, clothes should be of a length, fit and style that are appropriate for the clinical environment. Shorts and blue jeans are not appropriate professional dress. Shoes must be clean and in good repair.

**Scrubs**

Scrub suits should be worn in specific patient care areas only. They are the property of the hospital and are not to be defaced, altered, or removed from the hospital. Scrubs are NOT to be worn in the School of Medicine Building (including ExCEl) unless otherwise specified. Stained or soiled scrub suits must be changed as soon as possible; they are a source of potential contamination. All Personal Protective Equipment (e.g., masks, hats, booties) must be removed upon leaving OR’s/procedural/patient room areas.

**Body Piercing and Tattoos**

Body art and body piercing, which may be acceptable in some social situations, should not be worn or displayed by students in professional settings. Tattoos should be covered to the extent possible. Piercings, other than ear piercings, should be covered or removed in professional settings.

**Nametags/Badges**

Students should wear their nametag/badge at all times in the clinical environment. Nametags/badges as previously mentioned, should be above the waist, near eyelevel.

The above provide guidelines that represent minimum standards for dress and appearance to ensure that students present a positive and professional image to patients. You will receive feedback about your grooming and attire from standardized patients, faculty, course directors, and peers when your appearance does not meet expectations for professional and clinical environments. If a faculty member, course or clerkship director or staff member feels that the dress is inappropriate for the setting, they may also ask you to change prior to continuing in that environment.

**Use of Social Media**

As described above, behavior of students in the academic setting and beyond must be in keeping with the ideals of the institution and the profession of medicine. The following paragraphs indicate the current standards for behavior that relate to the use of social media.

Each student is responsible for his or her postings on the Internet and in all varieties of social media. In all communications, students are expected to be courteous, respectful, and considerate of others. Inappropriate postings on the Internet or social media will be considered lapses in the standards of professionalism expected of Emory School of Medicine students. Students responsible for such postings are subject to the Conduct Code process in the
same manner as for any other unprofessional behavior that occurs outside the academic setting. Students who do not follow these expectations may face disciplinary actions including dismissal from the School of Medicine.

Students within the School of Medicine are urged to consider the following before posting any comments, videos, pictures, or essays to the Internet or a social media site:

- There is no such thing as an “anonymous” post. Furthermore, any posts or comments submitted for others to read should be posted with full identification of the writer. Where your connection to Emory is apparent, make it clear that you are speaking for yourself and not on behalf of Emory. A disclaimer, such as, "The views expressed on this [blog; website] are my own and do not reflect the views of my University or the School of Medicine" are required.
- Internet activities may be permanently linked to the author, such that all future employment may be hampered by inappropriate behavior on the Internet.
- Making postings “private” does not preclude others copying and pasting comments on public websites. “Private” postings that become public are still subject to sanctions described in the School of Medicine Conduct Code.
- Do not share information in a way that may violate any laws or regulations (i.e. HIPAA). Disclosing information about patients without written permission of the patient and the School of Medicine, including photographs or potentially identifiable information is strictly prohibited. This rule also applies to deceased patients.
- For Emory’s protection as well as your own, it is critical that you show proper respect for the laws governing intellectual property, copyright and fair use of copyrighted material owned by others, including Emory’s own copyrights and brands. Curricular materials developed by Emory faculty and staff or faculty/staff of other medical schools or educational institutions should not be distributed or redistributed. When in doubt, students should seek guidance regarding appropriate use of such materials.
- Do not share confidential or proprietary information that may compromise Emory’s research efforts, business practices or security.

**Emory University Social Media Guidelines**

**AMSA Social Media Guidelines for Medical Students and Physicians**

In addition to the above, the Social Media Guidelines for Medical Students and Physicians, created by the American Medical Student Association, should be followed.

In all situations, including on social media sites, members of the medical profession should always represent him/herself in a manner that reflects values of professionalism, accountability, integrity, honor, acceptance of diversity, and commitment to ethical behavior.

For purposes of these guidelines, “social media” includes Internet and mobile-based applications that are built on user-generated shared content. Social networks including, but not limited to, blogging, microblogging (e.g., Twitter), networking sites (e.g., Facebook, LinkedIn), podcasts and video sites (e.g., Flickr, YouTube) – offer opportunities for communication, information/experience sharing, collaborative learning, professional interactions and outreach.

**Guidelines for social networking***

- **Be professional.** As medical students and physicians, we should represent our profession well. Adhere to rules of ethical and professional conduct at all times.
- **Be responsible.** Carefully consider content and exercise good judgment as anything you post can have immediate and/or long-term consequences and carry the potential for significant public impact and viral spread of content. Therefore, all statements must be true and not misleading. Make sure that you differentiate opinions from facts.
- **Maintain separation.** Avoid interacting with current or past patients through social media, and avoid requests to give medical advice through social media. (e.g. replying to a post on social media asking to be diagnosed)

- **Be transparent/use disclaimers.** Disclose yourself and provide an appropriate disclaimer that distinguishes your views from those of the clinic, hospital system and/or University with which you are associated (while at the same time, being careful not to violate any social media policy to which you may be subject by such organizations). Without specific direction from the appropriate personnel, you may not present yourself as an official representative or spokesperson for said organizations. Also, be sure to reveal any conflicts of interest and be honest about your credentials as a medical student or physician (resident or otherwise).

- **Be respectful.** Do not use defamatory, vulgar, libelous and potentially inflammatory language and do not display language or photographs that imply disrespect for any individual or group because of age, race, national origin, gender, sexual orientation, ethnicity, marital status, genetic information, military status, or any other protected characterization or group.

- **Follow copyright laws.** Comply with copyright laws. Make sure you have the right to use material before publishing.

- **Protect client/patient information.** Do not discuss confidential information and follow standards of patient privacy and confidentiality and regulations outlined in Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g). Remember you could personally face a HIPAA violation if there are enough details in the post for patients to recognize themselves.

- **Avoid political endorsements.** Political endorsements of candidates should be avoided outside your own personal social media accounts, even there comments should be carefully considered. Endorsements of any candidates or political parties via AMSA social media channels is strictly prohibited, be aware of where and how AMSA’s name is used.

- **Comply with all legal restrictions and obligations.** Remember use of social networking sites or weblogs can carry legal and professional ramifications. Comments made in an unprofessional manner can be used in legal, professional, or other disciplinary proceedings (i.e., hearings before a State Medical Licensing Board).

- **Be aware of risks to privacy and security.** Read the site’s Terms of Use and Privacy Policy. Be cognizant of continuous changes in these sites and closely monitor the privacy settings of the social network accounts to optimize your privacy and security.

*Adapted from the Social Media Guidelines for the American Medical Student Association (AMSA).

**Emory University School of Medicine Conduct Code**

Given the goals of the University as a place of academic freedom, and the School of Medicine as a site of training for highly ethical healthcare providers, a system is necessary to provide the proper balance between the academic freedoms allowed a member of the University and his or her responsibility as a future healthcare professional. For this purpose, and in accordance with the Bylaws of the University, the President of the University has defined the interests of the University community to be promoted and protected by such a system and has delegated to the Executive Associate Dean for Medical Education and Student Affairs for the School of Medicine the responsibility of designing and maintaining a conduct code for Emory School of Medicine students.

This Code may be reviewed annually and changes require the approval of the Executive Associate Dean for Medical Education and Student Affairs and approval of the Senior Vice President and Dean for Campus Life. Provisions of this Code may be revised, supplemented, or amended at any time by action of the appropriate University authorities.

From the time an individual accepts an offer of admission to a program of the School of Medicine until the day of completion of that degree program and graduation from Emory University, he or she is considered a student of the School of Medicine and is governed by the principles set forth within this Conduct Code.
The Emory University School of Medicine Conduct Code pertains to misconduct of medical students enrolled in the School of Medicine outside of an academic setting. Academic and professional discipline of students is not covered by this Code but rather falls within the jurisdiction of either the School of Medicine Honor Code or the Progress and Promotions Committee.

**Basic Expectations/Inherent Authority**

The primary purpose for the imposition of non-academic discipline in the School of Medicine setting is to protect and preserve the quality of the educational environment in the campus community. This purpose entails several basic expectations:

1. That the School of Medicine and the University at large assumes high standards of courtesy, integrity, and responsibility in all of its members;
2. That each student is responsible for his/her conduct and that continuation as a student is conditional upon compliance with the requirements of student conduct expressed or implied in this Code.

The School of Medicine reserves the right to take necessary and appropriate action to protect the safety and well-being of the campus community and the patients we serve. The Executive Associate Dean for Medical Education and Student Affairs is charged with the welfare of all medical and health professions programs students. Accordingly, in emergency situations, this individual has full authority to deal with student conduct according to the exigencies of the emergency and for its duration.

The School of Medicine is not designed or equipped to rehabilitate students who do not abide by this Code. It may be necessary to remove those students from the campus and to sever the institution’s relationship with them as provided in this Code.

The Senior Vice President and Dean for Campus Life is delegated responsibility pertaining to all student organizations and student government and, in conjunction with the Executive Associate Dean for Medical Education and Student Affairs, has the responsibility and authority to discipline such organizations whose members are students within the School of Medicine.

**Confidentiality**

The details of Conduct or Progress and Promotions meetings are confidential and will not be released outside the University without the student’s specific written permission except as provided by applicable law. If a student is found to have violated the Conduct Code, the resulting sanctions can be included in any performance assessment or letter of recommendation requested by the student or an outside entity. Conduct Code violations and sanctions may also be reported to other agencies, such as the military, the federal government, licensing boards, and others if requested by the agency and accompanied by a signed release from the student.

**Violations of the Law and This Code**

Students may be accountable both to civil authorities and to the University for acts that constitute violations of law and of this Code. Those accused of violations of this Code are subject to the disciplinary proceedings outlined in this Code while criminal, civil, or other internal proceedings regarding the same conduct are pending. Accused students may not challenge the disciplinary proceedings outlined in this Code on the grounds that criminal charges, civil actions, or other internal proceedings regarding the same incident are pending, may be initiated, or have been terminated, dismissed, reduced, or not yet adjudicated. The University will refer matters to federal, state, and local authorities for prosecution when appropriate.
Prohibited Conduct

Each student may be subject to this Code whether misconduct occurs on University premises, at University or School of Medicine sponsored activities, or at any location off-campus when such conduct is brought to the attention of the University or the School of Medicine.

It is neither possible nor necessary to specify every instance of misconduct that could result in disciplinary action against a student. Violations of the Standards of Professional Conduct as described in Section I of this Student Handbook may also constitute “Prohibited Conduct” that is subject to this Code of Conduct. The following list includes, but is not limited to, conduct that may subject a student to disciplinary action:

1. Attempting, assisting, or encouraging any conduct as described below.
2. Causing physical harm to any person or causing reasonable apprehension of such harm.
3. Disorderly or indecent behavior including, but not limited to, destroying or damaging University property or the property of others.
4. Engaging in conduct directed at a specific person or persons that seriously alarms or intimidates such person or persons and that serves no legitimate purpose. Such conduct may include: explicit or implicit threats, including gestures that place a person in reasonable fear of unwelcome physical contact, harm, or death; following a person about in a public place or to or from his or her residence; making remarks in a public place to a specific person that are by common usage lewd, obscene, expose a person to public hatred, or that can reasonably be expected to have a tendency to cause acts of violence by the person to whom the remark is addressed; or communicating anonymously by voice or graphic means or making a telephone call anonymously whether or not a conversation ensues.
5. Violating the University’s Policy on Sex and Gender-Based Harassment and Discrimination.
6. Violating the University’s Policy on Equal Opportunity and Discriminatory Harassment.
7. Initiating or causing any false report, warning, or threat of fire, explosion, or other emergency.
8. Misrepresenting information or furnishing false information to the University or its representatives.
9. Forgery, alteration, misrepresentation, counterfeiting, or misuse of any University or other document, instrument of identification, or access device.
10. Providing alcoholic beverages to an individual under 21 years of age or to one who is noticeably intoxicated, or possession or use of alcoholic beverages by an individual less than 21 years of age.
11. Unauthorized possession of an open container of an alcoholic beverage.
12. Appearing in a public place manifestly under the influence of alcohol or a controlled or other intoxicating substance, particularly when there is danger to self, others, or property or there is unreasonable annoyance to person(s) in the vicinity.
13. Unauthorized distribution, possession, or use of any controlled substance or distribution, possession, or use of any illegal drug.
14. Unauthorized use, possession, or storage of any weapon.
15. Unauthorized use or possession of fireworks or incendiary, dangerous, or noxious devices or materials.
16. Intentionally or recklessly misusing or damaging fire or other safety equipment.
17. Theft or misuse of property or services.
18. Substantially interfering with the freedom of expression of others.
19. Interfering with normal University or School of Medicine functions, University-sponsored activities, or any function or activity on University premises including but not limited to studying, teaching, public speaking, research, University or School of Medicine administration, or fire, police, or emergency services.
20. Disregarding or failing to comply with the directive of a hearing body or University official including a campus police officer acting in the performance of his or her duties.
21. Disregarding or failing to comply with the directive of an officer of the law acting in the performance of his or her duties.
22. Disrupting University or other computer systems; unauthorized alteration, disclosure, gaining or providing unauthorized access; or destruction of University or other computer system or material; improper access to
University or other computer files and systems; or violation of copyright or proprietary material restrictions connected with University or other computer systems, programs, or materials.

23. The display or distribution of lewd, offensive, threatening or inappropriate material via paper or electronic means. Such material includes pictures, videos, or written content that portray oneself or others in a manner that brings dishonor to the profession of medicine.

24. Violating any government laws or ordinances, or of any University or School of Medicine rules, regulations, or policies including but not limited to the “Standards of Professionalism” set forth above. Such rules, regulations, or policies shall include but are not limited to the regulations and policies contained in the Campus Life Undergraduate Code of Conduct, Information Technology Division (ITD) materials, Policy Statement on Discriminatory Harassment, Sexual Assault Policy Statement, School of Medicine Medical Student Handbook; regulations relating to entry (opening and closing hours) and use of University facilities; traffic and parking regulations; regulations and policies on the sale, consumption or misuse of alcoholic beverages; and on the misuse of identification cards.

25. Failure to report any arrests, criminal charges, positive results of drug tests or Criminal Background Checks (CBCs) that occur from the time of acceptance until graduation.

26. Recording any other person without the consent of the person(is) being recorded.

27. Inappropriate use of social media.

Conduct Procedures

Anyone wishing to report an alleged incident of misconduct under this Code may make such a report to the Executive Associate Dean for Medical Education and Student Affairs or to any Assistant or Associate Dean for Medical Education and Student Affairs. Reports generated by the Emory Police will be forwarded to the Dean for Campus Life or his/her designee and to the Executive Associate Dean for Medical Education and Student Affairs. The Executive Associate Dean for Medical Education and Student Affairs will make a determination as to whether or not an action should be taken in response to a report. If it is determined that further action should be taken, the Executive Associate Dean for Medical Education and Student Affairs will notify the student in writing that he or she must make an appointment for a preliminary meeting within five days of the date on the notice for the purpose of reviewing the report. Failure of the student to schedule or attend this preliminary meeting will automatically result in formal charges as described below.

Following this preliminary meeting, an investigator (faculty member) will be appointed by the Executive Associate Dean for Medical Education and Student Affairs to conduct an investigation to determine if the report has merit. The investigator may recommend the matter should proceed to formal charges or be disposed of administratively by agreement of the parties involved on a basis acceptable to the Executive Associate Dean for Medical Education and Student Affairs.

If the matter is not so resolved, the Executive Associate Dean for Medical Education and Student Affairs will then meet again with the student and present the student with a letter stating the formal charges and a copy of all documents relevant to the case.

If a student admits to having violated the Code of Conduct as charged, the student shall have the following options as to how sanctions will be determined:

1. The student may waive his or her right to a hearing and have the Executive Associate Dean for Medical Education and Student Affairs determine the appropriate sanction.

2. The student may choose a hearing with an ad hoc conduct committee appointed by the Executive Associate Dean for Medical Education and Student Affairs to determine the appropriate sanctions.

This selection shall be made in writing within five days of the student’s request for a hearing and be recorded by the Executive Associate Dean for Medical Education and Student Affairs.
If the student does not admit to having violated the Code of Conduct as charged, the charges will be referred for a hearing and a copy of all documents relevant to the case will be forwarded to the appropriate hearing body and the student involved.

If an accused student fails to respond to any notification in writing concerning the conduct process, his or her case will be automatically referred to a hearing with an ad hoc conduct committee.

The School of Medicine reserves the right to place a “hold” on the diploma, degree certification, or official transcripts of a student who has been charged with a conduct violation under the Code even though he or she may have completed all academic requirements. The diploma, degree certification, or official transcripts may be withheld until the conduct charges have been resolved and/or sanctions completed.

School of Medicine Conduct Committee

The School of Medicine Conduct Committee is an ad hoc committee appointed by the Executive Associate Dean for Medical Education and Student Affairs to hear non-academic medical or health professions programs student conduct cases. The Conduct Committee is composed of:

1. A Chair appointed by the Executive Associate Dean for Medical Education and Student Affairs, who shall be a faculty member but not a voting member of the Council and an alternate;
2. Two voting faculty members and one alternate;
3. One voting School of Medicine administrator (Dean, Director, Associate or Assistant Dean) and one alternate;
4. Three voting student members (medical students or academic health students, determined by the school enrollment status of the student accused of misconduct) and one alternate.

The ad hoc Conduct Committee must have a minimum of five members present in order to convene, two of who must be faculty.

Hearing Procedures

The Executive Associate Dean for Medical Education and Student Affairs may require any student, faculty, or staff member of the School of Medicine to attend and/or testify at any hearing or meeting regarding a conduct matter that is covered under this Code.

Whenever a hearing is to be held regarding an alleged incident of misconduct under this Code, the accused student and the complainant, if any, shall be given at least seven (7) calendar days’ written notice of the charges alleged against the accused student and of the date, time, and place of the hearing.

The ad hoc Conduct Committee shall conduct the hearing. The Committee may require witnesses to testify at the hearing who are students, faculty, or staff of the School of Medicine and who are available to attend. Rules of evidence that apply in courts of law shall not apply in such hearings. The hearing shall be closed to everyone except the hearing body, appropriate staff, the accused student, and the complainant, advisors to the accused student and the complainant.

Witnesses will be present at the hearing only during the actual time of their testimony.
An advisor of his or her choice may assist the accused student and the complainant. The advisor must be a member of the Emory University School of Medicine faculty or staff or a student currently enrolled in the School of Medicine. The Chair of the ad hoc Conduct Committee will consider exceptions. The advisor may not be an attorney.

Both parties and/or their advisors are allowed to:

1. Be present at the hearing until such time as the hearing body retires to deliberate the decision. However, if either the student or the advisor or the complainant fails to appear at the hearing, the hearing may be held in their absence.
2. Present tangible and documentary evidence and evidence by witness or by signed witness statements of witnesses who do not attend the hearing including the signed written statements of the complainant or the accused. If witnesses fail to appear, the hearing shall be held in their absence.
3. It is the responsibility of the accused student and of the complainant to notify any additional witnesses not called by the hearing body. Additional witnesses must have the prior approval of the Chair of the hearing body. All witnesses should be notified of the date, time, and place of the hearing.
4. Question all witnesses who give evidence at the hearing directly or through written questions presented through the Chair.

The Chair of the ad hoc Conduct Committee shall have final decision on what evidence may be presented and the tone of questioning. The Chair may decide to stop questions at any time.

**Hearing Decisions**

The decisions of the ad hoc Conduct Committee as to both violation and sanctions are in all cases advisory to the Executive Associate Dean for Medical Education and Student Affairs. The ad hoc Conduct Committee shall deliberate and decide whether the accused student has violated this Code. The hearing body may decide that the student is in violation of a less serious offense than that originally charged. A determination that a student has violated the School of Medicine Conduct Code requires a simple majority vote. In the case of a tie, the Chair shall cast the deciding vote.

If the finding of a violation is determined, the hearing body shall be provided with the record of previous disciplinary proceedings in which the student was found in violation. On the basis of the hearing and the student’s previous record, a decision will be made regarding sanctions by a simple majority vote. In the case of a tie, the Chair shall cast the deciding vote.

A written decision will be issued from the hearing committee to the student within seven (7) days of the date of the hearing. The accused shall receive written notice of the outcome of the hearing which includes: (1) a statement of charges; (2) a summary of the facts in the case; (3) the decision; (4) a brief statement of the hearing body’s reasoning; and, if a violation is found, (5) sanction(s). The accused student will also receive information on the rights of appeal. The Executive Associate Dean for Medical Education and Student Affairs shall review all decisions of the Conduct Committee. The Dean of the School of Medicine shall also review any decision resulting in a sanction of suspension or expulsion. The Executive Associate Dean for Medical Education and Student Affairs and the Dean shall make a final decision regarding the recommendations of the Hearing Committee.

**Sanctions**

The following sanctions, singularly or in combination, may be imposed upon any student found to have violated the School of Medicine Conduct Code:

1. **Warning:** A notice in writing to the student that the student has violated institutional regulations and must cease and not repeat the inappropriate action.
2. Probation: A written reprimand for violation of specific regulations. Probation is for a designated period of time and includes the probability of more severe disciplinary sanctions if the student is found to be violating any institutional regulation(s) during the probationary period.
3. Restitution: Compensation for loss, damage, or injury. This may take the form of service, monetary compensation, or material replacement.
4. Discretionary Sanctions: Work assignments or service to the School of Medicine, the University or the community.
5. Suspension: Separation of the student from the School of Medicine for a definite period of time, after which the student may be eligible to return. Conditions for readmission may be specified.
6. Expulsion: Permanent separation of the student from the School of Medicine.

Conduct sanctions (5) Suspension and (6) Expulsion shall be entered permanently on a student’s record. Sanction (2) Probation shall be entered on a student’s record for the term of the probation. Any sanction may include mandatory referral to university-based resources for medical or mental health evaluation and treatment if necessary. An evaluation supporting the student’s reentry to medical school may be needed before reentry into any course work or clinical rotations.

**Appeal**

The accused student may appeal decisions rendered by the ad hoc Conduct Committee to the Dean of the School of Medicine. To initiate an appeal, the accused student must submit a signed, written statement of the specific reason(s) to the Dean within seven (7) days of receipt of the hearing decision.

The Dean will review the process and the decision to determine:

1. Whether or not the hearing was conducted in accordance with the procedures outlined in the Conduct Code;
2. Whether or not the interpretation of the code was appropriate;
3. Whether or not the sanction(s) imposed were appropriate.
4. After reviewing the documents pertaining to the case, the Dean will issue a written review of the hearing decision with a reasonable period of time from the receipt of the request for review.

The Dean will either:

1. Affirm the hearing decision;
2. Affirm the findings of the hearing decision but recommend a different sanction; OR
3. Remand the case to the Executive Associate Dean for Medical Education and Student Affairs to assign a new ad hoc School of Medicine Conduct Appeal Board to conduct a new hearing.

**School of Medicine Conduct Appeal Board**

The Appeal Board will be established at the time the Dean remands a case to the Executive Associate Dean for Medical Education and Student Affairs for conducting a new hearing.

The Board shall be composed of:

1. One voting administrator appointed by the Executive Associate Dean for Medical Education and Student Affairs;
2. Up to three voting faculty members appointed by the Dean.
3. One voting medical or academic health student, depending on the status of the accused, appointed by the Dean.
The Appeal Board shall follow the same guidelines as the initial hearing, reviewing the case independently, and make a final recommendation to the Dean. The Executive Associate Dean for Medical Education and Student Affairs shall provide the recommendation of the School of Medicine Conduct Appeal Board to the Dean whose decision shall be final.

Notification and Retention of Records

The Executive Associate Dean for Medical Education and Student Affairs shall forward notification of all final action to the Dean. The Executive Associate Dean for Medical Education and Student Affairs shall maintain files on all medical and academic health students’ conduct reports, records, and hearing proceedings according to procedures established by that office.

Professional Conduct Evaluation Form

The Professional Conduct Evaluation Form can be completed by any course or clerkship director, or a small group advisor. The form is a tool that can be used to document concerns regarding student professional behavior. The form is completed, reviewed with the student, and then forwarded to the Progress and Promotions Committee for review.

Section 14: Registration, Cancellation, and Withdrawal

Every student is required to be registered prior to each academic year. Those who have not followed standard procedures in any way must present their plan of study for the entire medical course to the Dean or the Dean's designee for approval.

Class registration for any term is not complete until the student is in compliance with all published procedures and until outstanding financial responsibilities to the University have been met. Students with a hold on their account preventing registration will be contacted to clear the hold before class registration can proceed. After the last date for changing courses, registration may only be permitted by joint consent of the Executive Associate Dean for Medical Education and Student Affairs or their designee, the Registrar, and the faculty of the desired courses. Registration is not permitted after eight calendar days following the date on which classes began. Tuition and fees are due and payable prior to the first day of class each semester.

A student's registration and attendance of classes is considered as agreement to comply with the rules and regulations of the University as published in the catalogs and other official publications of the school and as amended or revised during the student's continued enrollment.

Registration may be cancelled during the first week of classes as stated in the University academic calendar with the precise date each semester. Cancellation of registration means that no deficiencies will be noted on the student's transcript. A student who wishes to leave the University after the first week must officially withdraw; honorable dismissal requires that this procedure be followed.

Withdrawal forms may be obtained in the School of Medicine Registrar’s Office.

Section 15: Feedback to Students

In addition to summative feedback, students receive frequent formative feedback throughout medical school to help in their progress in learning. During the Foundations Phase, students have formative feedback opportunities such as practice tests, thought questions, in-class or online quizzes, and practice problem sets. Students receive formative feedback on their clinical skills from their small group advisor and from simulated participants as part of the Essentials of Patient Care course. Students receive formative feedback during the outpatient experience (OPEX) from their clinical preceptors. During the clinical years, students receive on-going feedback about their progress. This is
based on direct-observation of students’ clinical skills. In addition, students receive formative feedback about their progress in medical school with attention to areas such as professionalism and to adjustment to medical school from their small group advisors.

Section 16: Student Assessment, Grading, and Grade Appeals

Overview

Assessments are measurements of student performance conducted using instruments such as written exams or observational checklists. Evaluations are comprehensive summaries of student performance measured against a performance standard.

A wide variety of assessment types are used to measure students’ academic and professional performance in relation to the Emory University School of Medicine Student Physician Activities (SPAs) and are incorporated into grades for courses and clerkships. In addition to written exams and academic papers, instructor observational assessments are often used during small group work, during patient care on clerkships, for elective courses, and in research labs. Objective Structured Clinical Exams (OSCEs) are a regular and vital element of student assessment.

Grading Scales

S/U

- “S” indicates satisfactory work; Pass
- “U” indicates unsatisfactory work
- A grade of “U” carries no academic credit. A student cannot be promoted to the next phase of the curriculum with a grade of “U” on their transcript. Any student who receives a “U” will, at a minimum, have to successfully remediate the course, and may be susceptible to additional actions such as probation or dismissal, as determined by the Progress and Promotions Committee.

A -- F

The letter grades “A” through “F” indicate the quality of a student’s performance as measured by various assessment instruments and processes: modifiers of ‘plus’ or ‘minus’ with letter grades are also used. Letter grades are derived from a comprehensive, summative evaluation of a student’s achievement, both academically and professionally. Grades are assigned based on published criteria.

- “A” indicates exceptional performance
- “B” indicates good performance with no identified weaknesses
- “C” indicates acceptable performance with improvement needed
- “D” indicates unacceptable performance on at least one criterion and no academic credit is awarded
- “F” indicates unacceptable performance on multiple criteria and no academic credit is awarded
- A student cannot be promoted to the next phase of the curriculum with a grade of “D” or “F” on their transcript. Any student who receives a “D” or “F” will, at a minimum, have to repeat the clerkship, and the
student will be susceptible to additional actions such as probation or dismissal, as determined by the Progress and Promotions Committee. Any repetition of coursework must be completed as soon as possible after the grade of “D” or “F” has been submitted.

**IP and I**
- “IP” indicates ‘in-progress’ course work. Final transcripts cannot carry grades of “IP.”
- “I” indicates incomplete course work.
- The grade of “I” will be assigned to students who have been unable to complete the requirements of the course/clerkship due to absences approved by the dean’s office. The grade of “I” is appropriate only when enough work has been completed at an acceptable level of performance such that the student can complete the remaining work without repeating the entire course/clerkship.
- If a student receives a grade of “I,” the remaining work must be completed within a reasonable time, as determined by the Dean’s office, or the grade of “I” will automatically convert to an “F.” The grade of “I” cannot be assigned for unsatisfactory work. The grade of “I” is to be viewed as a non-prejudicial entry on the student’s record.

**W**
- “W” indicates withdrawal from course or clerkship without penalty “WF” indicates withdrawal failing
- “WU” indicates unsatisfactory withdrawal

**Grading in the Foundations Phase**

In the Foundations Phase of the curriculum, grades “S” or “U” are assigned to students for each course. Students will receive a grade of Satisfactory in any course during the Foundations phase if they meet either of the following criteria: A student’s total score for the course is greater than 2 standard deviation units below the mean (i.e. z > -2.0) OR the student’s total percentage score is greater than 68.2%. When appropriate, students may also be assigned the grades of “I,” “IP,” “W,” “WF,” or “WU.”

Students may not progress to the Application Phase of the curriculum without receiving a final grade of “S” in all Foundations courses. Although Anatomy is not a separately graded course, students must reach a satisfactory standard of performance as defined in the Anatomy syllabus.

**Grading in the Application, Discovery, and Translation Phases**

In the Application, Discovery, and required clerkship portion of the Translation Phases of the curriculum, grades “A+” through “F” are assigned to students. For electives taken during in the Translation Phase, grades of “S” or “U” are assigned. When appropriate, students may also be assigned the grades of “I,” “IP,” “W,” “WF,” or “WU.”

If a student fails any aspect of a clerkship that is required to pass the clerkship, the student will receive a failing grade (“D” or “F”) for the clerkship and be required to repeat the clerkship in its entirety. The student will be re-enrolled in the clerkship and a second grade will be issued after repetition of the clerkship; however, the “D” or “F” grade earned after completing the clerkship for the first time will remain on the student’s official transcript.

Students must successfully complete all Application clerkships before proceeding to the next phases of the curriculum.

**Completion of Clerkship Requirements**
All clerkship requirements, as defined by the individual clerkship directors, must be completed by 5pm on the final day of the rotation, including but not limited to patient logs in OASIS and direct observation forms. Students who fail to complete clerkship requirements on time will be subjected to penalties outlined by the clerkship directors and may result in a grade deduction or a failing grade for the clerkship.

Conflicts of Interest in Grading

Residents and faculty members with a conflict of interest (e.g., professional, personal, or familial relationship to a student, including providing health services or psychiatric/psychological counseling) should not participate in assessing a student in which a conflict exists. The EUSOM Separation of Roles outlines this in further detail.

On the rare occasion when a student’s Small Group Advisor is also a clerkship director, the department Vice Chair for Education (or designee) will be responsible for assigning grades for those students in which a conflict exists.

Grade Appeals

Students are encouraged to discuss their final grades with the course, clerkship, or elective director. Although grades are assigned as an accurate and fair representation of a student’s work, students have the right to appeal a grade and to receive an independent review of the grading criteria and their performance.

If a student wishes to appeal a final grade, this should be presented in writing to the Executive Associate Dean of Medical Education and Student Affairs within 14 days of receiving the grade. The appeal may be based on the process that led to the grade and/or questions of factual content used in the evaluation process. The Executive Associate Dean for Medical Education and Student Affairs or his/her designee will then review the basis for the appeal of the grade.

Upon review, the Executive Associate Dean for Medical Education and Student Affairs may find that based on process or factual content, there is no basis for a change of an evaluation or grade.

Alternatively, the Executive Associate Dean for Medical Education and Student Affairs may recommend that the grade be changed.

After review by the Executive Associate Dean for Medical Education and Student Affairs and submission of the reconsidered grade, the student may appeal any decision to the Dean of the medical school. The decision by the Dean shall be final.

It should be noted that any and all grade appeals should be conducted in a professional manner by the student involved; that is, demonstrating respectful disagreement with the perspective and judgment used by faculty members. Failure to exhibit appropriate professional attitudes may immediately terminate the appeal process and lead to an unprofessional conduct report.

Section 17: Remediation

Remediation During the Foundations Phase

Assessments are used to identify those students who have not achieved minimal competency during a course: remediation is the process used to improve student performance and ensure that all students achieve the designated Student Physician Activities (SPAs) before moving on to the Application Phase of the curriculum.

Remediation Policy
The Office of Medical Education and Student Affairs will notify students of their need to remediate a course no later than two weeks after exam completion. This email will be cc’d to the course and Foundations director.

Schedule:

- The student must contact the course director within one week after the notification from OMESA. **It is the responsibility of the student to schedule the remediation process with the course director.**
- Students are required to make their first attempt at remediation no later than two weeks after their notification about the need to remediate an anatomy examination, and no later than the end of the week following the next school break for all other courses. Under certain circumstances, remediation may be delayed with prior permission from Dr. David Schulman, Director of Foundations.
- Students with remediations outstanding at the end of the Foundations Phase must complete these remediations no later than December 31 of their second year of medical school. All remediations must be complete before a student may move into the Application phase.

Process:

- Students requiring remediation must meet with the director of the course to be remediated. If, during this conversation, the student identifies a non-academic contributor to their poor performance (i.e., something medical or social), this should be brought to the attention of the Executive Associate Dean of Medical Education and Student Affairs, Dr. Bill Eley, jeley@emory.edu or 404-712-9979.
- The process for remediation, as determined by the course director, should be tailored to the individual student through the identification and correction of specific areas of deficiency. Retaking the entire course exam should only be necessary if the student’s performance in all major content areas is unsatisfactory.
- The course director will provide the Office of Medical Education and Student Affairs a record of the remediation process for each student. This record will outline the format of the remediation, the dates on which it occurred, and whether the student successfully remediated on that date. If the student was unsuccessful on an attempt at remediation, the course director will briefly outline how they were unsuccessful. This will be part of the student’s record. Failure to demonstrate adequate competence will necessitate additional remediation by the student. If a student is not able to demonstrate mastery of the course material after two attempted remediations, the course director may consult with the Progress and Promotions Committee regarding appropriate next steps.
- Each failed anatomy exam will need to be individually remediated. If a student fails any exam on the first attempt, that failure will be documented for Progress and Promotions.

To more readily identify students in academic difficulty and offer them additional support services in a timely fashion, students who need to remediate more than one course/thread will be provided with information on receiving a learning assessment, the results of which may trigger further support services that may help the student avoid the need to remediate additional courses.

For students required to repeat the Foundations phase of the curriculum, student progression in anatomy will be as follows:

- Students will be allowed to continue in anatomy, at the discretion of the anatomy director, if they begin the repetition process after having already started the anatomy thread. In this situation, students will not be required to retake anatomy (as part of repeating Foundations) if they pass ALL of the anatomy exams.

Remediation During the Application, Discovery and Translation Phases

Students who receive a D or F in a clerkship or Discovery will have to repeat and successfully pass the respective clerkship or Discovery in order to progress to the next phase of the curriculum.
Section 18: Use of Student Feedback

Confidentiality of Student Evaluations

Students are expected to submit candid, constructive, professional evaluations of EUSOM courses, faculty, residents, and others when asked to do so. All evaluations are confidential and are blinded to prevent school personnel from knowing the identity of the person submitting an evaluation. It is vital to the evaluation process that students not fear retribution or recrimination based on their honest perceptions.

Although students must log in to the OASIS system in order to submit evaluations, OASIS is specifically designed to redact all identifying data from every type of evaluation form submitted. This protects students from real or perceived retribution for the evaluation data that they submit. Evaluation data collected through OASIS are stripped of individual identifiers and stored on secure servers.

In the unlikely event that a student submits information through the evaluation process that could pose a credible threat to the safety of that student or others, a mechanism can be activated to retrieve identifying information about the responsible student. The decision to seek the identification of a student based on information from an evaluation form rests solely with the Executive Associate Dean for Medical Education and Student Affairs, or in his/her absence, a designee. In such a case, the specific evaluation will be matched to the individual student by the designated staff member who has the authority and ability to do so.

With the exception of the aforementioned extreme circumstance, no school personnel will have access to the identity of students who submitted an evaluation.

Student Feedback of Courses, Clerkships and MD Program

Student evaluations of individual courses, clerkships, phases and the MD program as a whole is essential to improving the education experience. In addition to being reviewed by course and clerkship directors, student feedback is reviewed by the Executive Curriculum Committee and its multiple subcommittees. Evaluations are designed to be completely anonymous and are reviewed as part of aggregate data. The School of Medicine is interested in both positive and negative feedback and finds specific, constructive feedback to be most helpful in making necessary changes to the program.

Student Feedback of Residents and Faculty

Student evaluations of residents and faculty are an essential component to improving medical education. Student feedback further assists with resident and faculty development. Course and clerkship directors and the dean’s office have developed ways to ensure that students are protected from retribution when completing evaluations. First, residents and faculty never see names associated with evaluations. Second, residents and faculty cannot see their evaluations until course and clerkship grades have been assigned to students. Third, student evaluations are not available to residents and faculty until they have been aggregated with other evaluations to provide a summarized analysis of resident and faculty teaching performance. These aggregations occur no more frequently than every six months and have at a minimum at least four evaluations aggregated and summarized. Finally, all student feedback of residents and faculty is handled by course and clerkship directors in a delicate and responsive fashion to further protect the identity of students submitting anonymous evaluations.
Policy 1.3
Equal Opportunity and Discriminatory Harassment Policy

Responsible Official: University President
Administering Division/Department: Department of Equity and Inclusion (formerly Equal Opportunity Programs or EOP)
Effective Date: April 13, 2007
Last Revision Date: May 27, 2020

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

EMORY UNIVERSITY NONDISCRIMINATION STATEMENT

Emory University is an inquiry-driven, ethically engaged, and diverse community dedicated to the ideals of free academic discourse in teaching, scholarship, and community service. Emory University abides by the values of academic freedom and is built on the assumption that contention among different views is positive and necessary for the expansion of knowledge, both for the University itself and as a training ground for society at large. Emory is committed to the widest possible scope for the free circulation of ideas.

The University is committed to maintaining an environment that is free of unlawful harassment and discrimination. Pursuant to the University’s commitment to a fair and open campus environment and in accordance with federal law, Emory cannot and will not tolerate discrimination against or harassment of any individual or group based upon race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran’s status, or any factor that is a prohibited consideration under applicable law. Emory University welcomes and promotes an open and genuinely diverse environment.

This policy is a republishing of the Emory University Equal Opportunity and Discriminatory Harassment Policy, which previously was published at: http://www.emory.edu/EEO/equalopportunitydiscriminatoryharassment.htm
This policy also supersedes and retires Policy 8.6, Grievance Procedures – Employee and Student Complaints of Discrimination, and unifies the grievance process. The effective date represents only the date that this version was published on policies.emory.edu and does not reflect the original effective date of this policy.

Applicability

This Policy shall apply to persons who are employees and students of Emory University, vendors, contractors, guests, patrons, and other third parties participating in any Emory-sponsored event or program, whether on or off campus, and to such persons in other situations in which the respondent is acting as a member of the Emory community.

Complaints Against Students

Students are bound by the principles outlined in this policy. However, complaints against students (when acting in the capacity as a student) shall be resolved under the Conduct Code provided by that student’s school or college unless the student’s school or college conduct code provides otherwise. Investigation of complaints against students who are acting in the capacity of an employee shall be conducted by the Director of Department of Equity and Inclusion (DEI) and/or the Title IX Coordinator, or his or her designee, who shall report his or her findings and recommendations to the Senior Vice President and Dean for Campus Life and the Dean of the school or college in which the student is enrolled.

Sexual Harassment Complaints Against Students

Sexual Misconduct is a form of gender discrimination prohibited by Title IX of the Education Amendments of 1972. Title IX specifically prohibits sexual harassment and sexual misconduct in the educational setting. Emory University has adopted a separate Sexual Misconduct Policy, University Policy 8.2 that applies to student-on-student allegations or allegations in which the respondent is a student. Policy 8.2 explains how to report allegations of sexual misconduct, and sets forth detailed procedures designed to provide a fair process for parties when students are involved in allegations of sexual misconduct.

Policy Details

1.3.1. EQUAL OPPORTUNITY POLICY
1.3.2. DISCRIMINATORY HARASSMENT POLICY
1.3.3. INVESTIGATION AND RESOLUTION PROCESSES
1.3.4. COMPLAINTS AGAINST VENDORS, CONTRACTORS AND THIRD PARTIES
1.3.5 DEFINITIONS
1.3.6 ADDITIONAL UNIVERSITY RESOURCES

1.3.1. EQUAL OPPORTUNITY POLICY

Emory University is dedicated to providing equal opportunities to all individuals regardless of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, and veteran’s status. Emory University does not discriminate in admissions, educational programs, or employment on the basis of any factor stated above or prohibited under applicable law. Students, faculty, and staff are assured of participation in University programs and in the use of facilities without such discrimination. Emory University complies with all applicable equal employment opportunity laws and regulations, and follows the principles
1.3.2. DISCRIMINATORY HARASSMENT POLICY

In keeping with its commitment to maintaining an environment that is free of unlawful discrimination and with its legal obligations, Emory maintains a policy prohibiting unlawful harassment. Discriminatory harassment of any kind, whether it is sexual harassment or harassment on the basis of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran's status, or any factor that is a prohibited consideration under applicable law, by any member of the faculty, staff, administration, student body, a vendor, a contractor, guest or patron on campus, is prohibited at Emory.

At the same time, Emory recognizes the centrality of academic freedom and the University's determination to protect the full and frank discussion of ideas. (See Policy 8.14.) Thus, discriminatory harassment does not refer to the use of materials for scholarly purposes appropriate to the academic context, such as class discussions, academic conferences, or meetings. Additionally, discriminatory harassment does not refer to participation in lawful protests, public forums, or campus publications established for the purpose of freely expressing opinions or ideas in the university community.

A. Discriminatory Harassment of a Sexual Nature

Sexual harassment includes unwelcome conduct, based on sex or gender stereotypes, when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or student status or;
- Submission to or rejection of such conduct is used as the basis for employment or academic decisions affecting such individual or;
- Such conduct is so severe and/or pervasive it has the purpose or effect of unreasonably interfering with a person’s university employment, academic performance or participation in university programs or activities, or creates a working, learning, program or activity environment that a reasonable person would find intimidating, hostile or offensive.

Depending upon the severity and/or pervasiveness of the conduct, sexual harassment may include, for example, subjecting a person to egregious, unwelcome sexual attention, physical or verbal advances, sexual flirtations or propositions, vulgar talk or jokes, degrading graphic materials or verbal comments of a sexual nature about an individual or his or her appearance, or the display of sexually suggestive objects outside a scholarly context and purpose.

Sexual harassment includes sexual misconduct, sexual violence, sexual assault, intimate partner violence, stalking, and gender-based bullying. Prohibited sexual harassment in the working or learning environment includes an attempt to coerce an unwilling person into a sexual relationship; to punish a refusal to comply with a sexual based request; to condition a benefit on submitting to sexual advances, and to make direct or implied threats that submission to sexual advances will be a condition of employment or academic opportunity. Sexual harassment may also occur in the form of unwelcome, sexually suggestive cartoons, pictures, email, text, tweets, video or other graphic materials that may contribute to a hostile working or learning environment.

The alleged harasser may be a member of the faculty, staff, administration, student body, a vendor, a contractor, a guest or patron on campus.

B. Discriminatory Harassment of a Non-Sexual Nature

Emory’s policy prohibits discriminatory harassment of a non-sexual nature, which includes verbal, physical, or graphic conduct that denigrates or shows hostility or aversion toward an individual or group on the basis of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran’s status, or any factor that is a prohibited consideration under applicable law, and that is so severe and/or pervasive it:
• Has the purpose or effect of creating an intimidating, hostile, or offensive employment, educational, or living environment; or
• Has the purpose or effect of unreasonably interfering with an individual’s work performance or a student’s academic performance.

Depending upon its severity and/or pervasiveness, the prohibited behavior may include conduct or material (physical, oral, written, graphic, electronic messages or media posted or circulated in the community) involving epithets, slurs, negative stereotyping, threatening, intimidating, or hostile acts, that serve no scholarly purpose appropriate to the academic context and gratuitously denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran’s status, or any factor protected by applicable law.

The alleged harasser may be a member of the faculty, staff, administration, student body, a vendor, a contractor, a guest or patron on campus.

C. Reporting to Department of Equity and Inclusion (formerly Equal Opportunity Programs or EOP)

Emory encourages anyone who has knowledge of discrimination on campus to report alleged violations of this policy. Because discriminatory harassment interferes with the University’s educational mission and may be unlawful, anyone who becomes aware of discrimination or discriminatory harassment committed by a member of the faculty, staff, administration, student body, a vendor, a contractor, guest or patron on campus, is encouraged to report the harassment to the Director of the Department of Equity and Inclusion (DEI).

Emory faculty, administrators and supervisors are required to immediately report any employment complaints they receive or incidents of discrimination or discriminatory harassment they witness, to their immediate supervisor or to the Department of Equity and Inclusion.

Contact Information:

Maurice Middleton
Senior Director
Department of Equity and Inclusion
Office of Diversity, Equity, and Inclusion
Emory University
201 Dowman Drive
Administration Bldg, Ste 305
Atlanta, GA 30322
MS: 1000-001-1AX
(404) 727-6198 (404) 712-9108 fax
maurice.middleton2@emory.edu

OR

Carol E. Henderson, Ph.D.
Vice Provost
Office of Diversity, Equity, and Inclusion
Chief Diversity Officer
Advisor to the President
Emory University
201 Dowman Drive
Administration Bldg, Ste 305
Atlanta, GA 30322
MS: 1000-001-1AX
(404) 727-3127
(404) 712-9108 fax
carol.e.henderson@emory.edu
D. Prohibition Against Retaliation

Retaliation against an individual who, in good faith, complains about or participates in an investigation or a hearing relating to an allegation of discrimination or harassment is prohibited. Any individual who feels retaliated against, or has been threatened with retaliation, should report that allegation immediately to the Department of Equity and Inclusion (DEI).

E. False Accusations

Anyone who knowingly makes a false or bad faith accusation of discrimination, harassment, or retaliation will be subject to appropriate sanctions. However, failure to prove a claim of discrimination, harassment, or retaliation does not, in and of itself, constitute proof of a knowingly false accusation.

1.3.3. INVESTIGATION AND RESOLUTION PROCESSES

Individuals who believe that they have experienced or have information about acts of discrimination or discriminatory harassment may seek resolution through one of the methods discussed below. The University’s response to the alleged discrimination will depend upon the severity and pervasiveness of the alleged conduct, which may be determined by the existence of prior incidents of harassment or discrimination. Depending upon the severity of the offense, however, a single violation of this Policy may be sufficient to support a violation.

The University will take seriously every allegation or report of discrimination or harassment received. Emory University’s response is intended to ensure that all parties involved receive fair treatment, and that allegations are handled in a prompt, thorough and equitable manner.

A. Direct Communication with the Alleged Harasser

If the aggrieved person feels comfortable speaking directly with the alleged offending person to address concerns and obtain an appropriate resolution, he or she is encouraged to do so. While this method of resolution may be successful in solving the immediate problem, unless information is provided through the reporting channels covered in this policy, Emory may remain unaware of the issue and be unable to take any additional steps that might be necessary to address broader concerns. Individuals who choose not to address the alleged harasser directly, or who have not obtained a satisfactory resolution following such a discussion, are encouraged to utilize one of the other methods outlined below for addressing their concerns.

B. Filing an internal complaint with the Emory University Department of Equity and Inclusion

If a member of the Emory University community believes that he or she has been the victim of discrimination or discriminatory harassment or has information about discrimination/harassment in the university community, he or she may promptly report, without fear of reprisal, the facts of the incident and the name(s) of the individual(s) involved to the Department of Equity and Inclusion, located in Suite 305 of the Administration Building, or call the Department of Equity and Inclusion at (404) 727-9867. This report initiates a complaint.

Alternatively, a member of the university community may report the situation to his or her immediate supervisor, department head, or Dean, who will immediately notify DEI of the report. This report initiates a complaint. Supervisors must immediately report any complaints they receive or incidents of alleged harassment or discrimination they witness to the Department of Equity and Inclusion. However, if the complaint relates to a member of the Department of Equity and Inclusion, the complaint should be directed to the Supervisor of the Director of the Department of Equity and Inclusion, who shall appoint an appropriate investigator.

The Department of Equity and Inclusion (or an alternate investigator, where appropriate) will promptly, fairly and thoroughly investigate all timely claims of harassment and discrimination, regardless of whether such complaints are reduced to writing. All complaints of discrimination and harassment will be treated in the strictest confidence possible under the particular circumstances.

All complaints of discrimination or harassment should be filed as soon after the alleged offending conduct as possible, but in no event more than 180 calendar days after the most recent conduct alleged to constitute discrimination or harassment.
Emory will not retaliate or take any adverse action against anyone for truthfully reporting conduct that he or she believes to be in violation of this Policy, or for participating in good faith in an investigation of alleged discrimination or harassment, or for participating in any proceeding or hearing relating to such complaints.

Upon receipt of a complaint, the Director of the Department of Equity and Inclusion (or an appropriate alternate investigator) will assign an investigator who will, within forty-five (45) work days, investigate the circumstances of the allegations. However, if additional time is needed to conduct a thorough investigation, DEI may, at its discretion, extend the time for completing the investigation as reasonably necessary. In this case, DEI will notify the complainant and the respondent of the extension.

The investigation will include interviews with the complaining party, the respondent, and any material witnesses identified, as well as a review of any documents or other evidence. The complaining party and the respondent will be kept apprised of the conduct of the investigation and will be given the opportunity to provide any additional relevant information to the investigator, including the names of additional witnesses to contact and/or additional documents to review before the investigation is closed. At any time before the conclusion of the investigation, the Dean or equivalent division head of the unit of the University to which the respondent is assigned may take interim emergency action (not involving reduction of compensation) until the conclusion of the investigation.

The final written determination will state only whether, based on DEI’s investigation, there was a violation of this Policy. The complainant and respondent will be promptly notified of the final determination. The Department of Equity and Inclusion shall have no independent authority to impose sanctions.

If DEI finds that there has been a violation of this policy and if the Dean or division head seeks advice as to the appropriate penalty, DEI may provide a recommendation as to the appropriate sanction. The Dean or division head will then be responsible for deciding upon and imposing disciplinary action as soon as reasonably possible, but within no more than one month after receiving the final determination and advice of DEI. The Dean or deciding official shall notify DEI of the penalty imposed, if any.

Sanctions imposed on those individuals who have been found to be in violation of the University’s Equal Opportunity Policy or its Discriminatory Harassment Policy shall be commensurate with the severity and/or frequency of the conduct, and shall be adequate and sufficient to prevent such conduct in the future. The sanctions may include, but are not limited to, an apology to the victim; a verbal or written reprimand; a requirement to attend remedial training; appropriate workplace restrictions; denial of a merit pay increase or other benefit; denial of promotion; or reassignment, suspension or separation from the University. Staff members who receive disciplinary penalties under this policy may consult Human Resources for information about the Grievance process, which may be used to challenge alleged violations, misinterpretations, or inequitable application of policies or procedures.

C. Issues Specific to Faculty

If at any time during the investigation, a bona fide question arises out of a conflict between the principles of academic freedom and the requirements of this Policy, the respondent or Director of the Department of Equity and Inclusion may request that the Provost or his/her designee appoint a Faculty Review Panel to review the evidence and to provide advice to DEI as to whether there was a violation of Policy. If the Provost agrees that the situation involves a bona fide conflict between the principles of academic freedom and the requirements of this Policy, the Provost shall appoint a Faculty Review Panel. The convening, investigation and recommendation of the Faculty Review Panel will be concurrent with the investigation of DEI. The Faculty Review Panel will consist of a group of 5 to 7 faculty members, 3 of whom are from the respondent’s school, who will be chosen by the Provost from among a pool of eligible faculty members who are elected by University faculty. Once selected by the Provost, the Faculty Review Panel may question the respondent, the complainant, and any other witness necessary to adequately address the issue. The Faculty Review Panel may also review the DEI investigatory file and any other documentary evidence needed. The procedures shall be kept as confidential as possible so as to respect the rights of all involved parties. At the conclusion of its review, the Faculty Review Panel shall provide a recommendation to DEI as to whether it believes that there was a violation of the Discriminatory Harassment Policy. DEI shall include the recommendation of the Faculty Review Panel in submitting the final report to the Dean. The Dean shall make the final decision as to what, if any, sanctions may be appropriate under the circumstances.

Following a determination of sanctions, faculty may avail themselves of avenues of appeal as listed in the Statement of Principles Governing Faculty Relationships. Specifically, a faculty member shall be entitled to a hearing of the Faculty Hearing Committee when the sanction imposed by the Dean for violation of this Policy is the suspension, transfer, or termination of his/her employment.
D. Filing an External Complaint

An individual who believes that he or she has been subjected to unlawful discrimination, harassment, or retaliation has the right to file a complaint with an appropriate local, state, or federal agency, such as the Department of Education Office of Civil Rights (OCR) http://www2.ed.gov/about/offices/list/ocr/index.html or the Equal Employment Opportunity Commission (EEOC) http://www.eeoc.gov/, within applicable time limits. In addition, any person who is dissatisfied with Emory’s internal procedures utilized for handling complaints, or who is dissatisfied with the result of the investigation or the sanctions imposed, may seek redress through the EEOC, to the extent allowed by law. The complainant should be aware that filing a complaint with the University’s Department of Equity and Inclusion or other University resource does not extend or postpone the deadline for filing with external agencies. In the event that a complaint is filed with an external agency or court, the University reserves the right to determine, at its discretion, whether the University’s internal complaint resolution procedure should be discontinued or continued separately.

1.3.4. COMPLAINTS AGAINST VENDORS, CONTRACTORS AND THIRD PARTIES

Emory’s commitment to providing members of its community with a working and learning environment that is free of discriminatory harassment includes freedom from inappropriate conduct by vendors, contractors, and third parties. If a member of the University community believes he or she has been subjected to harassing conduct by a vendor, contractor, or third party, he or she should report such conduct to the Department of Equity and Inclusion, to his or her immediate supervisor or Dean, or to a higher University official. Such complaints should be forwarded to the Department of Equity and Inclusion immediately. DEI will work with the complaining party to investigate the complaint, and the University will take prompt corrective action if inappropriate conduct is found to have occurred.

1.3.5 DEFINITIONS

See definitions section below.

1.3.6 ADDITIONAL UNIVERSITY RESOURCES

All Emergencies (any campus/location) 9-1-1
Emory Police Department 404.727.6111 or 404.727.8005
Emory Police Department TIPS line 404.727.8477/TIPS
The Respect Program, Office of Student Health (Sexual Assault/Relationship Violence Response) 404-727-1514

Faculty Staff Assistance Program
1762 Clifton Road NE, Suite 1100, Atlanta, GA 30322, 404.727.4328

Emory University Human Resources
Employee Relations Department
1599 Clifton Road, NE
Atlanta, GA 30322
404.727.7625

Campus Life Offices 404.727.4364
Student Health 404.727.7551
Emory Trust Line 1.888.550.8850 (for non-emergencies)

DeKalb Rape Crisis Center 404.377.1428

Definitions

Allegation - A statement by a complainant that an act of harassment or discrimination has occurred.
Coercion - Coercion is unreasonable pressure for sexual activity. Coercive behavior differs from seductive behavior based on the type of pressure someone uses to get consent from another. When a person makes clear that the person does not want sex, wants to stop, or that going past a certain point of sexual interaction is unwanted, continued pressure beyond that point can be coercive.

Complainant - The person making an allegation or complaint of discrimination.

Complaint - A formal notification, either orally or in writing, of the belief that discrimination or violation of this Policy has occurred.

Consent - Consent is clear, unambiguous, and voluntary agreement between participants to engage in specific sexual activity. Consent is active, not passive, and is given by clear actions or words. Consent may not be inferred from silence, passivity, or lack of active resistance alone. A current or previous dating or sexual relationship is not sufficient to constitute consent, and consent to one form of sexual activity does not imply consent to other forms of sexual activity. Being intoxicated does not diminish one’s responsibility to obtain consent. In some situations, an individual may be deemed incapable of consenting to sexual activity because of circumstances or the behavior of another, or due to their age. Examples of such situations include, but are not limited to, incompetence, impairment from alcohol and/or other drugs, fear, unconsciousness, intimidation, coercion, confinement, isolation, or mental or physical impairment.

Force - The use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation (implied threats) and coercion that overcomes resistance or produces consent. There is no requirement that a person has to resist the sexual advance or request, but resistance is a clear demonstration of non-consent. The presence of force is not demonstrated by the absence of resistance. Sexual activity that is forced is by definition non-consensual, but non-consensual sexual activity is not by definition forced.

Incapacitation - Incapacity can result from mental disability, sleep, involuntary physical restraint, or from intentional or unintentional taking of alcohol and or other drugs. An incapacitated person does not have the ability to give knowing consent. Sexual activity with a person who one should know to be – or based on the circumstances should reasonably have known to be – mentally or physically incapacitated, constitutes a violation of this policy. The perspective of a reasonable person will be the basis for determining whether one should have known about the impact of the use of alcohol and/or drugs on another’s ability to give consent.

Intimate Partner Violence (IPV) - Physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples, whether cohabitating or not, and does not require sexual intimacy. IPV can vary in frequency and severity, can occur on a continuum, and can include acts of physical violence, sexual violence, threats of physical or sexual violence, or psychological or emotional violence. Psychological or emotional violence is a broad term that results in trauma to a victim caused by acts, threats of acts, or coercive tactics, and can include acts of humiliation, intimidation, isolation, stalking, and harassment.

Non-Consensual Sexual Contact - Any intentional sexual touching by a person upon a person, that is without consent and/or by force. This includes, but is not limited to, intentional contact with the breasts, buttocks, groin, or genitals, or touching another with any of these body parts, or making another touch oneself or themselves with or on any of these body parts; any intentional bodily contact in a sexual manner, though not involving contact with/of/by breasts, buttocks, groin, genitals, mouth or other orifice, with any object.

Non-Consensual Sexual Intercourse - Any sexual intercourse, however slight, by a person upon a person, that is without consent and/or by force. Intercourse includes, but is not limited to, vaginal penetration by a penis, object, tongue or finger; anal penetration by a penis, object, tongue, or finger; and oral copulation (mouth to genital contact or genital to mouth contact), no matter how slight the penetration or contact.

Respondent - Refers to the person against whom the allegation or complaint of discrimination or harassment is made. Under this policy, respondents include employees and students of Emory University, vendors, contractors, guests, patrons, and other third parties participating in any Emory-sponsored event or program, whether on or off campus, and to such persons in other situations in which a person is acting as a member of the Emory community.

Sexual Exploitation - Occurs when a person takes non-consensual or abusive sexual advantage of another for his/her own advantage or benefit, or to benefit or advantage anyone other than the one being exploited. Examples of sexual exploitation include, but are not limited to the following:

- invasion of sexual privacy;
- prostituting another person;
- non-consensual video or audio-taping of sexual activity;
• going beyond the boundaries of consent;
• observing unsuspecting individuals who are partly undressed, naked, or engaged in sexual acts;
• knowingly transmitting a sexually transmitted infection or HIV to another person;
• exposing one’s breasts, buttocks, groin, or genitals, in non-consensual circumstances; inducing another to expose their breasts, buttocks, groin, or genitals;
• sexually-based stalking and/or bullying may constitute a form of sexual exploitation, as well as a form of sexual harassment, as discussed above.

**Sexual Harassment** - Unwelcome conduct, based on sex or on gender stereotypes, which is so severe or pervasive that it unreasonably interferes with a person's university employment, academic performance or participation in university programs or activities or creates a working, learning, program or activity environment that a reasonable person would find intimidating, hostile or offensive. Sexual harassment may include, for example, an attempt to coerce an unwilling person into a sexual relationship; to repeatedly subject a person to egregious, unwelcome sexual attention or advances; to punish a refusal to comply with a sexual based request; to condition a benefit on submitting to sexual advances; sexual violence or sexual assault; intimate partner violence; stalking, or gender-based bullying.

**Sexual Misconduct** - Sexual misconduct encompasses sexual harassment, non-consensual sexual contact (or attempts to commit same), non-consensual sexual intercourse (or attempts to commit same), and sexual exploitation. Sexual misconduct can occur between strangers or acquaintances, including people involved in an intimate or sexual relationship. Sexual misconduct can be committed by persons of any gender or sex, and it can occur between people of the same or different sex.

**Stalking** - Behavior where a person follows, places under surveillance, or contacts another person without the consent of the other person for the purpose of harassing and intimidating the other person. The term “contact” means to make or attempt to make any communication, including, but not limited to: communication in person, by telephone, by mail, by broadcast, by computer or computer network, or by any other electronic device. “Harassing and intimidating” refers to communication directed at a person that causes emotional distress because of a reasonable fear for the person's safety or safety of others, and which serves no legitimate purpose. It does not require that an overt threat of death or bodily injury be made.

**Related Links**

- Current Version of This Policy: [http://policies.emory.edu/1.3](http://policies.emory.edu/1.3)
- Sexual Misconduct Policy ([http://policies.emory.edu/8.2](http://policies.emory.edu/8.2))
- Respect for Open Expression Policy ([http://policies.emory.edu/8.14](http://policies.emory.edu/8.14))

**Contact Information**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarification of Policy</td>
<td>Department of Equity and Inclusion</td>
<td>404-727-9867</td>
<td><a href="mailto:maurice.middleton2@emory.edu">maurice.middleton2@emory.edu</a></td>
</tr>
<tr>
<td>File A Complaint</td>
<td>Department of Equity and Inclusion</td>
<td>404-727-9867</td>
<td><a href="mailto:maurice.middleton2@emory.edu">maurice.middleton2@emory.edu</a></td>
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**Revision History**

- Version Published on: May 27, 2020 *([Contact information update, update with office name change](http://policies.emory.edu/1.3))*
- Version Published on: Aug 27, 2018 *([Contact information update, update details numbering](http://policies.emory.edu/8.2))*
- Version Published on: Jun 02, 2015 *([Updated contact](http://policies.emory.edu/8.14))*
- Version Published on: Aug 28, 2014 *([Update with office name change](http://policies.emory.edu/1.3))*
- Version Published on: Jan 16, 2014 *([Rewrite of policy](http://policies.emory.edu/8.2))*
- Version Published on: Jan 18, 2012 *([Contact information update](http://policies.emory.edu/8.14))
• Version Published on: Jan 09, 2012
• Version Published on: Apr 13, 2007 (revised to include gender identity and expression)
• Version Published on: Apr 02, 2007 (Original Publication)
Policy 1.4
Faculty, Staff, and Student External Volunteer Guidelines

Responsible Official: University President
Administering Division/Department: Risk Management
Effective Date: September 15, 2010
Last Revision Date: May 13, 2011

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

Emory University and Emory Healthcare’s Professional and General Liability Insurance (Liability Insurance) covers its faculty, staff, students and alumni when: faculty and staff are acting in the course of their employment; when students are participating in an activity for which they are receiving academic credit; and when an employed faculty or staff member, student or alumni (when participating in an activity sponsored by the Office of Alumni Affairs) is participating in an Approved Volunteer Activity.

Applicability

Policy Details

1.4.1 Approved Volunteer Activity
1.4.2 Responsibilities and Rights of Volunteers
1.4.3 Volunteer Approval

1.4.4 Items to consider when the Decision Maker evaluates a Volunteer Request

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1.4.1 Approved Volunteer Activity

Emory Deans, Vice Presidents, Department Chairs and Section Heads, or those individuals to whom they report, or Emory Healthcare's Executive Team (those with Chief in their title) (“Decision Maker”) have the authority to approve a Volunteer activity as an Approved Volunteer Activity. Such Approved Volunteer Activities must meet the following conditions:

I. The Volunteer activity is consistent with and supports the mission of Emory and the school or department.
II. The Volunteer activity benefits a nonprofit entity or the general public.
III. The Volunteer activity must not contain an unacceptable level of risk to the Volunteers and to Emory University or Emory Healthcare from a reputational, safety and financial standpoint. Guidelines for evaluating risk are included below.

The request for, and approval of, a Volunteer activity as an Approved Volunteer Activity should be made to the appropriate Decision Maker in writing. Each department must maintain records of all Approved Volunteer Activities. Approved Volunteer Activities must be evaluated every two years by the relevant Decision Maker. Volunteer activities carried on by recognized student groups or the Office of Alumni Affairs that meet the above conditions and that are approved pursuant to the standard policies of the Department of Campus Life or the Office of Alumni Affairs are deemed to be Approved Volunteer Activities. Failure to comply with the requirements prior to engaging in the Volunteer activity may result in the withholding of insurance coverage for the activity.

An Approved Volunteer Activity must be consistent with and support the mission of Emory University or Emory Healthcare, as well as the mission of the individual school or department. It must be for the benefit of a nonprofit entity or the general public, and it must contain an acceptable level of risk to the Volunteers and to Emory University and Emory Healthcare from a reputational, safety and financial standpoint.

1.4.2 Responsibilities and Rights of Volunteers

An Emory University or Emory Healthcare Volunteer is an agent of Emory University or Emory Healthcare while performing assigned duties. Therefore, Emory University and Emory Healthcare Volunteers are expected to abide by Emory University and Emory Healthcare policies and external regulations that govern their actions, including but not limited to those relating to ethical behavior, confidentiality, financial responsibility and use of illegal substances.

Insurance coverage will not extend to faculty, staff, students and alumni who are acting outside the scope of their duties as a volunteer or who violate Emory University or Emory Healthcare policies in the course of volunteering. This includes but is not limited to activities that are unethical or illegal.

Emory University and Emory Healthcare Volunteers are not covered by the Fair Labor Standards Act and are not considered employees for any purpose. Therefore, they are not eligible for certain Emory benefits, including Worker’s Compensation, as a result of the volunteer association.

1.4.3 Volunteer Approval

The following segments of this document specify three types of services based on the varying degrees of risk associated with each: services not requiring approval by a Decision Maker; services requiring approval; and prohibited activities. The lists that follow are not exhaustive; they are intended to provide guidelines when considering approving an activity as an Approved Volunteer Activity.
Services Not Requiring Approval

The following activities are generally considered low-risk; and do not require a completed Volunteer Agreement:

- Advisory council participation
- Clerical work
- Gallery/program guide
- Phone-a-thon volunteer
- Public Speaker

Services Requiring Approval by a Decision Maker

The following types of activities do require written approval via a completed Volunteer Agreement, see link to form below:

- Professional services such as those performed by nursing students, medical students, residents, fellows, nurses, physicians, law students, lawyers, etc.
- Work with minors
- Work with animals
- Work involving travel outside the Atlanta area
- Laboratory work

Prohibited Activities

An Emory Volunteer is generally prohibited from performing the following activities:

- Operation of heavy equipment
- Work with hazardous materials
- Any activity considered inappropriate for an employee
- Entering into any contract on behalf of Emory
- Work with a government agency, state or local agency or for-profit entity as their insurance should extend to those volunteering for the benefit of their organization

1.4.4 Items to consider when the Decision Maker evaluates a Volunteer Request

- Does the volunteer activity extend the mission of Emory University, Emory Healthcare, the Operating Unit and/or your Department?
- What are the possible risks associated with the volunteer activity?
- Is the volunteer providing medical services?
- Does the outside organization interact with minors?
- Does the organization have a good reputation and is it well-run?
- What precautions does the organization take to prevent injury and loss of property?
- Does the volunteer activity involve the serving of alcohol?
- How many Emory University or Emory Healthcare volunteers will be involved in the activity?
- If there is a loss, could it be sizable? Do you believe Emory University or Emory Healthcare should assume this expense?
- Is a release or waiver necessary? If so, consult the Office of General Counsel.

Definitions
Emory: “Emory” includes Emory University, Emory Healthcare, Inc., The Emory Clinic, Inc., Wesley Woods Center of Emory University, Inc., Emory-Children’s Center, Inc., Emory Medical Care Foundation, Inc., Emory Specialty Associates, LLC, and any other entity controlled directly or indirectly by Emory University or Emory Healthcare, Inc.

Volunteer: A “Volunteer” is an Emory University or Emory Healthcare employed faculty or staff member or student who is donating his or her time, free of charge, to a nonprofit organization or the general public. Volunteers are not typically supervised or directed by an Emory University or Emory Healthcare employee, and the Volunteer activity is not a requirement of a faculty or staff member’s normal duties or a student’s class work. A Volunteer may also include Emory alumni (when participating in a Volunteer activity sponsored by the Office of Alumni Affairs), if appropriate.

Related Links

- Current Version of This Policy: http://policies.emory.edu/1.4

Contact Information

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarification of Policy</td>
<td>Office of Quality and Risk</td>
<td>404.778.7932 or 404.778.7937</td>
<td></td>
</tr>
</tbody>
</table>

Revision History

- Version Published on: Aug 27, 2018
- Version Published on: May 13, 2011
Policy 2.90

Emory University Travel and Expense Policy

The following policies have been consolidated into Policy 2.90:

2.100 Personal Meals
2.101 Telephone Usage While Traveling
2.102 Non-Employee and Non-Resident Alien Travel
2.103 Family Member Travel
2.104 Travel-Non-Reimbursable or Payable Items
2.105 Sponsored Programs Travel
2.106 Business Meals
2.107 Business Expenses
2.111 Receipt Requirements
2.122 Preferred Payment Method
2.292 Travel
2.90 Travel-General
2.91 Travel Payment Options
2.95 Air and Rail Travel
2.96 International SOS
2.97 Lodging
2.98 Ground Transportation
2.99 Personal Vehicles

Responsible Official: Vice President for Finance/Chief Finance Officer
Administering Division/Department: Procurement Services
Effective Date: September 01, 2017
Last Revision Date: October 01, 2019

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History
Overview

Emory University has a fiduciary responsibility to ensure that its resources are used prudently and that individuals traveling on behalf of the University, do not incur inappropriate or excessive expenses, and that all appropriate pre-trip safety and insurance precautions are followed for Emory-related travel. The purpose of this document is to provide general travel guidelines.

The objective of the travel policies is to:

- Provide guidelines that maximize value while containing costs
- Define allowable expenses
- Ensure that travelers are reimbursed for, or payment made for, allowable expenses in a timely manner
- Ensure compliance with applicable IRS and other third party regulations
- Ensure compliance with applicable State, Federal or Sponsored accounts.

Non-compliance with IRS rules and regulations may subject the University and the individual to financial penalties. The IRS requires employers to establish and administer an "accountable plan." Under an accountable plan, individuals can be reimbursed for, or payment made for, incurred expenses, without negative tax consequences, when the following conditions are satisfied:

- Advances and/or reimbursements or payments are made for business expenses only
- A traveler adequately accounts to Emory for business expenses within a reasonable period of time
- A traveler returns any excess reimbursement, payment or allowance within a reasonable time

Applicability

The Travel Policies apply to faculty, staff, students and non-employees traveling on behalf of the University and seeking reimbursement or payment for travel-related expenses from Emory University funds, regardless of the funding source.

The University is not obligated to reimburse for or pay for expenses not authorized under the Travel Policy, nor if travel policies are not followed.

Schools and units are not allowed to supersede University travel policies without express written consent of the CFO or EVP-BA, unless dictated otherwise by sponsoring program.

Exceptions to the policies must be approved in advance by submitting details and business reason to the AVP of Procurement and will be evaluated on a case-by-case basis. Final pre-approval for one-time exceptions will be granted by the AVP of Procurement, and for ongoing exceptions by the CFO. Any pre-approval for an exception must be in writing and accompany the Expense Report.

Policy Details

General Travel Policy

- Traveler Responsibility
- Schools and Operating Division Responsibility
- Higher Level Approver Responsibility
- Executive Level Responsibility
- International SOS
- Telephone Usage
Payment Options and Reimbursement Timelines
Travel Reimbursement and Payment Audits

Air and Rail Travel
Air Travel
Rail Travel

Lodging

Ground Transportation
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Rental Cars
Emory Shared Cars
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Family Member Travel
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Pre-Approval
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Tax Consequences

Personal Meals
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Calculating Travel Per Diem
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Business Meals and Expenses
Business Meals
Business Expenses

Sponsored Programs Travel
Sponsored Programs Travel

Travel Expense Reporting, Reimbursement, and Payment
Expense Reporting, Reimbursement, and Payment
Non-Reimbursable or Payable Items
Travel Advances
Non-Employees and Non-Resident Aliens

Travel Payment Options
Air Travel Providers
Corporate Cards
Personal Funds
General Travel Policy

Traveler Responsibility

Individuals traveling on behalf of the University should exercise good judgment when incurring travel expenses. Travelers are responsible for ensuring that incurred expenses and related reimbursement or payment requests comply with all applicable policies and authorizations, and are supported by valid receipts and other documentation as required. Electronic submission by the traveler (or delegated proxy for the traveler) as well as electronic approval(s) on the Expense Report affirms that these responsibilities have been met.

In an effort to keep travel expenditures low as well as reduce air emissions in compliance with Emory's Climate Action Plan, before committing to a trip, a traveler must use their best judgement as to whether or not the trip is necessary. Evaluate if the trip could be replaced by teleconferencing, webinars or video conferencing instead. If applicable, evaluate if it is necessary for multiple staff and faculty members to attend or just one member instead.

Schools and Operating Division Responsibility

The heads of each school or unit (e.g., Provost, Deans, CBOs, and Vice Presidents) are responsible for ensuring awareness of and compliance with all University travel policies.

Higher Level Approver Responsibility

Higher Level Approvers are assigned by the guidelines set forth by the Finance Division and CFO. In conjunction with departmental financial administrators, the Higher Level Approver must ensure that:

- The traveler is aware of the Emory Travel Policy in advance of the travel;
- Travel expenses were incurred while conducting authorized University business;
- Travel expenses were necessary, reasonable and consistent with University policies and the stated business purpose;
- An expense report includes the required documentation; and
- Travel expenses meet any and all Sponsored Program guidelines, if applicable.

Executive Level Responsibility

The following executives may not delegate approval authority:

<table>
<thead>
<tr>
<th>APPROVES TRAVEL/EXPENSE REPORTS</th>
<th>TRAVELER</th>
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<tbody>
<tr>
<td>Chair of the Board of Trustees</td>
<td>President</td>
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<tr>
<td>President</td>
<td>Provost, Executive Vice Presidents, and direct reports of the President</td>
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<tr>
<td>Executive Vice Presidents</td>
<td>Direct Reports of Executive Vice Presidents</td>
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International SOS

Emory University contracts with International SOS (ISOS) to provide security and medical evacuation services, and a variety of online health, safety, and security resources for the University community traveling abroad on University business or sponsored activities only (7 days personal travel before or after the meeting is included). All Emory faculty, staff, students and family members traveling with a University Traveler are also covered by ISOS. Note: ISOS is not health insurance.

1) Prior to making travel plans, travelers must confirm through Emory’s ISOS website that the country to which they are traveling to does not currently have restricted coverage due to political unrest, medical restrictions, or other reasons. Emory may prohibit travelers on Emory funded or Emory sponsored travel from going to certain countries.

2) Prior to departing, travelers must set up their profile within Emory’s ISOS travel record by uploading contact and emergency information, passport/visa information, medical history, and trip itineraries. For tracking purposes, itineraries are automatically uploaded if booking through an Emory travel provider. If travel arrangements are not made using an Emory travel provider, travelers must input their itinerary manually. Additional side trips and supplemental information should be included.

3) Travelers should consult ISOS for in-country information, required immunizations, travel warnings and safety tips and other important travel information and follow any advice given.

Prior to departing, travelers must ascertain how Emory’s worker’s compensation insurance (Occupational Injury Management, 404-686-8587) and their personal medical coverage (Human Resources Benefits Department, 404-727-7613) will respond if an incident occurs in the country or countries they plan to visit.

When renting a car internationally, travelers should accept the loss damage waiver (LDW) and supplemental liability coverage.

For guidance about special health requirements/considerations/quarantines, please contact Emory Travel Well Center at 404-686-5885.

Telephone Usage

Travelers will not be reimbursed for calls or texts made on personal cellular phones while traveling. Monthly service fees for personal cellular phones are not reimbursable unless pre-approved by the department. Subject to department approval, travelers not using cell phones (personal or Emory-provided) will be reimbursed for necessary and reasonable personal telephone calls allowing them to stay in contact with family and business calls.

Payment Options and Reimbursement Timelines

When available, travelers should use the University’s Corporate Card to pay for reimbursable or payable travel expenses. In the absence of a University Corporate Card, travelers should use a personal credit card. Properly approved and documented reimbursement or payment requests should be submitted via an Expense Report to Payment Services within 10 days after concluding the business activity. See Travel Expense Reporting, Reimbursement, and Payment for details and additional payment options.

Travel Reimbursement and Payment Audits

Travel Expense Reports are included in the audit testing performed by the University's independent accountants in connection with Uniform Guidance and with the annual general purpose financial statement audit. Findings are discussed with the CFO, Executive Vice President, Finance and Administration, and the Chair of the Trustee Committee on Audit and Compliance. The Office of Internal Audit reviews Travel Expense Reports in connection with school and department audits.

Air and Rail Travel
Air Travel

Air travel shall be arranged by using Emory’s air travel providers (with the exception of incoming guests/visitors). Use of Emory’s travel agencies for air travel provides a balance between overall cost-effectiveness and the traveler’s need for reliable services and support and ensures that we are able to take full advantage of our corporate emergency travel services for the benefit of our faculty and staff.

Beginning in September 2019, Emory allows the booking of certain types of low cost, basic economy fares. These are fare classes such as no-seat assigned discount fares or consolidator fares. These fares have a higher risk of travel disruption which could infringe on the traveler’s business matters and cause additional expenses. Travelers are responsible to research the airline ticket restriction prior to booking these tickets because rules differ from airline to airline and can be changed at any time.

Simple, single destination domestic trips should be arranged through Emory’s online travel providers. Complex, multi-destination, or international trips should be arranged via telephone directly with Emory’s agent-assisted travel providers.

1) Continuous flight time (non-stop) less than six hours:

Emory University will reimburse for only Coach/Economy Class tickets when continuous flight time (non-stop) is less than four hours. Upgraded/premium economy such as Economy Comfort+ is allowable on flights of 4+ hours of continuous flight time. No reimbursement will be made for any Business/First Class fares.

Sponsored travel may have additional restrictions. Consult with your RAS representative to review the exceptions of your particular award.

Requests for airfare upgrade exceptions should be submitted prior to booking airfare in writing using the following form: https://finance.emory.edu/home/travel/Airfare_Upgrade.pdf. This approved form must be included with the Expense Report.

2) Continuous flight time (non-stop) six hours and greater:

When continuous flight time (non-stop) is six hours and greater, Emory University will reimburse for Coach/Economy Class, all upgraded seating fees such as Premium Economy, Economy Comfort+, aisle seats, exit row seats, upgrades, upgradable fares as well as Business tickets.

First class tickets are not allowable without granted exception. Exception for first class tickets are allowed by exception only when business class seats are unavailable on the route. Direct point-to-point travel is required.

Sponsored travel may have additional restrictions. Consult with your RAS representative to review the exceptions of your particular award. For sponsored travel, first class fares are permissible if allowed by the sponsoring body.

Requests for airfare upgrade exceptions should be submitted prior to booking airfare in writing using the following form: https://finance.emory.edu/home/travel/Airfare_Upgrade.pdf. This approved form must be included with the Expense Report.

3) Travelers who elect to fly in Business/First Class for continuous flights that are less than six hours without a properly approved Airfare Upgrade Exception Form (see Section 1 above) will only be reimbursed for, or payment made for, the least expensive coach fare available based on a 21-day advance purchase estimation for that same route. If documentation is not provided reflecting that cost estimate, Payment Services will not reimburse or pay.

4) Tickets or upgrades purchased with frequent flyer miles are not reimbursable.

5) Travel on charter or private planes is not reimbursable or payable, unless a specific exception exists as pre-approved by President, one of the three Executive Vice Presidents, University CFO, Senior Vice President, or a Dean.
6) Senior Administrators traveling to the same destination should weigh the following guidelines against the business needs of the parties and the practicalities of the situation:
   1. No more than three department chairs should fly together.
   2. No more than five faculty and staff from the same department should fly together.
   3. The Chair of the Board and the President should fly separately.
   4. No more than two cabinet members or deans should fly together.
   5. A senior administrator should not fly with more than two direct reports.

7) When already paid for by Emory, a non-refundable ticket for a cancelled trip can be applied to a future trip when taken by the same traveler on the same airline, subject to a change or cancellation fee. The traveler must notify Emory’s approved agency or airline in advance if he or she must cancel the trip. If the original airfare was directly billed to a department or charged to the Corporate Card, the value of an unused ticket must be applied towards a future business trip to mitigate any financial loss to the funding source. It cannot be applied towards a personal trip. In most cases, the traveler has a year in which to apply the unused ticket to future Emory business travel only.

8) When already paid for by Emory, a refundable ticket for a cancelled trip must be returned to the travel agency or airline for a refund. The traveler must notify the agency or airline in advance if he or she must cancel the trip.

9) Immunizations and travel visas necessary for Emory travel will be reimbursable, including expedition fees if dictated by business purpose and timing. Passport application and renewal fees are not typically reimbursable except in very rare exceptions granted by the traveler’s chief business officer.

**Rail Travel**

Airline travel may be faster and less expensive than travel by rail and should be used when appropriate. Rail Travel is allowed but approval will need to be accompanied by a comparison of a flight purchased at least 21 days in advance of travel date to show cost savings.

Rail travel may be used without prior approval for travel between the following locations (or their interim destinations as applicable) along the Amtrak Northeast Corridor:

- Washington D.C. to Philadelphia
- Philadelphia to New York City
- New York City to Boston

1) First Class rail travel is only reimbursable up to the cost of a coach class ticket. Exceptions require written pre-approval by the President, one of the three Executive Vice Presidents, a Senior Vice President, the CFO or the AVP for Procurement; said approval must be included with the Expense Report.

2) Roomette (a small private compartment for one on a sleeping car) accommodations may be used for overnight travel, pending required approvals outlined in this policy.

**Lodging**

1) The cost of lodging should be kept to a minimum by requesting standard (non-Club, non-Suite) accommodations, whenever possible. Exceptions to this policy must be approved by the AVP of Procurement. Travelers should use Emory’s travel agency for hotel booking whenever practicable. If staying at a conference hotel, the traveler should book the pre-negotiated conference rate or if sold out of that rate, the next lowest rate available. The University does not allow schools and units to limit reimbursement of hotel and food expenses.

2) Allowable lodging expenses may include:
   - A single-occupancy room rate
   - In-room business telephone calls
   - Reasonable calls home
   - Internet access
   - Luggage storage and tips for service
A list of non-reimbursable or payable expenses can be found in the section Non-Reimbursable or Payable Items.

3) Travelers who elect to stay at a private residence may be reimbursed up to a maximum of $100 for extending a token gift or meal as a gesture of appreciation to the host. Original receipt will be accepted as proof of purchase. If a meal is provided to the host, employee reimbursement eligibility must follow the Personal Meals Policy. The host’s reimbursable meal costs cannot exceed $100 per person.

Ground Transportation

Driver’s License

Individuals renting cars while traveling on behalf of the University are responsible for having valid driver’s licenses.

Rental Cars

1) The size of the rental car should be consistent with the number of travelers. Full size is acceptable for individual travelers, while minivan and SUV class are acceptable for 3 or more people traveling together.
2) Allowable rental costs include daily rental fees, local and state taxes, GPS rental, concession fees, gas and drop-off fees.
3) Travelers should book through the University’s assigned travel agencies to ensure appropriate insurance coverage.
4) As long as the car is rented for use while conducting University business in the U.S., U.S. territories, Puerto Rico, and Canada, travelers should decline the loss damage waiver (LDW/CDW) option, supplemental liability coverage, and personal accident insurance (PAI) and other insurance options. These options are not reimbursable or payable expenses. In all other locations (outside the U.S., US territories, Puerto Rico, and Canada), Emory travelers should accept the rental insurance.
5) When traveling outside the U.S. on University business, the purchase of liability and physical damage coverage is required and is reimbursable or payable.
6) Travelers must refuel the car prior to returning it to avoid excessive refueling fees. Fueling fees are not reimbursable. Advanced fuel purchase via rental agency is reimbursable. However, travelers should only elect this option if auto travel is expected to consume the large majority of the fuel tank.

Emory Shared Cars

The general use of Emory’s shared car program is considered a personal expense. However, when using a shared car for University business purposes and with departmental approval, reimbursement or payment will be allowed.

Department-approved reimbursement or payment for shared car use will be based on the lesser of the two calculations: mileage driven multiplied by the current IRS rate, or hourly rate for use of the shared car. However, the cost of the shared car program membership will not be reimbursed or paid for.

Personal Vehicles

Faculty/staff may elect to use personal cars for business purposes if it is less expensive than other options, (e.g., airfare, rental cars, taxis), it saves time, or if the traveler is transporting items that might incur a high shipping rate. It is the personal responsibility of the driver to determine that the personal vehicle driven carries adequate insurance coverage for the driver’s protection and for the protection of any passengers. When driving a personal vehicle for business purposes, the vehicle owner’s insurance policy will be responsible for damage to the vehicle and primary over any other collectible insurance.

Drivers are reimbursed for actual miles traveled as indicated by supporting documentation such as Google Maps or MapQuest printout. The mileage reimbursement rate is determined yearly by the IRS, which includes the total cost to operate a vehicle and the cost of gasoline.

Personal Commuting Expense, which is considered to be the mileage between your home and your main or regular place of work, is not reimbursable and must be deducted, round trip, from personal vehicle mileage reimbursement.
PERSONAL CAR USE | REIMBURSABLE?
--- | ---
Commuting between home and usual place of business | No. The driver should always deduct this mileage when calculating amount for any authorized mileage reimbursements below.
Between buildings on campus | No.
Between Emory campuses | Yes. Total miles claimed for the day cannot include your normal daily commute.
To/From Airport | Yes. Total miles claimed for the day cannot include your normal daily commute.
Local travel for authorized activities (i.e. training class in downtown Atlanta) | Yes. Total miles claimed for the day cannot include your normal daily commute.
Non-local travel for authorized activities *(i.e. business trip to Birmingham, AL) | Yes. Total miles claimed for the day cannot include your normal daily commute.

* Travelers who choose to use their own vehicles when air travel plus rental car is less expensive will be reimbursed an amount not to exceed the lowest air fare to the destination. A coach class, 21-day advance purchase ticket will be used for calculation.

Total miles to be reimbursed cannot include your normal daily commute, round-trip, and should be subtracted from the calculation. (However, for non-regularly-scheduled workdays such as Saturdays, Sundays and holidays, mileage calculation can originate/end at home and does not require deduction of round-trip daily commute mileage.)

Example #1:

Home to Airport = 50 miles round trip
Minus Home to "Normally Assigned Work Location" = 20 miles round trip
Difference and reimbursable mileage to employee = 30 miles

Example #2:

Home to Airport = 12 miles round trip
Minus Home to "Normally Assigned Work Location" = 20 miles round trip
Difference is (-8 miles), therefore nothing is reimbursable to employee.

Additional allowable expenses include turnpike tolls, bridge tolls and reasonable parking fees.

Family Member Travel

Overview

In general, Emory does not pay for or reimburse or pay for travel expenses, or any other expenses, for the spouse or other family member (including domestic partner) of an Emory employee. This policy outlines the limited circumstances in which such approval may be granted and the process for obtaining such approval.

Pre-Approval

With the exception of the President, reimbursement or payment of the travel expenses of a Family Member must normally be pre-approved by the President, appropriate Executive Vice President, a Senior Vice President, the CFO,
Dean, or the AVP for Procurement on the Request for Family Member Travel Form. "Family Member" includes the spouse, domestic partner or any other immediate dependents. A clear explanation of how the Family Member’s presence will significantly contribute to the event and benefit Emory, as well as the Family Member’s specific activities, must be included. Such situations, in which it is a true benefit to Emory to have a Family Member accompany an Eligible Employee, are rare but may include fundraising or development events. In addition, there may be rare circumstances in which reimbursement or payment of travel expenses is granted post-travel in the discretion of the President, appropriate Executive Vice President, a Senior Vice President, the CFO or the AVP for Procurement.

Reimbursement or Payment Requests

The approved Request for Family Member Travel Form must accompany all reimbursement or payment requests that include expenses for the Eligible Employee’s Family Member.

Tax Consequences

The travel expenses of an Eligible Employee’s Family Member may be paid for or reimbursed by Emory, and are not included in the employee’s taxable income, provided the employee can establish that the presence of his or her Family Member serves a "bona fide business purpose," as defined in the Treasury Regulations. A Family Member’s presence is considered to serve a bona fide business purpose if the individual has a significant role in the proceedings or makes an important contribution to the success of the event.

If attendance of an Eligible Employee’s Family Member is desirable but does not serve a bona fide business purpose to Emory, any such reimbursement or payment for such Family Member’s travel expenses will be a taxable payment processed through payroll. When a Family Member attends a meeting or conference as a companion and has no truly significant role or performs only incidental duties, for example, the IRS has held that the attendance does not constitute a bona fide business purpose and such reimbursement or payment would be taxable to the employee.

The CFO will make the final Emory determination as to whether a reimbursement or payment is treated as a taxable payment. Meeting the standard of a “bona fide business purpose” is rare, and if this standard is not met and the reimbursement or payment is determined to be taxable, such payment will not be eligible for a "gross up" for tax purposes.

Personal Meals

Personal meals are defined as meal expenses incurred when traveling on business and should only be considered for the days and hours of the actual business trip.

1) Travelers can expense their personal meals according to actual and reasonable costs accompanied by required documentation. The University does not allow schools and units to limit reimbursement of hotel and food expenses. International travelers may claim actual costs or a daily per diem, using the per diem rate set by the United States State Department. See per diem guidelines. Domestic travelers may only claim per diem if their trip exceeds 7 days / 6 nights.

2) The cost of meals varies substantially from city to city and within cities, and expenses may vary widely based on several factors relating to the purpose of a trip. This guideline represents the average amount considered adequate for meal expenses and is not intended to be considered a fixed amount if expenses are less. In rare cases, when this maximum limit is significantly exceeded, written justification may be required to be included in the expense report at the discretion of the Chief Business Officer or his or her designee.

3) Mixing meal expense methods (per diem or actuals) for the same trip is not allowed. If a traveler claims per diem, he/she should not under any circumstances use the Emory corporate card to pay for meals. When using per diem, travelers should use personal funds to pay for meal expenses.

4) Alcoholic beverages, as identified by required documentation of meals, must be accounted for separately from meal expenses on the Expense Report, and will be charged to a separate account code.

5) Any missing required receipts for meals require that the “missing receipt” box be checked within the expense report, unless a daily per diem will be claimed for the entire trip in lieu of receipts.

6) When multiple employees are involved, the highest ranking employee of the hosting organization should incur the expense and submit it for reimbursement.
7) When personal funds are used for individual meals, each separate expense and receipt must be listed individually on the expense report with the merchant name, date and proper receipt attached. No bundling or totaling of individual meals into one lump sum for the day or trip is allowed, with the exception of expense reports for international travel when the per diem is not being used.

**Per Diem**

Domestic travelers on trips greater than 7 days / 6 nights are allowed to use a per-diem or direct reimbursement via receipts, at traveler’s choice. The traveler cannot mix per-diem and direct meal & incidental reimbursements on the same trip.

No domestic per diem will be reimbursed for trips less than 7 days/6 nights, except in the case of guests visiting Emory from more than 50 miles away (See guest policy below) or in the case that a sponsored award requires the use of domestic per diem (written document from the agency will be required with the expense report).

Per diem may be employed, in lieu of actual expenses, in the case of international business travel or domestic travel in excess of 7 days / 6 nights. Travelers should not use corporate card for per diem meals. With rare exception, travelers should not elect to use per diem during international conference travel.

Reimbursement on a per diem basis is the payment of a flat sum to cover meal and incidental expenses each day in lieu of actual costs. Meals & Incidental Expenses make up the per diem rate. You should familiarize yourself with these elements prior to a trip:

- **Meals** – Expenses for breakfast, lunch, and dinner and related tips and taxes (specifically excluded are entertainment expenses, and any expenses incurred for other persons).
- **Incidental Expenses Covered Under the Per Diem Include:** Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards, or stewardesses and others on ships and carriers, and hotel servants in foreign countries. (If a per-diem is being used, these expenses cannot be reimbursed as they are covered by the per diem rate and therefore are included)
- **Expenses for Transportation between places of lodging or business and places where meals are taken if suitable meals cannot be obtained at the lodging site. These expenses are covered under incidentals and cannot be reimbursed separately.**

With international per diem, the traveler is not required to provide receipts for meals and incidentals. The lump sum “meals and incidentals” rate is paid without receipts.

Maximum per diem rates are established based on the federal fiscal year (October 1 – September 30) and vary by country and city. Be sure to use the correct rate schedule for the dates of travel. Those rates can be found here: [http://aoprals.state.gov/web920/per_diem.asp](http://aoprals.state.gov/web920/per_diem.asp)

**NOTE:** Any location not listed for per diem under a country takes the "Other" rate administered and published for that country. An unlisted suburb of a listed location takes the "Other" rate, not that of the location of which it is a suburb.

If an employee is claiming per diem while traveling but entertains individuals on behalf of the University during that trip, they may submit that business meal receipt along with an expense report for reimbursement provided they reduce the daily per diem amount for that meal by the pre-determined % allocation (see above). This applies when hosting an event for individuals outside of the university, and or when hosting a group business meal with non-Emory employees present (e.g. a donor dinner or an admissions reception).

**Calculating Travel Per Diem**

The applicable per diem rate for each day of travel shall be determined by the travel status and location of the employee at 12:00am. For example, if a traveler is in Lima, Peru at 12 midnight, the per diem rate for that day should be that of Lima, Peru. If a traveler starts his/her day in Tokyo, Japan, but is in Singapore at midnight, the Singapore rate should be used.

**Per Diem for Guests**

Domestic Per Diem is an acceptable method of reimbursement for guests visiting the University. It should be applied as follows:
Domestic per diem can be employed for guests coming to Emory University, from out of state or a distance greater than 50 miles from campus. It is not applicable for local (within 50 miles) guests. These guests would be reimbursed directly for actual expenses.

The allowable Per Diem rate would be linked to the current Meals & Incidental Expense rate (no lodging) for zip code 30322, found at www.gsa.gov/portal/content/104877

Participants must follow all other per diem policies, including reducing the per diem for meals provided on-site. Lodging costs, if appropriate and allowable, must be paid through direct reimbursement.

**Business Meals and Expenses**

**Business Meals**

It is the responsibility of the individual seeking reimbursement or payment to act in a prudent and reasonable manner with business/group meals while conducting business on behalf of the University.

**Responsibility of Higher Level Approvers**

Higher Level Approver must ensure that:

- the traveler is aware of the Emory Travel Policy in advance of the travel;
- travel expenses were incurred while conducting authorized University business;
- travel expenses were necessary, reasonable and consistent with University policies and the stated business purpose;
- an expense report includes the required documentation; and
- travel expenses meet any and all Sponsored Program guidelines, if applicable.

**Business Meals Taken with Other Employees**

Meals with other Emory employees are generally not reimbursable. Meals with Emory colleagues should be considered a personal expense unless one of the following is true:

- a non-Emory employee is also present and business is being conducted;
- the meal is in honor of an Emory employee's beginning or ending of employment at Emory or other significant Emory or professional achievement;
- business being conducted among Emory employees is such that it cannot be done in the office or another time. (An explanation of the reason why the meeting could not take place in the office must accompany the reimbursement/expense request); or
- rare or atypical instances where, with approval of a supervisor, employees may work during normal meal breaks with other employees, e.g., working lunches.

If under ten (10) attendees, provide a list of attendees’ names, their titles, affiliation and the business purpose on the request for reimbursement or charge to an Emory account.

If ten (10) attendees or more, provide the total count of attendees and the business purpose on the request for reimbursement or charge to an Emory account.

When multiple employees are involved, the highest-ranking employee of the hosting organization should incur the expense and submit it for reimbursement.

The preferred method of payment for meals is the Emory Corporate Card. If the corporate card is used, receipts under $75 are not required. If personal funds are used and the total cost of the business meal is $25 or greater, a summary receipt and itemized receipt is required as proper receipt documentation.

If personal funds are used and the total cost of the business meal is less than $25, a summary receipt will suffice as the proper documentation.
Business Expenses

Faculty, Staff, and Student Responsibility
It is the responsibility of the individual to act in good faith and in the spirit of the policy. Individuals should be familiar with which items are considered reimbursable or payable and which items would be considered personal expenses.

Responsibility of Higher Level Approvers
Higher Level Approver must ensure that:

- the individual is aware of the Business Expenses – Non-Reimbursable and Unallowable Charges Policy;
- expenses were necessary, reasonable and consistent with University policies and the business purpose is clearly documented;
- the expense report includes the required documentation; and
- expenses meet any and all Sponsored Program guidelines, if applicable.

Request for exceptions to policy must follow the Exceptions to University Procurement, Payments and Travel Policy process.

Business Expenses - Non-Reimbursable and Unallowable Charges
In addition to the non-reimbursable, unallowable items listed in the Travel Policies (Policy 2.104), faculty, staff, students and non-employees will not be reimbursed nor will payment be made for the following items;

- Academic Regalia
- Home Cable Television
- Home Landline Phone Service
- Personal Memberships for Car Share Services
- Monthly Campus Parking Fees for Hang Tags at Regular Workplace
- Home Office Furnishings

Sponsored Programs Travel

Sponsored Programs Travel

Sponsored programs often have travel requirements that differ from the Emory University Travel Policy. In particular, federally funded sponsored programs are subject to certain Federal Laws; the guidelines set forth in the Uniform Guidance, Travel Costs; specific agency restrictions as well as Emory Travel Policies. The terms and conditions of the individual agreement should be reviewed prior to incurring and processing any travel cost.

When there is a conflict between University policy and award requirements, the sponsoring agency policy applies. Sponsored program travel has a high audit profile and can be examined by both internal, external and sponsor auditors.

Sponsored travel must be justified, well documented and in compliance with the sponsor requirements. Charges for travel under a sponsored program must be reasonable, necessary, allocable, allowable and appropriate to and specifically benefit the intent and purpose of the award. Travel cost must be incurred within the period of the award or any written pre-authorized extension.

1) Because each award has unique requirements, it is impossible to provide a comprehensive list of sponsor restrictions. The following list only highlights some common concerns, requirements and University procedures:

   Prepaid travel costs (e.g., airfare and registration) may not be charged to a sponsored program when the actual travel or training will occur after the termination date of the award.

2) Travel Advances are not authorized on a sponsored account. Travel advances should be funded from an unrestricted account and then reimbursed when the trip is over and the expenses moved to the appropriate sponsored programs.
3) First Class fares cannot be charged to sponsored programs. Business Class or Coach Upgradable fares are allowable on sponsored funds, if allowable per the sponsoring agency. Confirm allowability with your RAS administrator prior to booking travel.

4) Federal awards require air travelers to use U.S. Flag Carriers regardless of cost savings under the Fly America Act except when:
   a. A U.S. carrier does not provide service to a destination; however, a U.S. carrier must be used for any leg of travel, when available.
   b. Use of a U.S. carrier would delay travel time by 24 hours or more; would require a layover of six hours or more; or would extend the total travel time by six hours or more.
   c. Travel by a foreign carrier would eliminate two or more aircraft changes en route.
   d. For short distance travel, regardless of origin and destination, a foreign carrier is only permissible if the travel time on the foreign carrier is three hours or less and service by a U.S. carrier would double the travel time.
   e. Documentation supporting a justification for any exception to the federal requirements must be provided with the expense report.

5) Some awards may:
   a. Prohibit foreign travel;
   b. Require pre-authorization for each trip;
   c. Restrict the number of trips that can be taken;
   d. Restrict the number of travelers on an authorized trip;
   e. Set a maximum dollar value per trip,
   f. Limit travel to a specific destination or purpose, or
   g. Specify maximum meal, mileage or other cost rates (e.g. State of Georgia).

6) Charges for alcohol or for items that could be considered personal (calls home or laundry, etc.) or entertainment are not allowable, unless the sponsored agreement specifically awards such expenses (written documentation is required). A list of non-reimbursable or payable expenses can be found in the section non-reimbursable or payable items.

7) Charges for individuals not specifically working on the project or covered by the intent of the award are not allowable.

8) Tokens of appreciation to an individual in lieu of lodging cannot be charged to sponsored programs unless allowable by the sponsoring agency.

Please contact your RAS representative for questions concerning travel requirements and restrictions on a specific sponsored agreement.

Travel Expense Reporting, Reimbursement, and Payment

Expense Reporting, Reimbursement, and Payment

Travelers are required to submit a completed Expense Report for all expenses related to a business trip.

1) Requests for reimbursement of personal funds used will only be considered after completion of the trip.
2) Any extenuating (or unusual) expenses must be explained in the Expense Report.
3) Accounting standards generally require that expenditures be reported during the fiscal year in which the expense was incurred. To facilitate timely reimbursement or payment and cost center reporting in the proper period, completed and approved Expense Reports should be submitted to Payment Services within 10 days after concluding the business trip.
4) Corporate Card holders who pre-pay airfare, registration, hotel deposits, etc., with the corporate card should submit an Expense Report (prior to the trip within 10 days of the booking) to avoid late fees.
5) Expenses incurred by a group of individuals traveling together may be incurred by one person. Such expenses should be incurred by the most senior employee from the sponsoring or funding unit. A list of all travelers should be attached to the Expense Report.
6) Reimbursement requests made during a current fiscal year resulting from travel expenses incurred in a previous fiscal year should not be submitted to Payment Services absent extenuating circumstances. With the exception of travel that occurs during the fiscal year changeover, extenuating circumstances which
prevent submission at some point within the same fiscal year are expected to be rare. Circumstances that
may justify an exception include:
- Extended personal illness
- Death in the family
- Unanticipated extended leave of absence
- Travel outside the country for an extended period of time if documentation cannot be readily sent to
  Emory
- Extenuating circumstances must be provided in writing and included in the Expense Report.

Non-Reimbursable or Payable Items

This list is not intended to be comprehensive. If an item is not listed and you are unsure if it is reimbursable, contact
Procurement and Payment Services. Travelers will not be reimbursed for nor payment made for the following
expenses:

Any Expense for goods or services considered a personal expense, including:
- Airline lounge passes/club memberships (except where allowable for travel, see Lodging)
- Airport security programs
- Annual fees for personal credit cards
- Barber, toiletry or clothing items
- Any clothing or personal apparel, purchased or rented
- Expenses related to vacation or personal days taken before, during, or after a business trip
- Health club, exercise room fees, spas, saunas, massages
- Insurance for personal car
- Insurance for rental car during personal use (i.e. extended a business trip for leisure)
- Items confiscated from airport security
- Laundry charges (for trips less than five days)
- Movies (in-flight or in-room)
- Medical care while traveling
- Personal gifts
- Personal property insurance
- Personal reading materials (e.g. magazines, newspapers)
- Personal telephone calls (non-cell phone) in excess of reasonable calls home
- Shoe shines

Any expenses related to the personal negligence of the traveler, including:
- Airline change fees resulting from personal negligence or personal change reason
- Corporate card delinquency fees or finance charges
- Loss or theft of airline tickets (loss or theft of electronic airline tickets due to hacking is permissible)
- Loss or theft of personal funds or property
- “No show” charges for hotels or rental cars
- Parking tickets, traffic violations, or personal auto repair

Fines or Fees, including:
- Parking tickets, traffic violations, or auto repair
- Traffic tickets, towing, booting, and fitness fees
- Traveler’s check fees

Loss or damage expenses for personal property, including:
- Items confiscated by airport security
- Lost baggage
- Loss or theft of airline tickets
- Loss or theft of personal funds or property

Entertainment and recreational expenses, such as fees for social or non-mandatory activities at conferences,
inordinately expensive meals and lodging, videos or movies charged to hotel/motel bills, including:
• Alcoholic beverages purchased in a non-business capacity
• Club memberships for business or pleasure
• Golf fees/ski lift tickets, etc.
• Sporting events
• Theatre

Vehicle expenses (e.g. other than rental, mileage, parking and tolls), including:

• Locksmith
• Repairs to personal vehicles
• Towing and booting charges
• Vehicle maintenance

Travel expenses (including child care) related to family members or companions, including:

• Babysitting
• Day care
• Pet care

Any other expense that is not allowed by a sponsored project

Travel Advances

A “Travel Advance” is the payment of funds to an individual to be used in the future during an authorized trip, project or event. Payment Services reserves the right to approve or reject all requests for a Travel Advance.

1) Travel Advances can be issued to Emory faculty and staff only. Students and non-employees are not eligible.
2) Travel Advances require a Higher Level approval before being issued. However, Payment Services reserves the right to accept or reject a Travel Advance request.
3) Travel Advances will be issued only when other payment options are not feasible. Travel Advances cannot be requested for airline tickets. Travel Advances are not issued for expenses that can be charged to the Corporate Card or personal credit cards, e.g., train tickets, conference registration fees, hotel deposits, meals and other ground transportation.
4) Travel Advances for international travel can be used for other expenses. A budget for the anticipated expenses is required.
5) Travel Advance requests must include a detailed breakdown of the anticipated expense and an explanation as to why other payment options cannot be used.
6) The minimum amount for a Travel Advance is $50.00. Advances must be requested no earlier than 20 business days and no later than 5 business days before departure.
7) In accordance with IRS regulations, all advances should be accounted for on an Expense Report and any unused funds are to be remitted to Payment Services within 10 days of the conclusion of the business activity. Absent special circumstances described in item 10) as noted below, remittance should be no later than 30 days after concluding the business activity.
8) All current Travel Advances must be accounted for and excess funds returned to Payment Services before approval will be granted for additional advances or travel reimbursement.
9) Travel Advances will not be issued to individuals whose Corporate Cards have been cancelled due to misuse.
10) Special circumstances that may require an extended period of time for submitting advance related documentation include:
   1. Extended personal illness
   2. Death in the family
   3. Unanticipated leave of absence
   4. Travel outside the country for an extended period of time and documentation cannot be readily sent to Emory.
   5. Special circumstances must be documented on the Expense Report.
11) Failure to account for a Travel Advance and to return any excess funds within four months (120 days) will result in the following actions being taken:
• Unreconciled advances to faculty and staff will be treated as taxable income and included on a W-2 form (subject to withholding of employment taxes) or on Form 1042-S (subject to section 1441 withholding). Once reported as taxable income, it cannot be reversed.
• Denial of further advances
• Disciplinary and collection action that may be warranted.

Non-Employees and Non-Resident Aliens

The University will pay or reimburse for travel costs of non-employees, (e.g., guests, job applicants, lecturers, consultants) for travel related to authorized university business by the non-employee and in accordance with Emory travel policies. This does not include employee family members. See guidance concerning family members). Exceptions to the policy must be submitted through the department’s Dean’s office and pre-approved by the AVP for Procurement or CFO. Written pre-approval must accompany the Expense Report.

1) Non-employees are subject to the same travel policy rules that apply to faculty, staff, and students (with the exception of the Travel Agency mandate. Airfare does not need to be booked through Emory travel agencies). When a non-employee is unable to provide original receipts, Payment Services will report the payment as income, in accordance with IRS regulations.

2) Reimbursement to non-resident aliens must be made in accordance with IRS regulations. Emory’s Non-Resident Alien Tax Office (in the University Controller’s Office) approves Expense Reports for Non-resident Aliens prior to submission to Payment Services.

Travel Payment Options

Air Travel Providers
It is required, unless an exception is approved in advance of travel, that a traveler will use Emory’s Air Travel Providers to purchase plane tickets. Tickets purchased through the Emory travel agencies can be billed directly to the department budget, charged to a Corporate Card, or charged to a personal credit card. Use of the corporate card as the preferred method to purchase airline tickets is highly encouraged (see Air and Rail Travel).

Corporate Cards
Please refer to Policy 2.119 - Use of the Visa Corporate Card for the full Corporate Card policy.

Personal Funds
When not using the Corporate Card, personal funds may be used, and reimbursement requested for legitimate business expenses. However, reimbursement for the use of personal funds cannot occur until after the travel takes place. It is the sole responsibility of the traveler to complete an Expense Report to request reimbursement in a timely manner. It is also the responsibility of the traveler to pay personal credit cards in a timely fashion in accordance with their cardholder terms. Emory will not reimburse travelers for late fees on personal credit cards.

Other
In rare situations when the Corporate Card and personal funds cannot be used, travelers may request Payment Services to issue a check or a foreign draft (payment in foreign currency).
<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Visa Corp Card</th>
<th>Personal Card</th>
<th>Cash</th>
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</thead>
<tbody>
<tr>
<td>Airfare</td>
<td>Itinerary w/amount showing agencies used</td>
<td>Itinerary w/amount showing agencies used</td>
<td>Itinerary w/amount showing agencies used</td>
</tr>
<tr>
<td>Auto Rental</td>
<td>Rental agreement with return receipt</td>
<td>Rental agreement with return receipt</td>
<td>Rental agreement with return receipt</td>
</tr>
<tr>
<td>Lodging</td>
<td>Itemized folio</td>
<td>Itemized folio w/$0 balance or copy of personal credit card statement and hotel folio with amounts matching</td>
<td>Itemized folio w/$0 balance, must show that cash was tendered</td>
</tr>
<tr>
<td>Gas for Rental Car</td>
<td>If less than $75; no receipt. If $75 or greater, receipt</td>
<td>Itemized receipt for all amounts</td>
<td>Itemized receipt for all amounts</td>
</tr>
<tr>
<td>Taxi/Parking/Shuttle</td>
<td>If less than $75, no receipt. If $75 or greater, receipt</td>
<td>Itemized receipt for all amounts</td>
<td>Itemized receipt for all amounts</td>
</tr>
<tr>
<td>Meal - Individual</td>
<td>If less than $75, no receipt. If $75 or greater, itemized receipt</td>
<td>Under $25, summary receipt. $25 or greater, summary and itemized receipt</td>
<td>Under $25, summary receipt. $25 or greater, summary and itemized receipt</td>
</tr>
<tr>
<td>Meal - International Per Diem</td>
<td>Print out one effective rate per location for applicable dates of travel from State Dept website</td>
<td>Print out one effective rate per location for applicable dates of travel from State Dept website</td>
<td>Print out one effective rate per location for applicable dates of travel from State Dept website</td>
</tr>
<tr>
<td>Meal – Domestic Per Diem (optional for trips in excess of 7 days)</td>
<td>Print out one effective rate per location for applicable dates of travel from State Dept website</td>
<td>Print out one effective rate per location for applicable dates of travel from State Dept website</td>
<td>Print out one effective rate per location for applicable dates of travel from State Dept website</td>
</tr>
<tr>
<td>Meal - Business/Group</td>
<td>If less than $75, no receipt. If $75 or greater, itemized receipt</td>
<td>Under $25, summary receipt. $25 and greater, summary and itemized receipt</td>
<td>Under $25, summary receipt. $25 and greater, summary and itemized receipt</td>
</tr>
<tr>
<td>Meal - Alcohol</td>
<td>If less than $75, no receipt. If $75 or greater, receipt</td>
<td>Under $25, summary receipt. $25 and greater, summary and itemized receipt</td>
<td>Under $25, summary receipt. $25 and greater, summary and itemized receipt</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>If less than $75, no receipt. If $75 or greater, receipt</td>
<td>Itemized receipt for all amounts</td>
<td>Itemized receipt for all amounts</td>
</tr>
<tr>
<td>Entertainment</td>
<td>If less than $75, no receipt. If $75 or greater, receipt</td>
<td>Itemized receipt for all amounts</td>
<td>Itemized receipt for all amounts</td>
</tr>
<tr>
<td>Travel - Other</td>
<td>If less than $75, no receipt. If $75 or greater, receipt</td>
<td>Itemized receipt for all amounts</td>
<td>Itemized receipt for all amounts. Miscellaneous cash tips (e.g. bellman, porter, valet) should be recorded under this category. The merchant name should be &quot;cash tips&quot; and the &quot;no-receipt&quot; box should be checked.</td>
</tr>
</tbody>
</table>

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Receipt Requirements

Acceptable receipts must contain the following: transaction date, name of merchant, item purchased or service provided, amount, form of payment and indication that the amount was paid by the person requesting reimbursement.

When personal funds are used, each separate expense and receipt must be listed individually on the expense report with the merchant name, date and proper receipt attached. No bundling or totaling of individual expenses into one lump sum for the day or trip.

If a traveler is seeking non-duplicative reimbursement from more than one party, the original receipts should be kept by the party covering the majority of the expenses. Detailed information/additional explanation must accompany Expense Report on external party reimbursement. A copy of the expense report to the additional entity should be included with contact information. Under no circumstances should a discrete expense be reimbursed or paid for by more than one party.

Long Term Travelers

Long-term travelers are not exempt from the expense reporting and documentation requirements for Corporate Card purchases. Arrangements should be made (i.e. scanning, photographing and emailing receipt images, mailing, etc.) to ensure that a copy of the receipt is provided to the Cardholders Proxy to meet policy deadlines.

If a long-term traveler is concerned about his or her ability to provide receipt documentation in a timely manner, it is the responsibility of the cardholder to make arrangements in advance of the trip with the appropriate school or unit business officer.

Domestic, long-term travelers (trip longer than 7 consecutive days) may elect a per-diem for daily expenses. See applicable policies for per-diem use and expense submissions.

Foreign Currency Conversion

1) Expenses on Emory corporate card
   a. Expenses on an Emory corporate card require no additional documentation, as the expenses will import into My Wallet already converted to $USD.

2) Expenses on a personal credit card
   a. Expenses on a personal credit card require a copy of the personal credit card statement which shows the converted purchase amount in $USD to back-up the amounts on the Expense Report. The statement can be printed online in real time and does not have to be an end of cycle statement.

3) Expenses paid in cash

Whichever method for calculating conversion rate is used, the methodology for calculating the final conversion rate should be clear from the documentation that is uploaded. If it is not clear to the approvers, the expense report may not be approved.

Expenses in cash require either the original exchange receipt or upload of an O and A rate from http://www.oanda.com/currency/converter/ (or another comparable exchange rate site).

For trips up to 7 days: Use O and A rate from the date of arrival in-country. Documentation should be an upload of the website, printed to PDF, showing the rate on the date is required.

Between 7-28 days: One rate should be uploaded for every 7 days in-country (e.g. for a 10 day trip, two rates would be uploaded, one from day 1 and one from day 8; expenses should be converted according to the rate at the beginning of that expense’s week.

Over 28 days: One rate should be uploaded for the beginning, middle and end of the trip (e.g. three rates); expenses should be according to the average rate over the length of the trip. Please ensure that the methodology of calculation is clear.

Lost or Missing Receipts

Please consult the receipt chart above for a list of required documentation and categories for which lost and missing receipts will be reimbursed.
Missing or lost receipts for airfare, lodging or rental car must be obtained from the vendor; these expenses will not be reimbursed without documentation.

For required receipts over $75, missing or lost receipts can be indicated by checking the “no receipt” box in Compass in the Expense Detail – an explanation of why the receipt is missing should be provided in the box. Depending on the amount of the expense, the Business Office or Central AP may request that the vendor be contacted to obtain a copy of the receipt.

By checking this box, the submitter is certifying that the information is truthful, that the receipt was lost or not obtained, and that the expenses have not nor will not be submitted again to Emory University or any other organization for reimbursement or tax purposes.

For charges on personal credit cards, it is expected that the traveler will provide a scanned copy of the personal card transaction. For checks, a copy of the cancelled check (or proof that the check was cashed) will suffice.

Emory, in order to maintain its standing with the IRS, reserves the right to request further information and make the final determination on whether or not the reason and documentation is sufficient for reimbursement.

Miscellaneous Cash Tips

Miscellaneous cash tips (e.g. bellman, porter, valet) do not require a receipt. Daily cash tips should be recorded under the Travel-Other category. Daily miscellaneous cash tips should be combined in one expense line per day and given the merchant name “cash tips”.

The "no receipt" box should be checked.

Definitions

n/a

Related Links

- Current Version of This Policy: [http://policies.emory.edu/2.90](http://policies.emory.edu/2.90)

Contact Information

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Phone</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Procurement and Payment Services</td>
<td>Customer Care</td>
<td>404-727-5400</td>
<td><a href="mailto:actspay@emory.edu">actspay@emory.edu</a></td>
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</table>

Revision History

- Version Published on: Sep 27, 2018 *(Consolidated travel content)*
- Version Published on: Aug 31, 2018
- Version Published on: Aug 20, 2014 *(Added “Travel” to the title)*
- Version Published on: Aug 20, 2014 *(Changed a position title)*
- Version Published on: Apr 08, 2013
- Version Published on: Feb 13, 2013
- Version Published on: Apr 01, 2010 *(Original Publication)*
Policy 4.119
Child Abuse Reporting

Responsible Official: VP for Human Resources
Administering Division/Department: Human Resources
Effective Date: May 03, 2013
Last Revision Date: June 26, 2013

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

Connecting the campus with the community is a defining feature of Emory’s character. Emory University is committed to maintaining a supportive and safe educational environment and to enhancing the well-being of all members of its community. Within this commitment, Emory places importance on creating a secure environment for children. To that end, Emory has adopted the following child-protection policy and procedures.

In order to ensure the safety and well-being of children, this policy must be reviewed and followed by:

- Emory faculty and staff, including student employees, within their Capacity of Employment or Duties;
- Emory volunteers, including students, whose Capacity of Employment or Duties involve interaction with children; and
- Third-Parties within their Capacity of Employment or Duties involving Emory.

The purpose of this policy is to provide guidance to Emory University faculty, staff, volunteers, students and Third-Parties in the fulfillment of their legal responsibilities in reporting suspected Child Abuse.

Applicability
Unless there is an exception under Georgia law, Emory University requires all Emory University faculty, staff, volunteers, students and Third-Parties to report suspected Child Abuse of which they are made aware in their Capacity of Employment or Duties. Failure to do so may be a criminal offense under Georgia law. See O.C.G.A. § 19-7-5.

The safety and welfare of a child is paramount. Thus, any uncertainty about whether reporting is required should always be resolved in favor of making a report.

Policy Details

How to report suspected Child Abuse:

- Emory University faculty, staff, volunteers, students and Third-Parties should immediately report suspected Child Abuse to the Emory Police Department by submitting the Suspected Child Abuse Reporting Form (see Related Links) or by making an oral report.
- Physicians or Mental Health Professionals who suspect Child Abuse should immediately report such suspected Child Abuse to the Division of Family and Children Services office in the county where the child lives or where the abuse was witnessed.
- If a child is in imminent danger, Emory University faculty, staff, volunteers, students and Third-Parties should call 911 if not on Emory’s campus or the Emory Police Department at 404-727-6111 if on Emory’s campus to obtain immediate protection for the child.
- The Emory Police Department shall report suspected Child Abuse to the Division of Family and Children Services office in the county where the child lives or where the abuse was witnessed within 24 hours of receiving the report.
- It is Emory’s policy that no member of the faculty or staff or student making a good-faith report of suspected abuse or neglect will be retaliated against in the terms and conditions of employment or educational program.

Compliance:

Any Emory University faculty, staff or students who fail to report a case of suspected Child Abuse are subject to disciplinary action, which could include termination (if a faculty or staff member) or expulsion (if a student). If a Third-Party or volunteer fails to report a case of suspected Child Abuse, it risks termination of its contract or relationship and, if a Third-Party, future client status with Emory University.

Definitions

- “Capacity of Employment or Duties” means:
  - A faculty or staff member, volunteer or Third-Party who is acting within his/her employment or duties, on or off campus.
- “Child” means any person under eighteen years of age.
- “Child Abuse” means:
  - Physical injury or death inflicted upon a child by a parent or caretaker by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
  - Neglect or exploitation of a child by a parent or caretaker thereof;
  - Sexual abuse of a child; or
  - Sexual exploitation of a child
  - For purposes of this policy, sexual abuse does not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor.
• “Third-Parties” means:
  ○ Third-party entities, including vendors, that contract to use Emory University facilities.

Related Links

• Current Version of This Policy: http://policies.emory.edu/4.119
• Policy on Theft and Other Criminal Incidents (http://policies.emory.edu/4.68)
• Suspected Child Abuse Reporting Form (http://www.hr.emory.edu/eu/docs/child-abuse-report-form.pdf)

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<th>Phone</th>
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</tr>
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<tbody>
<tr>
<td>Emory Police Department</td>
<td>404.727.6111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office of the General Counsel</td>
<td>404.727.6011</td>
<td></td>
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</table>

Revision History

• Version Published on: Jun 26, 2013
• Version Published on: May 09, 2013
• Version Published on: May 09, 2013 *(Original Publication)*
Policy 8.11
University Anti-Hazing

Responsible Official: VP and Dean for Campus Life
Administering Division/Department: Campus Life
Effective Date: October 15, 2011
Last Revision Date: July 1, 2021

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

Emory University is committed to the health and well-being of its student body. Hazing can severely impact the educational experience and an individual’s emotional and physical well-being. For that reason, the University and the Emory community have an obligation to protect the members of the community from hazing, to assist those who have been hazed, and to hold those individuals and School Organizations engaging in hazing accountable for their actions.

As part of this commitment, Emory University complies with and upholds all federal and state laws that regulate or prohibit hazing. Violations of such laws that are brought to the University’s attention may be addressed through internal University processes, prosecution in the courts, or both.

This Policy is also designed to convey the University’s care and concern for its members and their emotional and physical well-being and to foster faculty, staff, and students helping each other.
Applicability

All Emory University Students and School Organizations are hereby notified that this Policy applies to all activities conducted on and off University-owned property.

Policy Details

All Students and School Organizations are required to abide by Georgia laws, ordinances, and regulations pertaining to hazing. In addition to those laws, Emory University has established the following expectations:

- Emory University prohibits hazing of any kind.
- Hazing is a broad term encompassing any action or situation created by an individual or group that inflicts, intends to inflict, or has the potential to inflict emotional and/or physical harm, or that may demean, degrade, disgrace, embarrass, harass, or humiliate any person regardless of location, intent, or consent of participants for the purpose of initiation into, affiliation with, admission to, holding office in, or as a condition for continued membership in a group, team, club, or other organization. This definition includes any action which serves to subject a student to an activity which endangers or is likely to endanger the physical health of a student, or coerces the student through the use of social or physical pressure to consume any food, liquid, alcohol, drug, or other substance which subjects the student to a likely risk of vomiting, intoxication, or unconsciousness regardless of a student's willingness to participate in such activity.
- Prohibited behavior may include activities for which the group, team, club, or organization engages in, promotes, or facilitates that negatively impact prospective, active, or new members' physical and emotional well-being or has no legitimate educational purpose.
- School Organizations may be held accountable for actions committed by alumni members or non-member individuals.
- Apathy or acquiescence in the presence of hazing are not neutral acts; and may be considered violations of the policy.
- Actions or activities prohibited by this policy include, but are not limited to, activities that involve or have the potential to involve:
  - Risk of injury to any individual or group.
  - Embarrassment or ridicule to any individual or group.
  - Harassment of any individual or group.
  - Acts of personal servitude of an individual or group.
  - Willful destruction and/or removal of public or private property for the purpose of initiation or admission into or affiliation with, or as a condition for continued membership in any organization.
  - Forced activities that are sexual in nature. Note: These activities may also violate the University’s Sex and Gender-Based Harassment and Discrimination Policy.
- The following questions can help individuals/groups assess the appropriateness of an activity:
  - Does the activity promote and conform to the ideals, values, and mission of both the University and the School Organization?
  - Is it an activity that all members (current and prospective) engage in equally and together?
  - Does the activity have an educational purpose?
  - Would the group’s advisor, coach, national headquarters of a fraternity/sorority/etc. and/or other University officials approve of the activity?
  - Will the activity increase prospective/new members’ respect for the organization/group and all members of the group?
  - Is the activity free of emotional and/or physical harm?
  - Does the activity have inherent value in and of itself?
Enforcement

The reporting, investigation, provision of due process and administrative adjudication of alleged incidents of hazing as related to Students and School Organizations shall be managed according to the process that has jurisdiction over the Student or School Organization. For example, undergraduate Students are subject to the Undergraduate Code of Conduct, while graduate and professional school Students will be subject to the disciplinary processes of their respective academic units. Sanctions may include, but are not limited to disciplinary probation, social probation, suspension, revocation of University recognition, and expulsion.

Public Disclosure of Administrative Adjudications of Hazing or Hazing Related Convictions

Incidents of administrative adjudication of Hazing or Hazing related convictions shall be disclosed within 15 calendar days of final adjudication or public notice of criminal conviction on the following website: http://campuslife.emory.edu/about/initiatives/hazing/index.html for a period of not less than five years after final adjudication or conviction. The description of each incident disclosed on the website shall include:

1. the name of any School Organization involved;
2. the date or dates on which the hazing occurred; and
3. a description of the specific hazing related findings, sanctions, adjudications and convictions for any person or school organization

The description of any incident disclosed on the website shall not include the personal identifying information of any individual student and shall be subject to the requirements of the Family Education Rights and Privacy Act (FERPA), 20 USC 1232g.

Definitions

- **Hazing**: Any action or situation created by an individual or group that inflicts, intends to inflict, or has the potential to inflict emotional and/or physical harm, or that may demean, degrade, disgrace, embarrass, harass, or humiliate any person regardless of location, intent, or consent of participants for the purpose of initiation into, affiliation with, admission to, holding office in, or as a condition for continued membership in a group, team, club, or other organization. This definition includes any action which serves to subject a student to an activity which endangers or is likely to endanger the physical health of a student, or coerces the student through the use of social or physical pressure to consume any food, liquid, alcohol, drug, or other substance which subjects the student to a likely risk of vomiting, intoxication, or unconsciousness regardless of a student's willingness to participate in such activity.

- **School Organization**: Any association, corporation, order, club, society, fraternity, sorority, athletic team, or a group living together which has students or alumni as its principal members, including local affiliate organizations, regardless whether the school organization is officially recognized by the University.

- **Student**: Any person enrolled or prospectively enrolled in Emory University. At the discretion of the appropriate responsible body, this term may be extended to include: (1) a person not currently enrolled, who was enrolled in the fall, spring, or summer term preceding the alleged violation, (2) a person who, while not currently enrolled, has been enrolled in Emory University and may reasonably seek enrollment at a future date, (3) a person who has applied or been accepted for admission to Emory University and may reasonably be expected to enroll, or (4) a person enrolled in the Emory University Pre-College Program on a credit or non-credit basis.

Related Links

- Current Version of This Policy: http://policies.emory.edu/8.11
- Office of Sorority & Fraternity Life (http://osfl.emory.edu)
- Office of Student Conduct (http://conduct.emory.edu)
- Department of Intercollegiate Athletics (http://www.emoryathletics.com)
- Oxford College (http://oxford.emory.edu/life/)
• Stop Hazing (http://www.stophazing.org)
• Campus Life Anti-Hazing website and public disclosure information: http://campuslife.emory.edu/about/initiatives/hazing/index.html

Contact Information

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<tr>
<td>Content</td>
<td>Julia Licorish Thompson</td>
<td>404.712.7418</td>
<td><a href="mailto:julia.thompson@emory.edu">julia.thompson@emory.edu</a></td>
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Revision History

• Version Published on Jul 01, 2021
• Version Published on: Oct 09, 2018
• Version Published on: Mar 30, 2015
• Version Published on: Jan 09, 2012 (Original Publication)
Policy 8.12
University Recognized Student Organizations

Responsible Official: VP and Dean for Campus Life
Administering Division/Department: Campus Life
Effective Date: July 11, 2012
Last Revision Date: September 21, 2018

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

The purpose of this policy is to outline the authority of various entities at Emory University to recognize Student Organizations. Further, the policy outlines the list of benefits that Emory University grants official Student Organizations. Finally, the policy provides for the registration of all Student Organizations on campus so that a comprehensive list of all groups can be maintained.

Applicability

n/a

Policy Details

8.12.1 Rights
8.12.2 Official Registration List
8.12.3 Authorization

8.12.4 Responsibilities of Student Organizations

8.12.5 Benefits to Registration

8.12.5.1 Available to all Student Organizations at Emory University

8.12.5.2 Available to Student Organizations who receive recognition from the Emory University Student Government Association.

8.12.6 Student Organization Websites

8.12.6.1 Student Organization Website Domain Names

8.12.1 Rights

Emory University students may organize Student Organizations. In accordance with the Emory University Non-Discrimination Policy, no student shall be denied membership in any Student Organization.

Notwithstanding the foregoing, certain limitations for participation based on major, degree, grade point average, or school of enrollment may be imposed if approved in advance by the Recognizing Body. Student Organizations that wish to make exceptions to enrollment based on religious or other purposes must petition the appropriate Recognizing Body.

8.12.2 Official Registration List

Campus Life is responsible for maintaining a comprehensive and up to date list of all registered Student Organizations through the Office of Student Leadership & Service staff. All Student Organizations at Emory University who wish to have access to any of the rights, privileges, and benefits outlined in this policy must follow the official registration procedures as outlined by the Division of Campus Life. Such registration list shall be deemed the official list of Student Organizations recognized at Emory University at any time.

8.12.3 Authorization

In order for an organization to be recognized as an official Student Organization, the Student Organization must have the approval of a Recognizing Body and be listed on the official list of Student Organizations maintained by the Campus Life through Student Involvement, Leadership, and Transitions. Each Recognizing Body is responsible for managing their own processes to recognize Student Organizations. The Vice-President and Dean for Campus Life, or his/her designee, are responsible for holding Student Organizations and Recognizing Bodies accountable to all relevant University policies.

In addition, all Student Organizations must have an official University advisor. For groups recognized by University departments, their advisor is the director/chair of that department or his/her designee. For all groups chartered by the Student Government Association and/or Graduate Student Government Association, advisors are required to be a full-time faculty or staff member. Campus Life grants authority to Student Involvement, Leadership, and Transition to set additional requirements for SGA/GSGA Advisors.

The Student Government Association and/or Graduate Student Government Association, is also responsible for collecting and distributing the Student Activity Fee. Final decision-making authority regarding the Student Activity Fee resides with the Student Government Association and/or Graduate Student Government Association., in consultation with the Vice President and Dean for Campus Life or his/her designee, who will ensure accountability with relevant University policies and procedures.

8.12.4 Responsibilities of Student Organizations
All Student Organizations are required to abide by and follow all Emory University policies, rules, and regulations. Any Student Organization that does not follow such policies, rules or regulations will be referred to the Office of Student Conduct while graduate and professional school student organizations will be subject to disciplinary processes of their respective academic units.

8.12.5 Benefits to Registration

The following benefits are available, if applicable, to Student Organizations. No student groups who have not followed this policy to become officially recognized Student Organizations have access to these benefits.

8.12.5.1 Available to all Student Organizations at Emory University

- Use of Emory University name to identify institutional affiliation (per guidelines of Emory Brand Management) which can include a logo, access to letterhead, and other such benefits.
- Ability to reserve space on campus/use space on campus (some charges may apply) and use University meeting rooms and facilitates.
- Free organizational advising, consulting and training by Student Involvement, Leadership, and Transitions Staff.
- Participation in Student Activity Fairs as hosted by Campus Life or the Student Involvement, Leadership, and Transitions.
- Ability to be financially supported by other University Departments with co-sponsorship funding opportunities.
- Access to the Student Organization Management database “OrgSync.”
- Access to a website supported and hosted by Emory University (subject to Emory University Policy 8.12.6).
- Ability to apply for Grant Opportunities in Campus Life such as Late Night @ Emory, the Student Organization Food Grant managed by SGA and/or GSGA and Emory Dining, etc…
- Other benefits as deemed appropriate by various offices, departments, and divisions of Emory University.

8.12.5.2 Available to Student Organizations who receive recognition from the Emory University Student Government Association and/or Graduate Student Government Association:

- Ability to apply for Student Activity Fee money
- Access to apply for Student Organization Locker storage

8.12.6 Student Organization Websites

Registered student organizations are entitled to a website supported and hosted on Emory OrgSync/Engage. All student organization websites must meet the following criteria:

- Hosted on Emory OrgSync/Engage
- Compliant with applicable local, state, and federal laws, including but not limited to those concerning copyright and trademark protections, harassment, and sexual misconduct
- Compliant with Emory University Branding Guidelines
- Compliant with Campus Life Technology and Communications Guidelines
- Administred by students bound by the Student Code of Conduct and other applicable Policies and Codes

Student organizations in violation of this policy forfeit their entitlement to a website and may have their website deactivated and archived until compliance is reestablished.

Websites are protected under Policy 8.14, Respect for Open Expression Policy.

8.12.6.1 Student Organization Website Domain Names

Registered student organizations are required to maintain their websites on Emory OrgSync/Engage. Each organization will have a unique website URL within OrgSync/Engage.

Domain names purchased through third parties will not be supported.
Unregistered student organizations will not be provided OrgSync access nor permitted to use the Emory name or logo for promotional purposes or establishing domains/URLs.

Definitions

Department or Division is defined as a department or division of Emory University that has a Director, Department Chair, or similar title.

Recognizing Body is defined as the Department or Division, Emory University Student Government Association and/or Graduate Student Government Association or other Emory University authorized governing or recognizing body that may authorize a Student Organization.

Student Organizations are groups of students that meet the Student Government Association and/or Graduate Student Organization requirements for recognition. This term includes, but is not limited to, student organizations recognized by the Emory Campus Life through the Student Involvement, Leadership, and Transitions, Greek letter organizations recognized by the Office of Sorority and Fraternity Life, athletic teams organized by Athletics and Recreation (including varsity and intramural sports teams), and organizations recognized and/or advised by a Recognizing Body or other administrative units of the University.

Related Links

- Current Version of This Policy: http://policies.emory.edu/8.12
- Community Platform for Registration (http://www.studentorgs.emory.edu)

Contact Information

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<th>Subject</th>
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<tr>
<td>Questions about Registration Process</td>
<td>Lisa Loveall</td>
<td>404-727-6169</td>
<td><a href="mailto:Lisa.loveall@emory.edu">Lisa.loveall@emory.edu</a></td>
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Revision History

- Version Published on: Sep 21, 2018 (Updated Details, Definitions, Contact)
- Version Published on: Aug 14, 2014 (added 8.12.6 & 8.12.6.1. changed name of policy, changed definition)
- Version Published on: Nov 27, 2012 (changed wording in 8.12.3)
- Version Published on: Jul 11, 2012 (Original Publication)
Policy 8.13
Missing Student Notification

Responsible Official: VP and Dean for Campus Life
Administering Division/Department: Campus Life
Effective Date: October 01, 2010
Last Revision Date: September 21, 2018

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

The purpose of the Emory University Missing Student Policy is to establish procedures for the University’s response to a report of a missing student as required under the Higher Education Opportunity Act (HEOA) of 2008.

Applicability

The HEOA of 2008 requires institutions of higher education to establish:

- A missing student notification policy for students who reside in on-campus housing
- A process for students to register a confidential contact for use under this policy
- Procedures to implement this policy for students who reside in on-campus housing

Emory University applies this missing student notification process to all students. This policy applies to all students found to be missing or absent from the University for a period of 24 hours without any known reason or when the absence may be contrary to usual patterns of behavior. A student will be considered missing immediately, if his/her absence has occurred under circumstances that are suspicious or cause concerns for her/his safety. Such circumstances include, but are not limited to: reports or suspicions of foul play, suicidal thoughts, drug use, any life threatening situations, or where a student may be known to be with individual(s) who may endanger the welfare of the student.
Policy Details

8.13.1 Process Overview

8.13.2 Procedures for Designation of Missing Persons Contact Information

8.13.3 Official Notification Procedures for Missing Persons

8.13.4 Campus Communications About Missing Students

8.13.1 Process Overview

If any member of the University community has reason to believe that a student may be missing, he or she should immediately notify the Emory Police Department at 404-727-6111 (Main Campus) or 770-784-8377 (Oxford Campus).

A campus officer is available to respond to a call 24 hours a day and seven days a week.

If the student in question resides off-campus, or resides on-campus but is reported missing from an off-campus location, the Emory Police Department will assist the reporting party in notifying the appropriate law enforcement agency with jurisdiction at the off-campus residence or last known location.

8.13.2 Procedures for Designation of Missing Persons Contact Information

Each student will be given the opportunity during each semester registration process to designate one or more individuals to be contacted in the event the student is determined missing. This designation is distinct from the identification of a general emergency contact, but students may identify the same person for both purposes. Students’ missing persons contact information will be kept confidential and accessible only to authorized campus officials, and it will not be disclosed, except to law enforcement personnel in furtherance of a missing person investigation.

8.13.3 Official Notification Procedures for Missing Persons

1. Any member of the university community who has information that a student may be a missing person must notify the Emory Police Department as soon as possible.

2. If the initial report that a student is missing is made to a department other than the Emory Policy Department, the staff or faculty member receiving the report must ensure that the Emory Police Department is contacted immediately and that contact information for the original reporting party is shared with the Emory Police Department.

3. The Emory Police Department, Campus Life, and other appropriate staff members will attempt to locate the student. If the student resides off-campus or was reported missing from an off-campus location, the University will cooperate with the appropriate local law enforcement agency in its effort locate the student. The Emory Police Department shall act as the primary investigating agency in a missing person case only when it has been determined that the missing person was last seen in EPD’s jurisdiction.

4. Appropriate university staff will be notified to aid in the search for the student.

5. If the student is not located within 24 hours of the report or it is apparent immediately that the student is a missing person (e.g., witnessed abduction), the Emory Police Department shall notify the local law enforcement agency that has jurisdiction in the area that the student is missing (unless it was the local law enforcement that determined the student to be missing). The notification will be made within 24 hours of the student being determined missing.

6. When a student is determined to be a missing person, the VP and Dean for Campus Life and/or his or her designee will notify the individual(s) the student designated to be contacted for missing persons purposes that the student has been determined missing. If the student is under the age of 18 and not an emancipated minor, a custodial parent or guardian will be contacted in addition to the designated missing persons contact(s) if they are not the same person(s). The required notifications will be made within 24 hours of the student being determined missing.

*Successful contact is contingent upon the correct contact information being made available by the student.
7. Senior University Administration will be notified in accordance with this policy.

8.13.4 Campus Communications About Missing Students

In all cases of a missing student, where the student is declared missing by the Emory Police Department or by the appropriate local law enforcement agency after an initial investigation, the Emory University Office of University Media Relations will provide information to the media that is designed to obtain public assistance in the search for any missing student. Any media requests to the college will be directed to the Office of University Media Relations. Prior to providing the Emory University community with any information about a missing student, the Office of University Media Relations shall consult with the Emory Police Department and with local law enforcement authorities to ensure that communications do not hinder the investigation.

Definitions

n/a

Related Links

- Current Version of This Policy: http://policies.emory.edu/8.13

Contact Information

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<td>Clarification of Policy</td>
<td>VP and Dean for Campus Life</td>
<td>404-727-4364</td>
<td><a href="mailto:campuslife@emory.edu">campuslife@emory.edu</a></td>
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Revision History

- Version Published on: Sep 21, 2018 (Quick updates to Details, Updated Contact)
- Version Published on: Aug 29, 2018
- Version Published on: Sep 30, 2016 (recent changes to OPUS designed to capture specific missing persons)
- Version Published on: Oct 05, 2015 (student designation of emergency contact)
- Version Published on: Aug 02, 2012 (Original Publication)
Policy 8.14
Respect for Open Expression Policy

Responsible Official: VP and Dean for Campus Life
Administering Division/Department: Campus Life
Effective Date: October 29, 2013
Last Revision Date: September 21, 2018

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview
n/a

Applicability
n/a

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8.14.1 Principles
8.14.2 Applicability, Scope, and Definitions
8.14.3 Committee for Open Expression
   8.14.3.1 Jurisdiction
8.14.3.2 Committee Responsibilities
8.14.3.3 Composition and Term
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8.14.4 Filing Complaints to the Committee for Open Expression
8.14.4.1 Hearing Panel
8.14.4.2 Investigations
8.14.4.3 Findings
8.14.4.4 Authority

8.14.5 Community Responsibilities
8.14.5.1 Awareness of Community Responsibilities
8.14.5.2 Freedom of Speech and Freedom of Expression: Joint Standards
8.14.5.3 Standards for Scheduling Meetings, Protests, and Events for both Indoor and Outdoor Locations
8.14.5.4 Violation of Community Responsibilities
8.14.5.5 Violation of Other Policies that relate to Open Expression
8.14.5.6 Supporting Expression, Protest, and Dissent through University Space
8.14.5.7 Protests in Spaces that have not been reserved
8.14.5.8 Nonpersonal Expression such as flyers, signs, displays, etc.

8.14.6 Promotion and Dissemination of this Policy

8.14.7 Administration and Enforcement
8.14.7.1 Administrative Procedures
8.14.7.2 Enforcement Procedures
8.14.7.3 Terminations or Arrests because of Violations of this Policy
8.14.7.4 Violations of Other University Policies

8.14.1 Principles

Emory University ("University") is committed to an environment where the open expression of ideas and open, vigorous debate and speech are valued, promoted, and encouraged. As a community of scholars, we affirm these freedoms of thought, inquiry, speech, and assembly. Firmly grounded in the principles outlined by the 2011 Taskforce on Dissent, Protest & Community Report (https://www.emory.edu/CAMPUS_LIFE/documents/archive/2011_DPC_report.pdf), this Policy reaffirms Emory’s unwavering commitment to a community that inspires and supports courageous inquiry through open expression, dissent, and protest, while acknowledging the challenges of the creative tensions associated with courageous inquiry in an ever changing community.

Recognizing that the educational process of our institution necessarily includes various and diverse forms of open expression, the University affirms the rights of members of the Community to assemble and demonstrate peaceably within the limits of this Policy. Simultaneously, the University affirms the right of others to pursue their normal activities and to be protected from injury or property damage, as defined by law.
Emory University also affirms values of diversity, inclusion, and community. The University Community is diverse – in race, ethnicity, gender, sexual orientation, background, age, religion, abilities, life experiences, political ideologies, ideas of thought, and in many other ways. The actions of each member have an impact upon the culture of inclusion and respect for which we strive as a community. The University is fundamentally committed to open inquiry, open expression, and the vigorous discussion and debate upon which the advancement of its multifaceted mission depends. Civility and mutual respect are important values in our community; while they do not limit the rights protected by this Policy, we ask all members of the Community to consider these values carefully when exercising their fundamental right to open expression.

8.14.2 Applicability, Scope, and Definitions

*Emory University Community* (*Community*): the following individuals are considered members of the Community for purposes of this Policy:

1. students, defined as any person pursuing studies at the University, including (1) a person not currently enrolled who was enrolled in the preceding fall, spring, or summer; (2) a person not currently enrolled who was previously enrolled in Emory University and may reasonably seek re-enrollment at a future date; (3) a person who has applied to and been accepted for admission to Emory University and has accepted an offer of admission or may reasonably be expected to enroll; and (4) a person enrolled in the Emory University Pre-College Program on a credit or non-credit basis;

2. persons who are employed by Emory University or Emory Healthcare as faculty or staff, and persons who are employed by contracted entities to provide a service to Emory University and whose work location is on any of Emory’s multiple campus locations;

3. trustees of the University and members of Boards of various entities of the University;

4. alumni of the University when returning to campus or to official University events;

5. invited guests of the University such as guest speakers, panelists, artists, performers, participants, etc. for events, both on and off campus; and

6. patrons, guests, and those receiving the services of Emory Healthcare or other businesses, such as Continuing Education, of Emory University.

*Meetings and Events* (*Meetings* or *Events*): gatherings of members of the Community in a location specifically reserved for that purpose. Events are generally considered to be public. Meetings are generally considered to be private.

*Dissent* (*Dissent*): the fundamental right of expression of counterpoint(s) through symbols, speech, expression, satire, flyers or leaflets, action, and other comparable forms of expression.

*Protest* (*Protest*): dissent with the goal of change, which may attract attention. Protests may include an actual gathering of people to bring attention to the cause, such as picketing, rallies, sit-ins, vigils, or similar forms of expression. Protest may also include more individually-based forms of Dissent such as posting flyers, wearing t-shirts or arm bands, and other similar actions.

*Internal vs. External Dissent*: The University acknowledges that some protest may be externally focused, meaning the topic of protest is directed at some broader issue beyond the University. Examples may include protesting local legislation or global social injustices, among others. The University also acknowledges that some protest may be internally focused, directed at the leadership of the institution, at decisions made by faculty or administrators, or toward other members of the Community with whom one disagrees. Both forms of protest are valued, protected, and affirmed.

Nothing in this Policy prevents Emory Healthcare from managing its property with due regard for the unique needs of healthcare delivery. The Vice President and Dean of Campus Life (DCL) is responsible for enforcing this policy. The DCL and their designee may send Open Expression Observers on their behalf during Events to enforce this Policy.

*Conflicting Policies*: This Policy is paramount to other policies of the University that may conflict, except those grounded expressly in local, state, or national law.

8.14.3 Committee for Open Expression

The University Senate Standing Committee for Open Expression (hereinafter Committee) is a working group of community members—faculty, staff, and students—who seek to promote and protect the rights and responsibilities of
community members related to issues and controversies involving speech, debate, open expression, protest, and other related matters.

8.14.3.1 Jurisdiction

The Committee has responsibility for all issues and controversies involving various forms of expression, including but not limited to speech, debate, Protest, Dissent, and other related matters in accordance with this Policy.

8.14.3.2 Committee Responsibilities

The Committee shall provide advice and counsel to Community members interpreting the Policy and the rights and responsibilities of individuals and groups under it. The Committee shall have the following powers and duties:

- to investigate alleged infringements of the right of members of the Community concerning speech, debate, open expression, Protest, Dissent, and other related matters, between all members of the Community;
- to provide education and training to the Community regarding open expression;
- to provide resources and referral to appropriate campus colleagues as necessary;
- to regularly review this Policy and its applicability, and to recommend changes to the University Senate as necessary;
- to report annually on the status of the Committee's work for presentation to the University Senate, and to make such reports available to the Community; and
- to take other actions as necessary to effectuate this Policy and the principles contained herein.

8.14.3.3 Composition and Term

The Committee shall consist of 13 members:

Four Faculty Members should be appointed to staggered two-year terms. At least one faculty should be from one of the Woodruff Health Sciences schools (Medicine, Public Health, Nursing, or Yerkes).

Three Staff Members should be appointed to staggered two-year terms so that each year at least one new member is named or reappointed to the Committee.

Five student members should be appointed to one-year terms. At least two students must be undergraduates and at least two students must be graduate or professional students. All of the graduate or professional students must represent different academic divisions of the institution.

One member of Student Government Association’s Constitutional Council, as appointed by the President and confirmed by the SGA Legislature, shall serve a one-year term as an ex officio member of the committee. This ex officio member is not a voting member of the committee and should not count for quorum purposes.

One representative from Campus Life should also be appointed to a two year term.

The appropriate nominating body (University Senate) should make all reasonable efforts to nominate new representatives to the Committee, but nothing in this Policy prohibits members from serving multiple and/or consecutive terms if deemed appropriate by the nominating body.

The Committee Chair will be nominated by the Committee for Open Expression for appointment by the University Senate Executive Committee.

Under the advice and consent of this Committee, Oxford College of Emory University may assemble its own Committee, which must include students, to support, promote, and protect Open Expression at Oxford.

8.14.3.4 Committee Procedures

The following procedures are designed to ensure continuity and effectiveness of the Committee:

a. Except as provided with respect to the conflict resolution and mediation function outlined in section 8.14.4, 7 members constitute a quorum. In order for a quorum to exist, at least one faculty, one staff, and one student representative must be present.
b. The Committee may authorize the creation of subcommittees to act for the Committee in any matter except for proposing changes to the Policy and submitting yearly reports. The University Senate must approve the membership of any subcommittees if 1) members of said subcommittees are not current approved Senate members and 2) members of the subcommittees need to cast any actionable votes.

c. The Committee or any subcommittee may invite other Community members to provide consultative services to the Committee for their areas of expertise. The opinions of invited members are non-binding and only serve to help inform the Committee in its decision-making.

d. The Committee shall maintain a spirit of openness and transparency. Under certain conditions, the Committee shall respect the privacy of individuals over transparency to the broader community and shall maintain the right to declare its proceedings confidential.

i. If a person appearing before the Committee requests confidentiality, the Committee will consider that request and notify the individual of the decision before the scheduled testimony.

ii. Committee minutes may be declared confidential by the overall Committee or by the Chair of the Committee or subcommittee subject to review by the overall Committee.

iii. All minutes and materials deemed confidential shall be clearly marked and shall be accompanied by a warning against unauthorized disclosure.

8.14.4 Filing Complaints to the Committee for Open Expression

The University seeks to actively promote open expression within our Community. As such, this Policy enumerates an investigation procedure for those members who believe their rights under this Policy have been violated. When an Event, Meeting, or Protest is occurring, the enforcement of this policy shall follow the guidelines outlined in 8.14.7; however, should a member of the Community believe their open expression has been violated, the Committee shall work to resolve those concerns as outlined in this section. An initial complaint may be submitted to the Committee for review through the Committee’s email, through the Campus Life, or through other channels as the Committee deems appropriate.

8.14.4.1 Hearing Panel

The Committee will appoint a three member panel from the membership of the Committee to investigate the incident. The Committee shall consider any potential conflicts of interest when appointing this panel.

8.14.4.2 Investigations

Investigations as conducted by this Panel may include:

- collection of written statements from involved parties;
- informal interviews of involved parties;
- informal interviews of topical experts for additional perspective; and
- other information as needed.

8.14.4.3 Findings

When a complaint is submitted and to the greatest extent possible, the Committee will seek to resolve the conflict and mediate the situation between the parties.

This Committee, however, has no disciplinary authority because of its role protecting and promoting Open Expression. Actions that violate other Community expectations such as the Undergraduate Code of Conduct, the conduct expectations of the graduate and professional schools, or any other appropriate University policy, may be referred to the appropriate body.

8.14.4.4 Authority

This Committee, when it finds violations of this Open Expression policy by any member of the Community including those acting in the name of the University, may submit recommendations to the University Senate, the President, the DCL, or any other appropriate person or governing body for review.
8.14.5 Community Responsibilities

Emory University respects the Constitutional rights of free speech and assembly. As such, the only responsibilities outlined in this section that limit the free exercise thereof have been done in a way to ensure maximum open expression and narrowly tailoring exceptions to specific safety or community concerns.

8.14.5.1 Awareness of Community Responsibilities

Each member of the Community is expected to know and follow this Policy. A person who violates these standards or other policies of the University in the course of open expression may be held accountable for that conduct. Any member of the Community who is in doubt as to the propriety of planned conduct may seek guidance from the Committee for Open Expression in advance of the Event.

8.14.5.2 Freedom of Speech and Freedom of Expression: Joint Standards

Expression that communicates a viewpoint, regardless of form, is protected as long as it does not violate the guidelines of this Policy. This includes protest, dissent, and any other communicative activity, whether or not it occurs in the context of a Meeting or Event.

The right to Dissent is the complement of the right to speak, but these rights may conflict at certain times. The University promotes simultaneous, but not disruptive, Dissent. As such, during a scheduled Event or Meeting, a speaker is entitled to communicate a message to an audience during an allotted time, and the audience is entitled to hear the message and see the speaker during that time. A dissenter must not substantially interfere with the speaker’s ability to communicate or the audience’s ability to hear, see, or question the speaker. Protests outside of a Meeting, Event, or another Protest shall not impede access to the Meeting, Event, or Protest nor substantially interfere with the communication inside.

8.14.5.3 Standards for Scheduling Meetings, Protests, and Events for both Indoor and Outdoor Locations

It is the policy of the University to protect voluntary assembly and to make its facilities available for assembly. The University shall establish standards for scheduling Events and Meetings. These standards should be published or provided to any member of the Community. Such standards must be reasonable and not require excessive limitations when not warranted, and it is the responsibility of administrators of space on campus to ensure policies and procedures promote open expression. Reservations shall not be denied to any member of the Community based on content of the Meeting, Event, or Dissent unless such content would otherwise violate the responsibilities set forth in 8.14.5.5 of this Policy.

The Committee for Open Expression should be consulted whenever possible before denying a request for use of a room, facility, or space by an organization recognized by the University for a reason other than prior assignment of the room, facility, or space. The University shall not deny recognition to an organization because of disagreement with its mission or the viewpoints that it represents. However, the University may properly take into account, when allocating scarce resources to groups, whether one group’s mission is duplicative of another’s.

8.14.5.4 Violation of Community Responsibilities

The Committee for Open Expression exists to help support the right to Expression, Dissent, and Protest. An affirmative commitment to helping rectify violations through support and alternatives shall be the appropriate course of action. Members of the Community serving as Open Expression Observers shall focus on helping the Expression, Dissent, or Protest continue while making modifications to ensure no violations continue to occur. Further, the Committee for Open Expression should be consulted whenever possible before making a determination that members of the Community are indeed violating the principles of this Policy.

Community members, in the course of their actions, violate this Policy if they:

a. Unreasonably infringe on the rights of other Community members to engage in open expression, Protest, and Dissent.
b. Cause substantial disruption to a Meeting or Event that impedes the rights of attendees of that Meeting or Event, including excessive noise, continually interrupting a speaker, or preventing an audience from seeing/engaging with a speaker during a Meeting or Event.

c. Create undue hardship that substantially impedes a Community member’s right to open expression, such as unreasonable space reservation or usage policies.

8.14.5.5 Violation of Other Policies that relate to Open Expression

Community members, in the course of their actions, violate other policies of the University (such as the Undergraduate Student Code of Conduct, Codes of Conduct in the Graduate and Professional schools, and others that can be found at www.policies.emory.edu) and are no longer operating within the spirit of Open Expression at Emory if:

a. They violate any federal, state, local or other applicable law (e.g., gaining unauthorized access to restricted areas, refusing to leave restricted areas if instructed, defacing of public and/or private property, etc.).

b. They interfere unreasonably with the activities or rights of other persons. Factors that may be considered in determining whether conduct is reasonable include, but are not limited to, the time of day, size of audience, and noise level of a Meeting, Event, or Protest.

c. They interfere unreasonably with the general operations of the University.

d. They hold Meetings, Events, or Protests under circumstances where the health or safety of persons is endangered.

e. They knowingly interfere with unimpeded movement in a University location. Examples may include preventing access to a building, or blocking any entrances or exits in a way that causes safety concerns.

f. They cause injury to persons or property or threaten to cause such injury.

g. They use or threaten violence or force, or encourage others to use or threaten violence or force.

h. They cause harassment, as defined by state law.

i. They violate reasonable noise levels, such as but not limited to DeKalb County noise ordinances.

8.14.5.6 Supporting Expression, Protest, and Dissent through University Space

There are many locations on campus especially conducive to Expression, Protest, and Dissent. A list of suggested spaces can be obtained in the University Center’s Meeting Services, who can assist with reservations of most space on campus or assist in connecting with owners of other spaces.

Moreover, the foundations of this Policy are grounded in the principles of the entire campus being open and available to members to build community through Expression, Protest, and Dissent. As such, all spaces, both indoors and outdoors, are available to support both planned and impromptu Expression, Protest, and Dissent except as provided below. For planned events, reservations can be made and no reservation shall be denied because of the content of expression. For impromptu Expression, Protest, and Dissent, please see 8.14.5.7.

The following locations are not available for these types of Events, Meetings, or Protests unless a special exception is granted; however, if the focus of the Expression, Protest, or Dissent includes one of these areas, there is an affirmative support to ensure protests occur in places like the outdoor spaces in front of the buildings or common gathering places close to these locations.

a. Private offices, research laboratories or associated facilities, and computer centers.

b. Specific areas of offices, museums, libraries, and other facilities that contain valuable or sensitive materials, collections, equipment, and records protected by law, or by existing University policy such as educational records, student-related or personnel-related records, or financial records.

c. Classrooms, seminar rooms, auditoriums, meeting rooms, or outdoor spaces in which classes, private Events, or Meetings are being held or are scheduled to be held during the time of the Protest.
d. Outdoor and indoor locations when the free flow of traffic, both vehicular and pedestrian, is unreasonably impeded; when entrances or exits to private offices, classrooms, and meeting spaces are blocked; or when undue health and safety risks are created.

e. Hospitals, clinics, and surrounding green space or grounds (including, but not limited to, sidewalks, access roads, parking areas, etc.), the facilities of healthcare service providers, emergency facilities, communication systems, utilities, or other facilities or services vital to the continued functioning of the University.

### 8.14.5.7 Protests in Spaces that have not been reserved

We fully support and acknowledge as a Community that sometimes impromptu Expression, Dissent, and Protest are pivotal to achieve the principles of this Policy. Not having a reservation is not sufficient reason for terminating any Protest unless the impromptu Protest unreasonably interferes with prior scheduled Meetings, Events, or essential operations of the University. Community members serving as Open Expression Observers shall ensure impromptu Expression, Dissent, or Protest continues until it should otherwise be relocated to allow for prior scheduled activities. To encourage such impromptu Dissent, the Open Expression Observers shall demonstrate this affirmative commitment by working with those involved to identify space where the Expression, Protest, or Dissent can be continued should the space being used interfere with other scheduled Meetings, Events, or essential operations.

All general outdoor public areas of the institution, even those that have reservation procedures, should be available for impromptu Expression, Protest, and Dissent unless it otherwise violates this policy. Requirements to reserve space should not be unreasonable in terms of time frame, requirements, or costs to the group wishing to host the Event. No group or organization should be denied use of a space on campus because of the content of the Meeting, Event, or Protest, unless such content would otherwise violate the responsibilities set forth in 8.14.5.5 of this Policy.

### 8.14.5.8 Nonpersonal Expression such as flyers, signs, displays, etc.

For purposes of nonpersonal expression such as flyers, chalking, signs, and displays, persons expressing themselves should follow all applicable flyer posting policies and banner reservation rules; however, these requirements should not be unreasonable in terms of access, time frame, requirements, or costs to the group. No nonpersonal expression should be denied because of the content of the flyer, sign, or display within the limits of the law. Additionally, a member of the Community who defaces the open expression of others will be held in violation of this policy.

### 8.14.6 Promotion and Dissemination of this Policy

The Committee for Open Expression shall partner with the DCL to:

- promote this Policy through educational efforts to the Emory Community, at least annually;
- provide educational opportunities to make community members aware of their rights and responsibilities regarding Open Expression; and
- educate members of the Community actively participating in Expression, Dissent, or Protest of their rights and responsibilities.

### 8.14.7 Administration and Enforcement

Except for hospital facilities as managed by Emory Healthcare, it is the responsibility of the Vice President and Dean for Campus Life or their designee to protect and maintain the right of open expression under these Guidelines. This procedure is outlined as a transparent process for enforcing safety and other University policies while protecting the Community’s rights to open expression.

### 8.14.7.1 Administrative Procedures

a. Observation of Meetings, Events or Protests, when deemed necessary by the DCL to protect and maintain open expression, shall be the responsibility of the DCL, who may delegate such responsibility. This Observer shall have full authority to act in the name of the DCL under these Guidelines. References to the DCL include their designee, who will take the form of trained staff or faculty who will serve as Open Expression Observers to help protect open expression and the rights of all parties involved.
b. Except in emergencies, the DCL’s authority under these Guidelines shall not be delegated to employees of the Emory Police Department. Emergencies, for purposes of this clause, are defined as situations that include any of the following: imminent serious bodily harm; serious threat; imminent life threatening behavior; reckless disregard for human life; or threat to life, limb, or property.

c. The Observer shall identify himself or herself to those responsible for the Meeting or Event or to the leaders of the Protest.

d. The DCL shall attempt to inform the chair of the Committee for Open Expression of Meetings, Events, or Protests to which an Observer will be sent. The chair may designate a member or members of the Committee to accompany and advise the Observer. Such a Committee representative shall also be identified to those responsible for the Meeting or Event or to the leaders of the Protest.

e. Any Observer who attends a Meeting, Event, or Protest shall reasonably attempt to respect the privacy of those involved.

f. The Committee for Open Expression should be consulted whenever possible before making a determination that members of the Community are indeed violating the principles of this Policy.

8.14.7.2 Enforcement Procedures

The Committee and the DCL shall work with Protestors or Dissenters to identify ways to continue the Expression, Protest, or Dissent with modifications to avoid future violations. The spirit of this policy is to protect the right of Protestors to do so while ensuring the narrow exceptions in this policy are no longer being violated.

a. The DCL is responsible for enforcing Section 8.14.5 and may work with anyone whose behavior is violating or threatens to violate these Guidelines to modify or terminate such behavior. The instruction shall include notice that failure or refusal to comply is a further violation according to Section 8.14.7 of these Guidelines. However, an instruction or warning by the DCL is not a prerequisite for a finding that a violation has occurred.

b. The Committee for Open Expression should be consulted whenever possible before making a determination that members of the Community are indeed violating the principles of this Policy. When the DCL declares that an individual or a group has violated the Guidelines, they may request to examine their University or other identification. The hosts of invited guests may also be asked to provide their University identification.

ii. Failure to comply with this request is a violation of the Guidelines.

i. In the event that any person(s) are deemed by the DCL or their designee to have violated the Guidelines and such person(s) refuse to show University or other identification, the DCL has the authority to make reasonable efforts to identify the individuals. The DCL is not authorized to photograph or take video of individuals where a reasonable expectation of privacy exists.

c. In carrying out this responsibility for safeguarding the right of open expression, the DCL shall obtain the advice and recommendation of the Committee for Open Expression whenever feasible.

8.14.7.3 Terminations or Arrests because of Violations of this Policy

Termination of an event or any arrests must be the option of last resort. The Chair of the Committee for Open Expression, or their designee, must be consulted and must have advised of all alternatives to support continuation of the Expression, Protest, or Dissent before there is any termination or arrest. Avoidance of injury to persons by the continuation of a Meeting, Event, or Protest is a key factor in determining whether it should be forcibly terminated. Property damage and significant interference with educational processes are also factors to be considered and may be of sufficient magnitude to warrant forcible termination.

If a Meeting, Event, or Protest is forcibly terminated, a full statement of the circumstances leading to the incident shall be publicized by the DCL within the University.

8.14.7.4 Violations of Other University Policies

The Committee for Open Expression is not an investigatory committee related to conduct of Community members. As such, all Community violations shall be handled in the following manner:

a. Cases involving undergraduate students are referred to the Office of Student Conduct who investigates the Event and decides what disciplinary proceedings, if any, to pursue.

b. Cases involving graduate or professional students are referred to the established disciplinary body of the school in which the student is enrolled.
c. Cases involving faculty are referred to the appropriate Dean or to the Provost.
d. Cases involving University, including Healthcare, staff or administrators are referred to that individual’s supervisor, any other person with supervisory responsibility over that individual, or Human Resources.
e. Cases involving trustees and associate trustees of the University and members of the Boards of Overseers or other bodies advisory to the University are referred to the Executive Committee of the Trustees.
f. Cases involving contracted workers shall be discussed by the Committee for Open Expression in collaboration with the University administrator managing that relationship.

Definitions

Opinion of the Emory University Senate Standing Committee for Open Expression Regarding Definition of Community Member

Related Links

- Current Version of This Policy: http://policies.emory.edu/8.14
- Undergraduate Student Code of Conduct (http://conduct.emory.edu/)
- Meeting Services Space Reservation Policies (http://universitycenter.emory.edu/)

Contact Information

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<th>Subject</th>
<th>Contact</th>
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<td>Complaints or Violations</td>
<td>University Senate and the Committee for Open</td>
<td>n/a</td>
<td><a href="mailto:openexpression@emory.edu">openexpression@emory.edu</a></td>
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<td>to this Policy</td>
<td>Expression</td>
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<tr>
<td>Administration of Policy</td>
<td>Campus Life</td>
<td>404-727-4364</td>
<td><a href="mailto:campuslife@emory.edu">campuslife@emory.edu</a></td>
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<tr>
<td>Student Organization Support</td>
<td>Student Involvement, Leadership, and Transitions</td>
<td>404-727-6169</td>
<td><a href="mailto:lisa.loveall@emory.edu">lisa.loveall@emory.edu</a></td>
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<tr>
<td>Conduct-Related Questions or</td>
<td>Office of Student Conduct</td>
<td>404-727-7190</td>
<td><a href="mailto:conduct@emory.edu">conduct@emory.edu</a></td>
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<tr>
<td>Open Expression Observers</td>
<td>Campus Life</td>
<td>404-727-2136</td>
<td><a href="mailto:mshutt@emory.edu">mshutt@emory.edu</a></td>
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Revision History

- Version Published on: Sep 21, 2018 (Quick updates to Details, Updated Links, Contacts)
- Version Published on: Apr 12, 2017 (policy updated by committee)
- Version Published on: Dec 05, 2016 (link to Standing Committee opinion-cmty member definition)
- Version Published on: Aug 26, 2016
- Version Published on: Jun 01, 2016 (links updated and uploaded guidelines)
- Version Published on: Nov 18, 2015
- Version Published on: Mar 02, 2015 (Senate approved changes 2.2015)
Policy 8.2

Sex and Gender-Based Harassment and Discrimination Policy

Responsible Official: Office of the Provost

Administering Division/Department: Department of Title IX

Effective Date: August 14, 2020

Last Revision Date: June 30, 2021

Policy Sections:

I. Overview

II. Applicability

III. Definitions

IV. Policy Details

V. Related Links

VI. Contact Information

VII. Revision History

Overview

I. POLICY STATEMENT

It is the responsibility of every member of the University Community to foster an environment free of Sexual and Gender-Based Harassment and Discrimination. All members of the University Community are encouraged to take reasonable and prudent actions to prevent or stop such behavior.

Emory University (“Emory” or the “University”) is committed to maintaining an environment that is free of unlawful harassment and discrimination. Pursuant to Emory’s commitment to a fair and open campus environment and in accordance with federal law, Emory cannot and will not tolerate discrimination against or harassment of any individual or group based upon race, color, religion, sex, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression,
veteran’s status, or any factor that is a prohibited consideration under applicable law. Emory welcomes and promotes an open and genuinely diverse environment.

Title IX of the Educational Amendments of 1972 (“Title IX”) protects people from sex discrimination in educational programs and activities at institutions that receive federal financial assistance. Emory fosters a safe learning and working environment that supports academic and professional growth of students, staff, and faculty. Accordingly, Emory does not tolerate Prohibited Conduct in its community and will take prompt action when it occurs.

The University adopts this Policy with a commitment to: (1) a safe and non-discriminatory educational and workplace environment; (2) eliminating, preventing, and addressing the effects of Prohibited Conduct; (3) fostering an environment where all individuals are well-informed and supported in reporting Prohibited Conduct; (4) providing a prompt, fair and impartial process for all parties; and (5) identifying the procedures by which violations of this Policy will be evaluated. Employees, Students, or Third Parties who violate this Policy may face, as appropriate, disciplinary action up to and including termination, expulsion, or other actions. Prohibited Conduct may also constitute crimes that violate federal and state law.

The Policy sets forth how the University will proceed once it is made aware of possible Prohibited Conduct. The Policy is in keeping with our institutional values and is intended to meet our obligations under Title IX; Title VII of the Civil Rights Act of 1964 (“Title VII”); and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (“Clery Act”), as amended by the Violence Against Women Reauthorization Act of 2013 (“VAWA”), with respect to its application to gender- and sex-based misconduct; and other applicable law and regulations. The Policy:

- Specifies Prohibited Conduct;
- Defines important concepts, like affirmative consent, that have a bearing on what is considered acceptable, and Prohibited Conduct;
- Describes available reporting options, including sources of confidential reporting;
- Discusses supportive and protective measures that may be available to support and assist Employees, Students, and Third Parties affected by Sexual and Gender-Based Harassment and Discrimination;
- Explains the investigation, hearing, and sanctioning processes for matters in which Students, Employees, and Third Parties are accused of misconduct; and
- Contains a comprehensive list of on and off-campus resources available to Employees, Students and Third Parties affected by Sexual and Gender-Based Harassment and Discrimination, including phone numbers, addresses, and websites.

Under this Policy, retaliation is prohibited against someone who has filed a Formal Complaint (a Complainant), has been the subject of a Formal Complaint (a Respondent), or any other individual who engages with the University in connection with a Formal Complaint. The University will take steps to prevent retaliation and will also take strong responsive action if retaliation occurs.
Concerns, complaints, or questions relating to this Policy may be directed to the staff members listed below:

Yolanda Buckner, JD
University Title IX Coordinator
Department of Title IX
Administration Building, Suite 305
201 Dowman Drive
Atlanta, GA 30322
Phone: (404) 727-8205
yolanda.buckner@emory.edu

or

Judith Pannell, Ed.D.
Title IX Coordinator for Students
Department of Title IX
Administration Building, Suite 308
201 Dowman Drive
Atlanta, GA 30322
Phone: (404) 727-4079
judith.pannell@emory.edu

or

Marti McCaleb, JD
Title IX Coordinator for Faculty and Staff
Department of Title IX
Administration Building, Suite 305
201 Dowman Drive
Atlanta, GA 30322
marti.mccaleb@emory.edu

Questions may also be directed to a Deputy Title IX Coordinator. Their names and contact information are listed at the end of this document.

Applicability

II. POLICY JURISDICTIONAL SCOPE AND APPLICABILITY

This Policy applies to Students, Employees, and Third Parties. This Policy covers acts of Prohibited Conduct committed by or against Students, Employees, and Third Parties when:

A. Conduct falls within the definition of Title IX Misconduct (as defined in Section III B).

B. Conduct occurs in a University Program or Activity, including, but not limited to, conduct that occurs on the University campus or other property owned or controlled by the
University; conduct that occurs off campus, but in a University Program or Activity; in the context of University employment; or in the context of University-sponsored study abroad, research, field work, practica, or internship programs; (collectively “Prohibited Conduct”); or

C. Conduct occurs outside of a University Program or Activity but poses a serious threat of harm, has a continuing adverse effect on, or creates a hostile environment for, Students, Employees, or Third Parties. In determining whether the University has jurisdiction over off-campus or online conduct that is not part of a University program or activity of the University, the University will consider the severity of the alleged conduct, the risk of ongoing harm, whether both parties are members of the University Community, impact on University programs or activities, and whether off-campus conduct is part of a series of actions that occurred both on and off campus (collectively, “Prohibited Conduct”).

Study-abroad programs and off-campus locations that are not within the University’s education program or activity are not covered by the Title IX regulations, but may constitute Prohibited Conduct under this Policy, and is subject the Non-Title IX Prohibited Conduct Procedure for Students (See Appendix B) and the Equal Opportunity and Harassment Policy 1.3. (See prohibited conduct referral process in Section XI of this Policy).

Definitions

III. POLICY DEFINITIONS

Prohibited Conduct includes a range of behaviors focused on sex and/or gender. Prohibited Conduct can occur between strangers, acquaintances, or people who know each other well—including between people involved in a consensual relationship. Prohibited Conduct can be committed by anyone regardless of gender identity or sexual orientation and can occur between people of the same or different sex or gender.

Consensual sexual activity requires a knowing, voluntary, and mutual decision by all participants involved. Any non-consensual sexual activity is Prohibited Conduct. A person who initiates sexual activity is responsible for obtaining consent for that conduct.

The following are grounding principles:

- Conduct that is not voluntary, including coerced sexual activity, is not consensual.
- A sleeping, unconscious, or incapacitated person cannot give affirmative consent.
- The use of alcohol or drugs does not justify or excuse Prohibited Conduct and never makes someone at fault for experiencing Prohibited Conduct.
- A person cannot give affirmative consent if the person lacks the ability to make or understand the decision to affirmatively consent to sexual activity. A person’s ability to decide to give affirmative consent might be significantly impacted by a disability, excessive consumption of alcohol, consumption of drugs, or unwilling restraint of the person by another; in each case, however, the specific factual circumstances regarding the issue of a person’s capability to provide affirmative consent must be considered.
For purposes of this Policy, some key terms are defined below. Additional terms are defined within the text of the Policy.

A. **Prohibited Conduct (aka Sexual Misconduct):** As referred to in Section IV, “Prohibited Conduct” is an umbrella term that encompasses all unwelcome conduct based on sex or gender that is so severe and/or pervasive that it has the purpose or effect of unreasonably interfering with a person’s University employment, academic performance or participation in University programs or activities, or creates a working, learning, program or activity environment that a reasonable person would find intimidating, hostile or offensive. “Prohibited Conduct” includes Non-Consensual Sexual Intercourse, Non-consensual Sexual Contact; Sexual Exploitation; Sexual Harassment; Gender-Based Harassment; Retaliation; Aiding, Facilitating, Encouraging, Concealing, or Otherwise Assisting, Violating a Protective Measure and Title IX Misconduct. For a definition of each type of Prohibited Conduct, please refer to Section IV below.

B. **Title IX Misconduct:** “Title IX Misconduct” is a subset of Prohibited Conduct that rises to a level of severity and pervasiveness such that it is prohibited expressly by Title IX. Prohibited Conduct meets the definition of Title IX Misconduct when:

- An Employee conditions the provision of an aid, a benefit, or a service of the University on another Employee, Student, or Third Party’s participation in unwelcome sexual conduct;

- A Student, Employee, or Third Party engages in unwelcome conduct on the basis of sex that is so severe, pervasive, and objectively offensive that it effectively denies another person equal access to the University’s programs or activities; or

- A Student, Employee, or Third Party engages in Sexual Assault, Dating Violence, Domestic Violence, or Stalking, as defined in Section IV (9) below.

Alleged conduct is Title IX Misconduct (though it may still be Prohibited Conduct) only if:

- The alleged conduct was perpetrated against a person in the United States;

- The conduct took place within the University’s Programs or Activities; and

- At the time a Formal Complaint is filed, the Complainant was participating in or attempting to participate in the University’s programs or activities.

Conduct that does not meet this strict definition for Title IX Misconduct is still prohibited by this Policy if it otherwise constitutes Prohibited Conduct.

C. **Student:** “Student” means any person pursuing academic studies at the University. The term also includes:
• A person who, while not currently enrolled, was previously enrolled at Emory and who is reasonably anticipated to seek enrollment at a future date, or

• A person who has applied to or been accepted for admission to Emory and has accepted an offer of admission or may reasonably be expected to enroll, or

• A person enrolled in an Emory program on a credit or non-credit basis.

D. **Employee:** “Employee” means all regular instructional faculty, supplemental instructional faculty, research track faculty, visiting faculty, adjunct faculty, or any individual who has an appointment at the University, librarians, archivists, curators, and all regular and temporary staff.

E. **Third Party:** “Third Party” means all University contractors, guests, vendors, visitors, volunteers, and any individual who is participating in or attempting to participate in a University program or activity, but who is neither enrolled in an academic program and/or course at the University nor acting as a University Employee for purposes of alleged Prohibited Conduct (e.g., an individual who is participating in a summer camp; an individual who is attending a University program or activity by invitation or that is open to the public).

F. **Complainant:** “Complainant” is used to refer to a Student, Employee, or Third Party who is reported to have experienced Prohibited (including Title IX Misconduct). In some instances, the person who is reported to have experienced such Prohibited Conduct may not wish to participate in a University process. In those cases, the University may pursue an investigation and adjudication under this Policy without a participating Complainant (in the case of Title IX Misconduct, the Title IX Coordinator may file the required Formal Complaint). For ease of reference, “Complainant” is used throughout this Policy and related procedures to refer generally to an individual who is reported to have experienced Prohibited Conduct (including Title IX Misconduct), even if they do not participate in any related process.

G. **Formal Complaint:** “Formal Complaint” means a document signed by a Complainant or by the Title IX Coordinator alleging a Respondent engaged in Title IX Misconduct or Prohibited Conduct and requesting initiation of the University’s grievance procedures. Formal Complaints are required when the conduct being reported is Title IX Misconduct or Prohibited Conduct. At the time of filing a Formal Complaint, the Complainant must be participating in, or attempting to participate in, the University’s Programs or Activities. A Formal Complaint must be a written statement or electronic submission (such as by email) that contains the Complainant’s physical or digital signature, or otherwise indicates that the Complainant is the person filing the Formal Complaint. Where the Title IX Coordinator signs a Formal Complaint, the Title IX Coordinator is not a Complainant or a party during a grievance process.

H. **Respondent:** “Respondent” is defined as an individual who is reported to have committed Prohibited Conduct.
I. The University’s Programs or Activities: “The University’s Programs or Activities” are defined as (1) locations, events, and circumstances where the University exercises substantial control over the Respondent and the context in which the Prohibited Conduct (including Title IX Misconduct) occurred; and (2) events or circumstances taking place in any building owned or controlled by a student organization recognized by the University.

J. Responsible Employees: “Responsible Employees” refer to individuals who, based on their role with respect to the University, are required to report to the Title IX Coordinator information about alleged Prohibited Conduct, including Title IX Misconduct. Responsible Employees are (1) University Employees (including Faculty and Staff); (2) Resident Advisors (“RAs”); and (3) Teaching Assistants or Teaching Associates. Designating an individual or group of individuals as “Responsible Employee(s)” does not affect an individual’s employment status at Emory. For instance, RAs and Teaching Assistants or Teaching Associates are not employees. Rather, the University is simply identifying those individuals as mandatory reporters using the terminology familiar to those who participate in the Title IX process. A full list of Responsible Employees and more information about a Responsible Employee’s obligations can be found in Section VI. [As noted below, a Responsible Employee’s receipt of information about alleged Prohibited Conduct (including Title IX Misconduct) will not automatically trigger a formal resolution under this Policy. The University will not commence a formal resolution of Prohibited Conduct (including Title IX Misconduct) without a Formal Complaint (which may be filed by the Complainant or by the Title IX Coordinator).]

K. University Community: “University Community” refers to Students, Employees, and Alums.

L. Reasonable Person: “Reasonable Person” is defined as a person using average care, intelligence, and judgment in the known circumstances.

M. Protected Activity: “Protected Activity” includes most elements of participation in the University’s processes related to this Policy, including, but not limited to: reporting Prohibited Conduct; pursuing a resolution of Prohibited Conduct; providing evidence in any investigation or hearing; or intervening to protect others who may have suffered Prohibited Conduct. Retaliation against any person because of Protected Activity is prohibited under this Policy, as discussed in Section IV.

N. Course of Conduct: “Course of Conduct” is defined as two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.

O. Substantial Emotional Distress: “Substantial Emotional Distress” is defined as significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
P. **Crime of Violence:** Crime of Violence is defined as (a) an offense that has as an element the use, attempted use, or threatened use of physical force against the person or property of another, or (b) any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

Q. **Grievance Procedure:** “Grievance Procedure” is defined as the formal process by which the University evaluates a Complainant’s Formal Complaint as set forth in Section XI.

Policy Details

**IV. PROHIBITED CONDUCT**

Prohibited Conduct under this Policy includes the following specifically defined forms of behavior: Non-Consensual Sexual Intercourse, Non-Consensual Sexual Contact; Sexual Exploitation; Sexual Harassment; Gender-Based Harassment; Retaliation; Aiding, Facilitating, Encouraging, Concealing, or Otherwise Assisting in Prohibited Conduct, Violating a Protective Measure and Title IX Misconduct.

Some Prohibited Conduct, that is sufficiently severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University’s education program or activity and conduct that conditions an aid or benefit on unwelcome sexual activity, may also constitute Title IX Misconduct. Title IX Misconduct is a subset of Prohibited Conduct that rises to a level of severity and pervasiveness such that it is prohibited expressly by Title IX.

Federal law requires the University to define Title IX Sexual Harassment as including Sexual Assault (as defined in 20 U.S.C. 1092(f)(6)(A)(v)), Dating Violence (as defined in 34 U.S.C. 12291(a)(10)), Domestic Violence (as defined in 34 U.S.C. 12291(a)(8)), and Stalking (as defined in 34 U.S.C. 12291(a)(30)). The statutory definitions for these offenses were written by law enforcement. Because community members are not typically lawyers or law enforcement officials and the statutory definitions may in some cases be difficult for understand, the University has provided summary definitions for Sexual Assault, Dating Violence, Domestic Violence, and Stalking below. These summary definitions are intended to encompass the identical conduct as the legal definitions but are only an aid for community members -- they are not legal definitions. The statutory definitions, which we have inserted the corresponding link in this section, are the definitions that the University must and will use to decide whether reported conduct falls within the scope of Title IX Sexual Harassment for purposes of this Policy.

Whether someone has engaged in Prohibited Conduct under this Policy will be assessed under a Reasonable Person standard, which means the conduct will be evaluated from an objective standard that does not directly depend on the perspective of the Complainant, but depends on the perspective of a reasonable person similarly situated to the Complainant and in consideration of the context of the behavior and circumstances.

Some reports of Prohibited Conduct may also contain allegations that also implicate other University policies. Where such reports are made to the Title IX Coordinator, the Title IX Coordinator may refer such reports to the appropriate University office.
A. Types of Prohibited Conduct

1. Non-Consensual Sexual Intercourse (Prohibited Conduct)

Any form of vaginal, anal, or oral penetration by a penis, object, tongue, or digits without a person’s affirmative consent; or oral copulation (mouth-to-genital contact or genital-to-mouth contact) without a person’s affirmative consent, no matter how slight the penetration or contact.

2. Non-Consensual Sexual Contact (Prohibited Conduct)

Any intentional sexual touching, directly or indirectly, without a person’s affirmative consent. Intentional sexual touching includes deliberate contact, under or over clothing, with the breasts, buttocks, groin, or genitals, or conscious and willful touching another with any of these body parts; making another person touch any of these body parts under or over clothing; and the emission of ejaculate on the clothing or body of another person.

3. Sexual Exploitation (Prohibited Conduct)

Non-consensual abuse or exploitation of another person’s sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other purpose. Examples of sexual exploitation may include, but are not limited to: invasion of sexual privacy; prostituting an individual; non-consensual video- or audio-recording of sexual activity or circulation of such recorded material (i.e. revenge pornography); non-consensual photographing individuals who are partly undressed, naked, or engaged in sexual acts and transmitting or posting those photographs without an individual’s consent; observing unsuspecting individuals who are partly undressed, naked, or engaged in sexual acts; knowingly transmitting a sexually transmitted disease (STD); exposing one’s breasts, buttocks, or genitals without affirmative consent or inducing another to do the same; and inducing incapacitation for the purpose of making another person vulnerable to non-consensual sexual activity.

4. Sexual Harassment (Prohibited Conduct)

Unwelcome sexual advances, requests for sexual contact or favors, conduct based on gender stereotypes, or other verbal, non-verbal, physical, or visual conduct of a sexual nature constitutes sexual harassment when:

i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s academic, co-curricular, or campus life activities or of an individual’s employment;

ii. Submission to or rejection of such conduct by an individual is used as the basis for academic or student life or employment decisions affecting that individual;

iii. The conduct is so severe and/or pervasive that it unreasonably interferes with a person’s University employment, academic performance, or participation in University programs or activities; or
iv. The conduct is so severe and/or pervasive that it creates an intimidating, hostile, demeaning, or offensive campus or living environment or employment setting.

- Depending upon the severity and/or pervasiveness of the conduct, sexual harassment may include, for example, subjecting a person to egregious, unwelcome sexual attention, physical or verbal advances, sexual flirtations or propositions, vulgar talk or jokes, degrading graphic materials or verbal comments of a sexual nature about an individual or his or her appearance, or the display of sexually suggestive objects outside a scholarly context and purpose.

- Conduct of a sexual nature that falls within the definition of Sexual Activity, above, will typically be reviewed as alleged Sexual Assault or Sexual Exploitation, as applicable, but may also be reviewed as alleged Sexual Harassment. Examples of conduct that may constitute Sexual Harassment include, but are not limited to:

  a. Unwanted intentional touching such as kissing, hugging, or sexual touching that otherwise does not typically constitute Sexual Assault, defined above;

  b. Unwanted sexual advances, including repeated unwanted requests for dates, or repeated unwanted requests for sexual contact;

  c. Unwanted written, verbal, or electronic statements or photos of a sexual nature, including sexually suggestive comments, jokes, or innuendos;

  d. Exposing one’s genitalia, breasts, or buttocks, to another (including electronic means of exposure); and/or

  e. Touching oneself sexually for others to view (including electronic means of exposure).

This definition addresses intentional conduct. It also includes conduct that results in negative effects even though such negative effects were unintended.

5. Aiding, Facilitating, Encouraging, Concealing, or Otherwise Assisting in Prohibited Conduct (Prohibited Conduct)

Aiding, facilitating, encouraging, concealing, or otherwise assisting in a violation (or attempted violation) of this Policy is prohibited by this Policy.

6. Gender-Based Harassment (Prohibited Conduct)

Gender-Based Harassment includes harassment based on actual or perceived sex, sexual orientation, gender identity, gender expression, or pregnancy. Such harassment may include acts of aggression, intimidation, or hostility, whether verbal, graphic, physical, or otherwise, even if the acts do not involve conduct of a sexual nature, when the behavior:
- Effectively denies access to a University program or activities, as defined by a reasonable person;

- Is used as the basis for or a factor in decisions affecting that individual’s employment, education, living environment, or participation in a University program or activity; and/or

- Creates a hostile environment for that individual’s participation in a University program or activity. A hostile environment exists when the conduct is sufficiently severe, persistent, and pervasive that it unreasonably interferes with an individual’s participation in a University program or activity, or creates an intimidating, hostile, offensive, or abusive environment for that individual’s employment, education, living environment, or participation in a University program or activity. Conduct must be deemed severe, persistent, and pervasive (based upon a reasonable person standard). In evaluating whether a hostile environment exists, the University will consider the totality of known circumstances, including the nature, frequency, intensity, location, context, and duration of the behavior.

Although a harassing hostile environment is generally created through a series of incidents, for purposes of this Policy, a severe incident, even if isolated, can be sufficient. Examples of conduct that may constitute Gender-Based Harassment include but are not limited to:

- A series of written, verbal, or electronic statements that disparage a person based on their actual or perceived sex, gender identity, gender expression, sexual orientation, or pregnancy;

- Threats of violence toward an individual based on their actual or perceived identity; within a protected class, or toward an entire sex, gender identity, gender expression, sexual orientation, or pregnancy status as a group; and/or

- Defacing University property, or another individual’s property, with symbols or language intended or understood by a Reasonable Person to disparage or threaten a person or group based on sex, gender identity, gender expression, sexual orientation, or pregnancy.

This definition addresses intentional conduct. It also includes conduct which results in negative effects even though such negative effects were unintended. Unwelcome behavior constitutes Gender-Based Harassment if a Reasonable Person would consider it sufficiently severe, persistent, and pervasive as to interfere unreasonably with academic, other educational, or employment performance or participation in a University activity or living environment.

7. Violation of Protective Measures (Prohibited Conduct)

Violation of a protective measure occurs when an individual deviates from the guidelines of an express directive by a University official. Violation of a Protective Measure is considered a violation of this policy.

8. Retaliation (Title IX Misconduct and Prohibited Conduct)
Any adverse action or threatened action, taken or made, personally or through a third party, against someone who has filed a sexual harassment/misconduct complaint (a Complainant), has been the subject of a sexual harassment/misconduct complaint (a Respondent), or any other individual who engages with the University in connection with a sexual harassment/misconduct complaint. All individuals and groups of individuals, not just a Respondent or Complainant, are prohibited from engaging in retaliation.

- Retaliation includes directly or indirectly threatening, intimidating, harassing, or engaging in any other conduct that would discourage a reasonable person from engaging in activity protected under this Policy, such as seeking services; receiving protective measures and accommodations; reporting sexual harassment/misconduct; and/or participating in an investigation or adjudication.

- Retaliation includes maliciously and purposefully interfering with, threatening, or damaging the academic or professional career of another individual before, during or after the investigation and resolution of a report of Sex- and Gender-Based Harassment/Misconduct under this Policy.

Retaliation may be present even when there is a finding of “no responsibility.”

This provision does not apply to reports made, or information provided, in good faith, even if the facts alleged in the report are determined not to be accurate. Filing a counter complaint, counter appeal, or conduct complaint through processes established by University policy does not, in itself, constitute retaliation, unless it is determined that the filing was without a reasonable basis and made in bad faith.

Supportive Measures and other actions taken in accordance with this, or other University policies do not constitute Retaliation. Similarly, charging an individual with a code of conduct violation for making a materially false statement in bad faith in the course of a grievance proceeding under this Policy does not constitute prohibited retaliation, provided, however, that a determination regarding responsibility, alone, is not sufficient to conclude that any party made a materially false statement in bad faith. Retaliation also does not include pursuit of civil, criminal, or other legal action, internal or external to the University.

9. **Sexual Harassment (Title IX Misconduct):**

   Sexual harassment occurs when:

   (1) An Employee conditions the provision of an aid, benefit, or service of the university on an individual’s participation in unwelcome sexual conduct, or

   (2) an individual is subjected to unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies the individual equal access to the University’s education program or activity

   (3) **Sexual Assault:** Sexual assault is any sexual act directed against another person without the consent of the complainant, including any of the following:

   - Sexual intercourse with another person, including oral or anal sexual intercourse, or the use of an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, without consent of the
complainant, including instances where the complainant is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;

- Touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the complainant, including instances where the complainant is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;

- Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law; or

- Sexual intercourse with a person who is under the statutory age of consent.

Clery Act Definition:
https://www.law.cornell.edu/cfr/text/34/668.46

(4) Domestic violence: Domestic violence includes felony or misdemeanor crimes of violence committed:

- By a current or former spouse or intimate partner of the victim,
- By a person with whom the victim shares a child in common,
- By a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- By a person similarly situated to a spouse of the victim under the domestic or family violence laws of Georgia, or
- By any other person against an adult or youth complainant who is protected from that person’s acts under the domestic or family violence laws of Georgia.

Clery Act Definition:
https://www.law.cornell.edu/cfr/text/34/668.46

(5) Dating violence: Dating violence is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the complainant. The existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

Clery Act Definition:
https://www.law.cornell.edu/cfr/text/34/668.46

(6) Title IX Stalking: Stalking, for purposes of [Title IX Misconduct], means engaging in a course of conduct on the basis of sex directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others, or suffer substantial emotional distress.

Clery Act Definition:
https://www.law.cornell.edu/cfr/text/34/668.46
B. Important Related Concepts and Definitions

1. Affirmative Consent

“Affirmative consent” is a knowing, voluntary, clear, and mutual agreement among all participants to engage in specific sexual activity.

i. Affirmative consent can be given by words or actions, as long as those words or actions express willingness to engage in the sexual contact or activity. It is important not to make assumptions. If there is confusion or ambiguity, participants in sexual activity should stop and verbally clarify each person’s willingness to continue. A person who wants to engage in a specific sexual activity is responsible for obtaining affirmative consent for that activity.

ii. Affirmative consent to one form of sexual activity does not imply affirmative consent to other forms of sexual activity.

iii. Affirmative consent to engage in sexual activity with one person does not imply affirmative consent to engage in sexual activity with another person.

iv. Silence or the lack of resistance, in and of itself, does not demonstrate affirmative consent. Again, it is important not to make assumptions; if confusion or ambiguity arises during a sexual interaction, each participant should stop and verbally clarify the other’s willingness to continue engaging in the sexual contact or activity.

v. Affirmative consent may be initially given, but it can be withdrawn at any time. When affirmative consent is withdrawn or can no longer be given, sexual activity must stop.

vi. Previous relationships or previous affirmative consent for sexual activity is not affirmative consent to sexual activity on a different occasion.

vii. The definition of affirmative consent does not vary based upon a participant’s sex, sexual orientation, gender identity, gender expression or relationship status.

viii. Affirmative consent cannot be procured by the use of physical force, compulsion, threats, intimidating behavior, coercion, or from a person who is incapacitated.

ix. Under Georgia law, minors under the age of 16 years are generally unable to provide affirmative consent, with narrow exceptions. See O.C.G.A. § 16-6-3, Statutory Rape.

2. Force

“Force” refers to the use of physical violence and/or imposing on someone physically to gain sexual access. Sexual activity that is forced is non-consensual.

3. Incapacitation

“Incapacitation” occurs when an individual lacks the ability to knowingly choose to participate in sexual activity. A person who is incapacitated lacks the ability to understand a decision to participate in sexual activity.
i. Incapacitation may be associated with a person’s lacking consciousness or awareness; being asleep; being involuntarily restrained; having a disability that impedes affirmative consent; or if an individual otherwise cannot affirmatively consent due to other forms of mental or physical helplessness.

ii. Depending on the degree of intoxication, someone who is under the influence of alcohol, drugs, or other intoxicants may be incapacitated and therefore unable to provide affirmative consent.

iii. Alcohol and drugs can lower inhibitions and create an atmosphere of confusion over whether consent is freely and affirmatively given. It is the responsibility of each party to be aware of the intoxication level of the other party before engaging in sexual activity. If there is any doubt as to the level or extent of the other individual’s intoxication, it is safest to forgo or cease any sexual contact or activity. Being intoxicated, impaired, or incapacitated by alcohol or other drugs is never an excuse for Prohibited Conduct and does not diminish anyone’s responsibility to obtain affirmative consent. The use of alcohol or other drugs never makes someone at fault for experiencing Prohibited Conduct.

iv. Please see Appendix E to this Policy for a list of factors that will be considered in making a determination of whether the Complainant’s incapacitation has rendered the Complainant unable to provide affirmative consent.

4. Coercion

“Coercion” is conduct that would reasonably place an individual in fear of immediate or future physical, emotional, or other harm and that is used to pressure someone to engage in sexual contact. Coercion can include manipulation, intimidation, unwanted contact, express or implied threats of harm. Coercion is more than an effort to persuade, entice or attract another person to engage in sexual activity. In evaluating whether coercion was used, the University will consider whether pressure was applied and, if so, the frequency, intensity, and duration of the pressure, as well as the degree of isolation of the person being pressured. Sexual activity that is coerced is non-consensual.

5. Intimidation

“Intimidation” is the use of implied or overt threats that menace or cause reasonable fear to overcome an individual’s freedom of will to choose whether or not to participate in sexual activity or provide affirmative consent. Affirmative consent obtained by intimidation is not valid.

6. Report

A “Report” of “Prohibited Conduct” or “Title IX Misconduct” occurs when a Student, Employee, or Third Party notifies the Department of Title IX of alleged misconduct and requests support and resources, but where there has not yet been a decision about whether to resolve the allegations through University administrative process.
V. REPORTING

As Sexual and Gender-Based Harassment and Discrimination may, in some instances, constitute a violation of University policy and constitute criminal activity, the University encourages individuals to report alleged Prohibited Conduct promptly to campus officials and to law enforcement authorities, where appropriate.

The University and criminal justice systems work independently from one another; a Complainant may proceed with a Title IX grievance procedure and the criminal justice process concurrently, though investigations for each process will be conducted separately. Law enforcement authorities do not determine whether a violation of this Policy has occurred, and the criminal justice system uses different standards related to proof and evidence. Any questions about whether a specific incident violated the criminal law should be addressed to law enforcement.

Individuals may file a report at any time, but the University strongly encourages individuals to file complaints promptly in order to preserve evidence for a potential legal and/or grievance process.

Information on reporting Prohibited Conduct and a summary of helpful resources if a Student, Employee or Third Party has been impacted by Prohibited Conduct can be found in a brochure entitled “Sexual or Gender-Based Violence and Harassment: What You Need to Know,” which is available in hard copy in the Department of Title IX and in other locations on campus.

A. Sources for Confidential Reporting

1. Confidential Communications

   The University understands that a Complainant may wish to discuss an incident of Prohibited Conduct in a confidential manner with a resource who is not required to report the incident to the Department of Title IX. There are five (5) resources at the University’s Atlanta campus and at the Oxford campus with whom communications are confidential and, in some cases, privileged. Contact information for these resources is located below in Appendix B. They are as follows:

   a. Counseling and Psychological Services (CAPS) - Atlanta Campus / Counseling and Career Services (CCS) – Oxford Campus: Both CAPS and CCS offer professional, licensed counselors who provide mental health counseling to students.

   b. Office of Spiritual and Religious Life – Atlanta and Oxford Campuses: These Offices have chaplains and clergy members who provide pastoral counseling in their professional roles.

   c. Student Health Services (SHS) – Atlanta and Oxford Campuses: A disclosure may be made to healthcare providers in their caregiving roles.

   d. Emory Ombuds Office - Atlanta and Oxford Campuses: The Ombuds Office is a confidential resource for faculty, staff, and students.
e. **Faculty and Staff Assistance Program (FSAP):** A disclosure may be made to a licensed mental health professional within FSAP.

*Please Note:* In limited circumstances, these privileged and confidential resources may have reporting or other obligations under state law and may have an obligation to follow moral and ethical guidelines. These reporting or other obligations may limit the extent to which the professional counselor may maintain a Complainant’s confidentiality.

**B. Reporting to the Department of Title IX**

The University encourages individuals to report Prohibited Conduct to the University Title IX Coordinator, Title IX Coordinator for Students, Title IX Coordinator for Faculty and Staff, to the appropriate Deputy Title IX Coordinator associated with the impacted student’s school, or to a Human Resources professional. By doing so, the University can take immediate steps to investigate and respond effectively to reports and the Complainant can learn more about available resources and the Title IX process.

Contact information for the University Title IX Coordinator, Title IX Coordinator for Students, and Title IX Coordinator for Faculty and Staff is located immediately below.

Yolanda Buckner, University Title IX Coordinator  
(404) 727-8205  
yolanda.buckner@emory.edu

Judith Pannell, Title IX Coordinator for Students  
(404) 727-4079  
jpanne2@emory.edu

Marti McCaleb, Title IX Coordinator for Faculty and Staff  
marti.mccaleb@emory.edu

*Please note, you may make a report at any time, but the Title IX Coordinators are only available to speak during business hours. For emergency calls, please call 911.*

The University Title IX Coordinator oversees the University’s response, obligations, and responsibilities to Title IX and ensures the Title IX policy, procedures, protocols, and practices are in alignment with federal regulations. The Title IX Coordinator for Students and the Title IX Coordinator for Faculty and Staff assist the Title IX Coordinator in overseeing the University’s response to Title IX Misconduct reports and complaints and identifying and addressing any patterns or systemic problems revealed by such reports and complaints. They do not act as advocates but as neutral resources available to all students and employees.

The Title IX Coordinator for Students (or designee) and the Title IX Coordinator for Faculty and Staff (or designee) are responsible for referring individuals and employees to available resources, offering appropriate supportive measures and protections, and coordinating the disciplinary grievance procedure. Moreover, the Title IX Coordinator for Students and the Title IX Coordinator for Faculty and Staff also have primary responsibility for overseeing the investigation and adjudication of Prohibited Conduct complaints and coordinating remedial action.
In addition to the University Title IX Coordinator, Title IX Coordinator for Students, and Title IX Coordinator for Faculty and Staff, there are designated Deputy Title IX Coordinators within each of the University’s schools who are also able to receive reports of Prohibited Conduct. For the names, affiliations and contact information for each of the Deputy Title IX Coordinators, please see Appendix D of this Policy. The list of Deputy Title IX Coordinators can also be found on the Department of Title IX’s website: http://equityandinclusion.emory.edu/title-ix/coordinators.html.

The Department of Title IX will reveal information about its investigation and adjudication of Prohibited Conduct only to those who need to know the information in order to carry out their duties and responsibilities, and as required by law. It will inform all University individuals participating in an investigation, proceeding, or hearing that they are expected to maintain the privacy of the process; however, the University will not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence.

C.  Reporting to the Emory Police Department (EPD) / Oxford Police Department (OPD) or Law Enforcement

Students, Employees, and Third Parties have the option to file a complaint directly with EPD or OPD, as appropriate, or other applicable law enforcement authorities, so that the matter can be pursued through the criminal justice system. Students, Employees, and Third Parties may contact the Department of Title IX, and resources such as the Respect Program, for assistance in filing a complaint with law enforcement.

*In an emergency situation, Students and Employees should call 911 to be directed to the closest law enforcement agency.*

**Atlanta Campus**
Emory Police Department: 7-6111 (on-campus) or (404) 727-6111 (off-campus)
Atlanta Police Department: (404) 614-6544

**Oxford Campus**
Oxford Police Department: (770) 784-8377

Students, Employees, and Third Parties may also provide information to the EPD on an anonymous basis by utilizing the TIPS line ((404) 727-TIPS/8477). The Atlanta Police Department also operates an anonymous tip line: (404) 577-TIPS/8477. However, as a practical matter, the police response may be hindered or limited if a complaint is made anonymously.

*Please note, the Emory Police Department’s and Atlanta Police Department’s anonymous TIPS lines are not for emergencies.*

D.  Information on Filing a Formal Complaint

When a Complainant has experienced Prohibited Conduct, the Complainant may file a Formal Complaint with the Title IX Coordinator in person, by mail, or by email. The Formal Complaint must contain the Complainant’s physical or digital signature or otherwise indicate that the
Complainant is the person filing, and it should express a request that the University commence an investigation of the allegations in the Formal Complaint.

The Title IX Coordinator has discretion to file a Formal Complaint of reported Prohibited Conduct, even if the Complainant chooses not to participate in the process and/or does not wish to file a Formal Complaint, when the Title IX Coordinator determines that the report includes conduct that poses a threat to the health, safety and well-being of the community.

The following factors may be considered when determining how to respond: the seriousness of the alleged sexual misconduct, the Complainant’s age, whether there have been other complaints of Prohibited Conduct against the same Respondent. Please note, in cases involving a pattern of conduct by the Respondent, the use of weapons, or drugs to limit a Complainant’s capacity, Emory is required to move forward with a formal process, even if the Complainant does not wish to do so. After a Formal Complaint has been filed by a Complainant or signed by the Title IX Coordinator, the University will commence its formal grievance process.

E. Other Information About Reporting

1. Reports from Others and Anonymous Reports

In cases where Prohibited Conduct is reported to the Title IX Coordinators or a Deputy Title IX Coordinator by someone (for example, a faculty member, resident advisor, friend, roommate or coworker) other than the Student, Employee, or Third Party individuals who were subjected to the alleged misconduct, the Title IX Coordinator will promptly notify the impacted Student, Employee, or Third Party that a report has been received and will provide information about available resources. This Policy will apply in the same manner as if the impacted Student, Employee, or Third Party had made the initial report. The Title IX Coordinator will make every effort to meet with the impacted Student, Employee, or Third Party to discuss available options and on-campus and off-campus resources. The Department of Title IX will handle reports from anonymous sources in the same manner. A Formal Complaint cannot be filed anonymously.

2. Requests Not to Pursue a Complaint or Requests for Confidentiality

A Complainant may decide to report an alleged incident of Prohibited Conduct (including Title IX Misconduct) without pursuing resolution of the complaint through the Title IX grievance process. A Complainant may also request that the University keep their identity confidential. The University takes these requests seriously; however, such requests may limit the University’s ability to investigate and respond to the reported misconduct.

The Title IX Coordinator will decide whether to grant requests not to investigate the report or to keep the Complainant’s identity confidential in light of the potential threat(s) of harm to the Complainant and/or the campus community. In determining whether to honor the request, the Title IX Coordinator will consider the seriousness of the alleged Prohibited Conduct, the Complainant’s age, the Respondent’s disciplinary history, and the parties’ rights under the Family Educational Rights and Privacy Act (FERPA). The Title IX Coordinator will promptly notify the impacted Student, Employee, or Third Party making a request for confidentiality whether the University will be able to honor the request. If the Title IX Coordinator determine they must disclose a Complainant’s identity to a
Respondent, they will inform the Complainant prior to filing a Formal Complaint for a formal investigation.

University personnel will reveal information about investigations and disciplinary proceedings related to Prohibited Conduct only on a “need to know” basis.

Please note: The fact that the University will keep information confidential does not prohibit either a Complainant or Respondent from obtaining the assistance of family members, counselors, therapists, clergy, doctors, attorneys, or similar resources. Additionally, there is no restriction preventing either party from discussing the alleged incident itself.

Even when the University is in receipt of a request not to pursue a complaint, Title IX requires that the University take action in response to the information known to it.

3. Related Alcohol and Drug Violations

The University recognizes that an impacted individual who has been drinking and/or using drugs at the time that Prohibited Conduct occurs may be hesitant to report such incidents due to fear of potential consequences for their own conduct. Because the University strongly encourages reporting Prohibited Conduct, an impacted individual who, in good faith, discloses any incident of Prohibited Conduct to a University employee or to law enforcement will not be subject to disciplinary action for personal consumption of drugs or alcohol, so long as such conduct did not place the health or safety of another person at risk. The Title IX Coordinator may initiate an educational discussion or recommend other voluntary educational or therapeutic remedies regarding alcohol or other drugs for the reporting individual(s).

4. Reporting of Crime and Disciplinary Statistics

The Clery Act requires the University to record and report certain information about campus safety, including the number of incidents of certain crimes on or near campus, some of which constitute Prohibited Conduct under this Policy. As described in the chart in the Resources section and in Appendix C, many employees who receive reports of Prohibited Conduct are required by the Clery Act to notify EPD about such incidents for statistical reporting and safety purposes, including some employees who are otherwise considered confidential resources. These notifications may include the classification and location of the reported crime but do not identify the students involved.

5. Reporting of Child Abuse

Unless an exception under Georgia state law applies, the University requires all affiliates, including faculty, staff, student employees, certain volunteers whose capacity of employment or duties involve interaction with children and vendors, to report suspected child abuse of which they are made aware in their capacity at the University. Under Georgia law, child abuse includes sexual abuse or exploitation of a person who is under eighteen (18) years old. Any uncertainty about whether reporting is required should always be resolved in favor of making a report to the EPD. For more information, please read University Policy 4.119, Emory University’s Mandated Child Abuse Reporting Policy.
VI. RESPONSIBLE EMPLOYEES – REPORTING INFORMATION AND OBLIGATIONS

A. Prompt Reporting

Responsible Employees are required to promptly share with the Title IX Coordinators all details they receive in the scope of their employment about Prohibited Conduct. Responsible Employees can make a report by contacting the Title IX Coordinators as set forth in Section V above. Failure by a Responsible Employee to promptly share with the Department of Title IX all details they receive in the scope of their employment about Prohibited Conduct may subject them to appropriate discipline, up to and including removal from their position.

The University recognizes that individuals may be most comfortable disclosing Prohibited Conduct to an employee they know well, such as a Campus Life professional, Faculty Member, Coach, or Resident Advisor. Any responsible employee (other than the Privileged and Confidential or Limited Confidential Resources listed above) who receives a report is considered a Responsible Employee, and thus, is required to inform the Title IX Coordinators about the incident, directly, or through their relevant reporting structure, or through a Deputy Title IX Coordinator.

VIII. SUPPORTIVE MEASURES

Supportive Measures are non-disciplinary, non-punitive individualized services, accommodations, and other assistance that the University offers and may put in place, as appropriate, as reasonably available, and without fee or charge, after receiving notice of possible Title IX Misconduct or other Prohibited Conduct. Supportive Measures are designed to restore or preserve access to the University’s education programs and activities, protect the safety of all parties and the University’s educational or work environment, or deter Prohibited Conduct, while not being punitive in nature or unreasonably burdening the other party.

Supportive Measures are available regardless of whether the matter is reported to the University for the purpose of initiating a proceeding under this Policy and before, after, and regardless of whether a Formal Complaint of Prohibited Conduct is filed. A Complainant who requests Supportive Measures retains the right to file a Formal Complaint, either at the time the Supportive Measure is requested or at a later date. Any Complainant that requests Supportive Measures will be informed in writing of their right to simultaneously or subsequently file a Formal Complaint pursuant to this Policy.

The Title IX Coordinators, or their designees, will contact a Complainant after receiving a report of possible Title IX Misconduct or other Prohibited Conduct (1) to discuss the availability of Supportive Measures; (2) to ask about the Complainant’s wishes with respect to Supportive measures; (3) to explain that Supportive Measures are available with or without the filing of a Formal Complaint; and (4) to explain the process for filing a Formal Complaint. The Title IX Coordinators will consider the Complainant’s wishes with respect to implementation of Supportive Measures.

Supportive Measures may also be requested by and made available to Respondents, witnesses, and other impacted members of the University community. Requests for supportive measures shall be submitted
in writing to the Title IX Coordinator for Students or the Title IX Coordinator for Faculty and Staff, who will consider these requests on a case-by-case basis.

While the Title IX Coordinators will ultimately serve as the point of contact for any party requesting Supportive Measures, Supportive Measures may, in the first instance, be requested directly from the Confidential Resources set forth above regardless of whether the Title IX Misconduct or other Prohibited Conduct is otherwise reported to the University or law enforcement. Ultimately, the Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures.

To determine the appropriate Supportive Measure(s) to be implemented, the University conducts an individualized assessment based on the unique facts and circumstances of a situation. Supportive Measures will not be disciplinary or punitive in nature and will not unreasonably burden, or unreasonably interfere with the educational pursuits of, the other party. Whether a possible Supportive Measure would unreasonably burden the other party is a fact-specific determination that takes into account the nature of the educational programs, activities, opportunities and benefits in which an individual is participating.

Examples of Supportive Measures include:

- Academic support services and accommodations, including the ability to reschedule classes, exams and assignments, transfer course sections, or withdraw from courses without penalty;
- Academic schedule modifications (typically to separate Complainant and Respondent);
- Work schedule or job assignment modifications (for University employment);
- Changes in work or housing location;
- An escort to ensure safe movement on campus;
- On-campus counseling services and/or assistance in connecting to community-based counseling services;
- Assistance in connecting to community-based medical services;
- No contact directives (to instruct individuals to stop all attempts at communication or other interaction with one another);
- Temporarily limiting an individual's access to certain University facilities or activities;
- Work schedule or job assignment modifications, including suspending employment with or without pay, consistent with any applicable written procedures (for University employment);
- Information about and/or assistance with obtaining personal protection orders;
- Leaves of absences;
- Increased monitoring and security of certain areas of the campus; or
- A combination of any of these measures.

The University will maintain Supportive Measures provided to the Complainant or Respondent as confidential to the extent that maintaining such confidentiality would not impair the University’s ability to provide the Supportive Measures.

IX. EMERGENCY REMOVAL

Where there is an immediate threat to the physical health or safety of any Students, Employees, or Third Parties arising from the alleged Prohibited Conduct, the University can remove a Respondent from the University’s education program or activity and issue any necessary related no-trespass and no-contact orders. The University will make the decision to remove a Respondent from the University’s education program or activity based on an individualized assessment and risk analysis.

If the University makes such a decision, the Respondent will be provided notice and an opportunity to challenge the decision immediately following the removal. Challenges to emergency removals must be submitted in writing to the University Title IX Coordinator within 7 business days from the day the parties are notified about the emergency removal. The phrase “business days” shall refer to those days ordinarily recognized by the University’s administrative calendar as workdays. The University Title IX Coordinator will review the materials within 5 business days of receipt of the challenge and may affirm the original decision, modify the decision, which may be of greater or lesser severity, or dismiss the original decision. The University Title IX Coordinators’ determinations on emergency removals are final and not appealable. Both parties shall receive simultaneous written notice of the outcome of the appeal.

X. ADMINISTRATIVE LEAVE

If the Respondent is an employee, the University may place the employee on administrative leave, with or without pay, to provide time to investigate and evaluate the circumstances regarding the complaint.

XI. GRIEVANCE PROCEDURE FOR TITLE IX MISCONDUCT

The University’s grievance procedure for addressing alleged Title IX Misconduct is included in Appendix A.

XII. REFERRAL PROCESS FOR PROHIBITED CONDUCT

For conduct that is not Title IX Misconduct, but still is Prohibited Conduct as defined by this Policy, in keeping with its commitment to maintaining an environment that is free of discrimination, Emory maintains grievance procedures to address other forms of harassment defined by this policy as Prohibited Conduct.

When a Formal Complaint is filed by a Complainant, but the alleged misconduct does not rise to a level of severity and pervasiveness such that it is prohibited expressly by Title IX, or does not occur within a University Program or Activity against a person in the United States, the Title IX Coordinator will dismiss
the report or complaint for purposes of Title IX and evaluate whether the alleged conduct may constitute Prohibited Conduct. This dismissal may be appealed by either party.

Promptly after the dismissal, the Title IX Coordinator will refer the matter to the appropriate department and/or academic unit for consideration through the following channels and applicable policies:

A. **For Employees:**

   Prohibited Conduct as defined by this policy will be transferred to the Office of Equity and Inclusion when the matter involves an employee. The Office of Equity and Inclusion will adjudicate this matter pursuant to the University’s Equal Opportunity and Discriminatory Harassment Policy 1.3.

B. **For Students:**

   Prohibited Conduct as defined by this policy will be adjudicated in conformity with the Non-Title IX Prohibited Conduct Grievance Procedure located in [Appendix B](#) of this policy when the matter involves students.
APPENDIX A:  
GRIEVANCE PROCEDURE FOR TITLE IX MISCONDUCT

A. General Provisions

1. Equitable Treatment of the Parties

   The University’s response will treat Complainants and Respondents equitably by offering Supportive Measures, by providing Remedies to a Complainant where a determination for Title IX Misconduct has been made against the Respondent, and by following the grievance procedure as set forth herein before imposing any disciplinary sanctions or other actions that are not Supportive Measures, against a Respondent.

2. Presumed Not Responsible

   The Respondent is presumed not responsible for the alleged Title IX Misconduct until a determination regarding responsibility is made at the conclusion of the grievance process.

3. Reasonably Prompt Time Frames

   The University will seek to resolve every investigation and any subsequent adjudication within 120 business days from the receipt of a Formal Complaint. The overall time frame may be extended for good cause as necessary so that the grievance process may be carried out in a thorough and comprehensive manner that ensures the integrity of the process. The reasons for extension of the time frame also include, but are not limited to: compliance with a request from law enforcement; accommodations to ensure the availability of witnesses; consideration of exam periods, school breaks, vacations or inclement weather; complexities of a specific case, including the number of witnesses and volume of information provided by the parties; and other extenuating circumstances. The Title IX Coordinator for Students or the Title IX Coordinator for Faculty and Staff will notify the parties in writing of any extensions of the time frame.

   Any calculation of days used in this Policy shall be in business days. To the extent a deadline falls on a University holiday, the deadline will be effective on the next business day.

B. Preliminary Assessment of a Title IX Report or Formal Complaint

1. Initial Assessment of a Formal Complaint

   Written Notice: Upon receipt of a Formal Complaint, the Title IX Coordinators will provide the following written notice to the parties whose identities are known by the University:

   a) Notice of the University’s Title IX grievance process, including an informal resolution process.
b) Notice of the allegations potentially constituting Title IX Misconduct, including sufficient
details known at the time and with sufficient time to prepare a response before any initial
interview. Sufficient details include: the identities of the parties involved in the incident, if
known; the conduct allegedly constituting Title IX Misconduct; and the date and location of
the alleged incident, if known.

The written notice will also include a statement that the Respondent is presumed not responsible
for the alleged conduct and that a determination regarding responsibility is made at the conclusion
of the grievance process. The written notice will inform the parties that they may have an advisor
of their choice, who may be, but is not required to be, an attorney, and may inspect and review
evidence as described herein.

The written notice will additionally inform the parties of any provision in the University’s Code
of Conduct that prohibits knowingly making false statements or knowingly submitting false
information during the grievance process.

c) **Ongoing Notice Requirement:** If, in the course of an investigation, the University decides to
investigate allegations about the Complainant or Respondent that are not included in the
initial Written Notice provided, the University will provide notice of the additional
allegations to the parties whose identities are known.

**Initial Assessment:** The Title IX Coordinator shall make an initial assessment as to whether the
report on its face alleges an act of Title IX Misconduct and whether the conduct is covered by this
Policy. If the Title IX Coordinator determines in their assessment that the allegations would not
constitute Title IX Misconduct, the University will dismiss the matter as described below.

**Dismissal of Formal Complaints:**

a) **Mandatory Dismissal**

Mandatory Dismissal will occur if, in their discretion, after undertaking the assessment
above, the Title IX Coordinator determines that the conduct alleged in the Formal Complaint
(1) would not constitute Title IX Misconduct Conduct, even if true; (2) did not occur against
a person in the United States; and (3), or did not take place in the programs or activities of the
University.

Dismissal of a Formal Complaint on this basis does not preclude action under another
applicable policy. In the event of dismissal, the Title IX Coordinators (for Students or for
Faculty, and Staff) may refer the matter to another office or channel through a separate
conduct procedure for consideration under another University policy. Matters will be
channeled as follows:

- Matters in which the Respondent is a Student will be addressed pursuant to the
grievance procedures outlined in Appendix B of this policy.
- Matters in which the Respondent is an Employee will be referred to the Department
  of Equity and Inclusion.

b) The University may dismiss a Formal Complaint, or any allegations therein, at any time
during the investigation or hearing, if:

- The Complainant notifies the Title IX Coordinator in writing that the Complainant
  would like to withdraw the Formal Complaint or any allegations therein;
• The Respondent is no longer enrolled or employed by the University; or

• Specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

• The University retains discretion on a case-by-case basis to dismiss a Formal Complaint based on any of the above reasons. Just because one or all of the conditions above are satisfied, does not mean the University will automatically dismiss the Formal Complaint. Instead, the University will determine if such a decision is appropriate under the circumstances.

Written Notice of Dismissal:

Upon dismissal, the University will promptly send written notice of the dismissal and reason(s) therefore simultaneously to the parties. The parties are entitled to appeal the dismissal under the appeal procedures set forth below.

Appeal Procedure for Dismissals:

Challenges to dismissals must be submitted in writing to the University Title IX Coordinator within seven (7) business days from the day the parties are notified about the dismissal. The University Title IX Coordinator will review the materials within five (5) business days of receipt of the challenge and may affirm or deny the original decision. The University Title IX Coordinator’s determinations on dismissals are final and not appealable. Both parties shall receive simultaneous written notice of the outcome of the appeal.

2. Rights and Responsibilities with Parties

The Title Coordinators, or their designees, will conduct an intake meeting to inform the Complainant and the Respondent of their rights and responsibilities, the prohibition against retaliation, further provide information about supportive measures, discuss the Title IX Misconduct allegations, and provide information about the investigative and adjudication processes.

3. Threat Assessment

After the initial assessment, if the Title IX Coordinators determine the available information provides a rational basis for concluding that there may be an immediate threat to the Complainant or the University Community, the Title IX Coordinators will contact the Emory Threat Assessment Team (“TAT”). If TAT believes an immediate threat is present, they will determine what type of action should be taken.

For more information about the Threat Assessment Team, please see http://emergency.emory.edu/threat-assessment/index.html
4. Methods of Resolution

Claims of Title IX Misconduct may be resolved by using an informal or a formal process. The Title IX Coordinator will discuss these two options for resolution during initial meetings with the Complainant and Respondent, as well as upon conclusion of the preliminary assessment process, if appropriate. Either party may request one of these forms of resolution, but for informal resolution, the University must approve that such a process is appropriate under the circumstances and both parties must provide voluntary, informed, written consent to the informal resolution process.

**Informal resolution is not available to resolve allegations by a Student against an Employee.**

a) Informal Resolution

Parties have the option of informally resolving complaints of alleged Title IX Misconduct. For the informal resolution process to commence, however, both parties must agree to submit to the informal resolution process. The University has the discretion to determine whether an informal resolution process is appropriate.

Prior to any informal resolution process, the University will provide the parties a written notice disclosing the allegations, the requirements of the informal resolution process, and any consequences resulting from participating in the process, including the records that will be maintained or could be shared. The written notice will also contain a consent form that will inform the Complainant and the Respondent that participation is voluntary and that either party can request to end informal resolution and pursue an investigative resolution. The written consent will also inform parties about how information gathered and utilized in the informal resolution process may be used in any other University process, including investigative resolution, if informal resolution ends and investigative resolution begins or resumes. In order to proceed with this method of resolution, both parties must sign the written consent.

i. Administrative Resolution

One type of informal resolution is administrative resolution. If the parties agree to submit to administrative resolution, then the Title IX Coordinator, or designee, works with each party separately to determine mutually agreeable outcomes. Both parties submit a written statement that includes basic facts about allegations and the parties’ intended outcomes. After receiving the written statements, the appropriate Title IX Coordinator offers both parties the opportunity to review and respond to the statements in writing.

The Title IX Coordinator will review the written statements, including the parties’ suggested outcomes, and will determine which outcome(s) should apply to the Respondent, taking into consideration the parties’ feedback on the appropriate outcome(s). Some examples of outcomes include, but are not limited to: counseling, restitution, No Contact Orders, and educational programming. The factors pertinent to the determination of what outcome is appropriate include, but are not limited to: the nature and severity of the conduct at issue, the circumstances surrounding the violation, the impact of the misconduct upon the Complainant, and the interest of the University and its community. The Title IX Coordinator may meet with each
party separately to obtain feedback on the appropriate outcome, to which the parties must agree. If the parties come to an agreement regarding the outcome, then the appropriate Title IX Coordinator will issue an Outcome Agreement Form via email to the parties, and the case will be closed.

Either party’s failure to abide by the terms of the Outcome Agreement Form may subject them to disciplinary proceedings and sanctions under the applicable Code of Conduct or Standards of Conduct. Both parties retain the right to end the Administrative Resolution process at any time prior to signing the Outcome Agreement Form and to initiate the formal process.

ii. Mediation

A party may request mediation from the appropriate Title IX Coordinator at any stage of the process before a hearing is scheduled. Mediation will be used only with the consent of both the parties, and either party has the right to terminate the mediation process and resume the formal grievance process at any time.

The mediation process will typically commence within ten (10) business days after consent to mediate is received from both the Complainant and the Respondent and will continue until concluded or terminated either by one of the parties or the Department of Title IX. During mediation, the investigation and time frames will be stayed. If the mediation results in a resolution, the grievance process will be concluded, and the matter will be closed. If a resolution cannot be reached, the grievance process will proceed as it would have before the mediation process.

Failure by either party to adhere to the terms outlined in the mediation resolution may result in disciplinary action and sanctions under other University policies.

iii. Restorative Justice Circles

Restorative Justice Circles (“Circles”) are an example of an informal resolution process that provides an opportunity for community members to come together to address harmful behavior in a process that explores harms and needs, obligations, and necessary engagement. Circles bring all parties together to meet, talk about what happened, and settle on a plan to repair the harm. Rather than focusing on what policies have been violated, Circles instead help identify who has been hurt and what must be done to repair the harm.

b) Formal Resolution

The formal resolution process typically commences when a Complainant files a Formal Complaint and an investigation proceeds. The Written Notice will include information about the conduct process. Formal resolution may also commence when the Title IX Coordinator signs a Formal Complaint.

After providing Written Notice to the Complainant and Respondent, the Title IX Coordinator will appoint an investigator to gather all available information relevant to the allegations in the Formal Complaint. The Title IX Coordinator will share the Complainant’s and Respondent’s names and contact information with the investigator, who will reach out to the parties to introduce themselves. All investigators will have
training in investigating and evaluating conduct prohibited under the Policy. The investigator will be impartial and unbiased.

The Title IX Coordinator may consolidate multiple Formal Complaints against a single Respondent or group of Respondents, or a single Complainant or group of Complainants, into one investigation if the evidence related to each incident would be relevant and probative in reaching a determination on the other incident(s). Where a Formal Complaint contains allegations that may implicate violations of other University policies, the Title IX Coordinator, in consultation with other University administrators, may, in their discretion, choose to consolidate those allegations with the Formal Complaint or refer those allegations to the appropriate University office for investigation under a different applicable process. The decision to consolidate Formal Complaints is not subject to appeal.

1. **Investigations**

The University will investigate the allegations in any Formal Complaint not subject to dismissal. The burden of gathering evidence is on the University. Upon receipt of the Formal Complaint, the investigator will promptly begin the investigation. The investigator will meet with each party. During their investigation, the investigator will ask each party to provide information relating to the event(s) in question, and to provide a list of witnesses and/or any relevant documents or evidence. The Complainant, the Respondent, and the witness(es) are permitted to provide other relevant evidence to the investigator. Evidence includes any facts or information presented in support of an assertion and may include text messages, email exchanges, timelines, receipts, photographs, etc.

i. **Rights of the Parties**

a) **Advisor.** The Complainant and the Respondent may be accompanied to any meeting or hearing by the advisor of their choice through the course of the Title IX process. The advisor may be any person, including an attorney.

Complainants and Respondents may consult with their advisors in drafting any written submissions that are allowed under this Policy; the written submission, however, must be from the Complainant or Respondent and not the advisor. Advisors, if present, shall be restricted to consulting with their advisees. Advisors may not intervene in a meeting or address the investigator unless invited to do so. Any violation of University policies committed by an advisor may lead to the exclusion of that advisor from the process. That includes, but is not limited to, any act of retaliation or breach of privacy committed by an advisor.

Each party has a responsibility to notify their advisor of the time, date and location of any meeting or disciplinary proceeding. Proceedings will not be unduly delayed to accommodate an advisor.
The University offers trained Title IX advisors for Complainants and Respondents. The University Title IX advisors support the Complainant or Respondent through the investigation and adjudication process. Individuals interested in utilizing a University Title IX advisor should submit a request in writing to the appropriate Title IX Coordinator.

University Title IX advisors may guide and assist the Complainant or the Respondent by:

- Connecting them to support services as needed;
- Clarifying questions about the investigation and adjudication process;
- Assisting in the reporting of any instance of retaliation;
- Providing general support during what can be a stressful process;
- Attending meetings or proceeding throughout the investigation and adjudication process; and
- For Complainants – connecting them to the appropriate resources for the process of criminal reporting if the Complainant chooses to explore that option.

Whether they select a University or outside advisor, a party must provide either their advisor’s name or contact information to the Title IX Coordinator prior to the party’s first meeting with the investigator. A party must also inform the Title IX Coordinator if a new advisor is selected. A party wishing to bring an attorney as an advisor must inform the Title IX Coordinator at least five days in advance of the first meeting that the advisor will attend.

Parties may have one advisor for all matters leading up to a hearing and a different advisor for the hearing. If a party plans to change advisors for the hearing, the party must inform the Title IX Coordinator at least five days before the hearing.

If a party does not have an advisor for the hearing, the University will select an advisor, at no cost to the party, for the purpose of conducting cross-examination.

b) **Equal Opportunity to Present Evidence.** Both parties have an equal opportunity to present fact and expert witnesses and other inculpatory and exculpatory evidence.
ii. Investigation Process

a) Investigator. The Title IX Coordinator will designate an individual (who will not be the Title IX Coordinator) to conduct an Investigation of a Formal Complaint, when a decision is made not to dismiss such complaint and when Informal Resolution is not appropriate or both parties do not give voluntary, informed, written consent to Informal Resolution.

b) Written Notice of Interviews, Meetings, or Hearings. The University will send the parties and their advisors prior written notice of any investigatory interviews, meetings, or hearings with sufficient time for the individual to prepare.

c) Disclosure of Information. Following the conclusion of the investigation, the University will send the parties and their advisors evidence directly related to the allegations in electronic format, at least 10 days prior to any hearing, for the parties to inspect, review, and respond to the evidence.

d) Report of Investigation. At the conclusion of the investigation, the investigator will prepare a draft Report of Investigation that fairly summarizes relevant evidence, which they will provide to the Title IX Coordinator. After reviewing the draft Report of Investigation, the Title IX Coordinator for Students or the Title IX Coordinator for Faculty and Staff may direct the investigator to ask further clarifying questions of the Complainant, Respondent, or witness(es) to supplement the Report of Investigation. The Title IX Coordinator will then send to the parties and their advisors, the report of investigation, in electronic format, with at least 10 business days for the parties to respond. The information provided by the parties in response to the Report of Investigation will be included in the Report of Investigation as an appendix, and the Report will then be finalized. In the event the determination is made to dismiss the Formal Complaint (see below), that information will be included in the Report of Investigation.

2. Live Hearings

The University’s grievance process shall provide for a live hearing. Within 5 business days of Final Report of Investigation, the Title IX Coordinator will select the date, time, and location of the hearing in consultation with the Hearing Officer, and will provide notice to both parties. The Hearing Officer will be trained in Title IX procedures and will preside over the hearing.

All parties shall be given at least 10 business days’ notice in advance of the hearing date, absent agreement by the parties to shorten the time or extraordinary circumstances as determined by the Hearing Officer. Extraordinary circumstances may include, but are not limited to: fall/spring/summer/holiday breaks; circumstances in which critical witnesses are unavailable; and other extenuating circumstances.

Hearings may be conducted with all parties physically present in the same geographic location or, at the University’s discretion, any or all parties, witnesses, and other
participants may appear at the live hearing virtually, with technology enabling participants simultaneously to see and hear each other. At the request of either party, the University must provide for the hearing to occur with the parties located in separate rooms with technology enabling the decision-maker(s) and parties to simultaneously see and hear the party or the witness answering questions.

i. **Advisors at the Live Hearing.** If a party does not have an advisor present at the hearing, the University shall provide without fee or charge to that party, an advisor of the University’s choice to conduct cross-examination on behalf of that party.

ii. **Standard of Evidence.** The level of proof required to determine whether or not a Respondent is responsible for the allegations shall be preponderance of the evidence, i.e., it is more likely than not that alleged conduct occurred.

iii. **Relevance.** Although the determination of relevance of testimony and information is in the discretion of the Hearing Officer, certain categories of evidence will rarely, if ever, be relevant. These include character evidence, polygraph and other generally unreliable or unproven scientific evidence, speculation, and the like. The Hearing Officer has broad discretion to determine the relevance of evidence.

iv. **Role of the Hearing Officer/Decision-Maker.**

a) **Pre-Hearing Procedures and Ground Rules.** The Hearing Officer (and/or the Department of Title IX) may establish pre-hearing procedures relating to issues such as scheduling, hearing procedures, witness and advisor participation and identification, structure, advance determination of the relevance of certain topics, and other procedural matters. The Hearing Officer will communicate with the parties prior to the hearing with respect to these issues and establish reasonable, equitable deadlines for party participation/input.

b) **Decorum.** The Hearing Officer also has wide discretion over matters of decorum at the hearing, including the authority to excuse from the hearing process participants who are unwilling to observe rules of decorum.

c) **Determine Relevance of Questions.** At the hearing, both parties will be given the opportunity to ask cross-examination questions of the other party through their advisors; however, only relevant cross-examination and other questions may be asked of a party or witness. Before a Complainant, Respondent, or witness answers a cross-examination or other question, the Hearing Officer must first determine whether the question is relevant and explain any decision to exclude a question as not relevant. The Hearing Officer’s relevance determinations at the hearing are not subject to further objection or discussion at the hearing, and failure to adhere to this rule may constitute a breach of the rules of decorum.
d) **Provide Rape Shield Protections for Complainants.** The Hearing Officer will prohibit any questions and evidence about the Complainant’s sexual predisposition or prior sexual behavior as not relevant, unless such questions and evidence about the Complainant’s prior sexual behavior are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant’s prior sexual behavior with respect to the Respondent and are offered to prove consent.

e) **Permit Cross-Examination.** At the live hearing, the Hearing Officershall permit each party’s advisor to ask the other party, and any witnesses, all relevant questions and follow-up questions, including those challenging credibility. Such cross-examination at the live hearing must be conducted directly, orally, and in real time by the party’s advisor and never by a party personally, notwithstanding the discretion of the University to otherwise restrict the extent to which advisors may participate in the proceedings.

f) **Exclude Statements, as Appropriate, in Reaching a Determination Regarding Responsibility.** If a party or witness does not submit to cross-examination at the live hearing, the Hearing Officer must not rely on any statement of that party or witness in reaching a determination regarding responsibility; provided, however, that the Hearing Officer cannot draw an inference about the determination regarding responsibility based solely on a party’s or witness’ absence from the live hearing or refusal to answer cross-examination or other questions.

“Statements” for purposes of the hearing means factual assertions made by a party or witness. Statements might include factual assertions made during an interview or conversation, written by the individual making the assertions (including those found in a Formal Complaint), and memorialized in the writing of another (e.g. in an investigative report, police report, or medical record). Where evidence involves intertwined statements of both parties (e.g. a text message exchange or an email thread) and one party refuses to participate in the hearing or submit to questioning about the evidence while the other does participate and answer questions, the statements of only the participating party may be relied on by the Hearing Officer. A threat, verbal conduct that is itself harassment, or another non-factual assertion is not a “statement” for this purpose.

3. **Hearing Procedures**

   i. The Hearing Officer shall call the hearing to order and state the date and time.

   ii. The Hearing Officer shall ask for identification of the parties attending the hearing for the record. If the Complainant and/or the Respondent fails to appear at the hearing, and such party was provided proper notice of the
hearing as set forth above, then absent extenuating circumstances, the Hearing Officer will proceed to determine the resolution of the complaint.

iii. The Hearing Officer shall state the conditions of the hearing including:

1) There shall be a single verbatim record, such as a tape recording, of all hearings (not including deliberations). The recording shall be the property of the University. Documentation of the proceedings, including the written decision, transcripts, and any audio recordings, are maintained in accordance with the applicable University document retention records. Reasonable care will be taken to create a quality audio recording and minimize technical problems; however, technical problems that result in no recording or an inaudible one cannot, by itself, serve as a basis to overturn an outcome upon appeal by a party.

2) Rules of evidence applicable to courts of law will not apply.

3) The hearing shall be non-adversarial in nature. The Hearing Officer shall be empowered to take all steps as necessary to preserve the non-adversarial character of the proceeding.

4) The hearing shall be closed, with participation limited to the Respondent, Complainant, Advisors, and/or Witness(es). Witnesses will remain outside the hearing until asked to provide information.

5) The University may request that a non-party student or a faculty/staff member attend the hearing and give testimony relevant to the case under consideration.

6) Both parties have the right to be present for the entire hearing, except for deliberations or recesses for the hearing board to discuss procedural issues. Neither party shall be required to be in the physical presence of the other. A party who wishes to participate electronically should submit a written request to the appropriate Title IX Coordinator no more than two (2) business days after receipt of the Notice of Hearing.

7) All statements, testimony, and evidence shall be restricted to matters directly relevant to the case, as determined by the Hearing Officer.

8) Each party is presumed to have good character; accordingly, character witnesses are not allowed.

9) Any person disrupting, interfering with the hearing, or failing to abide by the rulings of the Hearing Officer may be excused from the hearing.
10) The level of proof required to determine whether or not a Respondent is responsible for the allegations shall be by a preponderance of the evidence, i.e., it is more likely than not that Title IX Misconduct occurred.

11) The hearing and its final outcome shall be considered part of the Respondent’s educational record or employment record as applicable, and as such shall be kept confidential, except as provided under federal and state law.

iv. After the Hearing Officer states the conditions of the hearing, the Hearing Officer shall ask the Complainant and the Respondent if there are any objections to proceeding with the hearing. The Hearing Officer shall be solely responsible for deciding if such objections are reasonable and/or what measures should be taken to address them.

v. The Complainant and Respondent each shall be given the opportunity to provide brief opening statements to the Hearing Officer.

vi. The Complainant shall be given the opportunity to present evidence and/or call witnesses. The Hearing Officer shall have the first option of questioning the Complainant and/or witness(es), followed by the Respondent.

vii. The Respondent shall then be given the opportunity to present evidence and/or call witnesses. The Hearing Officer shall have the first option of questioning the Respondent and/or witness(es), followed by the Complainant.

viii. At the live hearing, the Hearing Officer shall permit each party’s advisor to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility. The Hearing Officer will screen the questions submitted by the parties’ advisors and only permit questions they deem appropriate and relevant to the case. Only relevant cross examination and other questions may be asked of a party or witness.

   o If the Hearing Officer declines a question requested by a party’s advisor, he/she will indicate verbally in the hearing why the question was not asked and will make note of it in the formal hearing outcome form.

i. The Complainant and Respondent each shall be given the opportunity to make a closing statement.

j. The Hearing Officer shall conclude the hearing.

k. The Hearing Officer shall enter closed deliberation.
I. Written Determination Regarding Responsibility. The Hearing Officer shall issue a written determination regarding responsibility within 15 business days of the conclusion of the hearing, applying the preponderance of the evidence standard of evidence. The written determination shall include:

1) Identification of the allegations potentially constituting Title IX Misconduct;
2) A description of the procedural steps taken from the receipt of the Formal Complaint through the determination;
3) Findings of fact supporting determination;
4) Conclusions regarding application of the University’s policy to the facts;
5) The rationale for the result as to each allegation;
6) Any disciplinary sanctions imposed (or Recommendation for Sanctions) on the Respondent;
7) Whether Remedies will be provided to the Complainant; and
8) Information about how to file an appeal.

The Title IX Coordinator is responsible for effective implementation of any Supportive Measures and any Remedies.

m. Recording of the Hearing. The University shall create an audio or audiovisual recording, or transcript, of any live hearing and make it available, upon request, to the parties for inspection and review.

4. Sanctions

The Respondent is a Student:

Emory may impose a range of sanctions and protective measures following a final determination of a violation of this Policy. The sanctioning decision will be informed by the degree to which the behavior was intentional or irresponsible.

Factors pertinent to the determination of what sanction applies include, but are not limited to; the nature and severity of the conduct at issue, as well as the circumstances surrounding the violation; the impact of the misconduct upon the Complainant; the prior disciplinary history of the Respondent (shared with the Hearing Officer only upon a finding of responsibility); previous University responses to similar conduct; the impact on the Respondent of separating them from their education (when considering expulsion or suspension); and the interests of the University and its community. The sincerity demonstrated by the Respondent in their willingness to accept responsibility for their actions may be a mitigating factor in the determination of sanctions on a case-by-case basis.

The broad range of sanctions for students includes, but is not limited to, the following:

- Revocation of degree; (if the Respondent graduates prior to the conclusion of the disciplinary process)
- Revocation of alumni privileges (if the Respondent graduates prior to the conclusion of the disciplinary process):
• Expulsion;
• Suspension for an identified time frame or until satisfaction of certain conditions, or both;
• Disciplinary probation (formal recognition that a student is not currently in good disciplinary standing with the University) for an identified time frame or until satisfaction of certain conditions, or both;
• Removal from student housing;
• Restriction from University premises;
• Dismissal or restriction from University employment;
• Temporary or permanent separation of the parties (by way of example only: change in classes, reassignment of residence, no contact orders, limiting geography where parties may go on campus) with additional sanctions for violating orders;
• Successful completion of educational or training programs;
• Successful completion of alcohol and other drug awareness and abuse prevention program;
• Counseling or mentoring;
• Removal from leadership/supervisory positions within the University community;
• Revocation of honors or awards;
• Loss of University privileges (i.e., using University athletic facilities, parking on campus, using the campus library, utilizing the dining hall);
• Community service;
• Reprimand;
• Restitution;
• Warning;
• Permanent or time-limited restrictions from participation in certain University programs or activities; and
• any other discretionary sanctions that are directly related to the violation or conduct and that are aimed at eliminating Title IX Misconduct, preventing its recurrence, and addressing its effects on the Complainant and, if applicable, the University community.

If the Hearing Officer finds that there has been a violation of this policy, the Hearing Officer may consult with the Title IX Coordinator about the sanction level, but the Hearing Officer retains the sole discretion to impose the sanction. The Hearing Officer will provide a written determination that includes the appropriate sanction to the Title IX Coordinator for Students. The Title IX Coordinator for Students will send the determination simultaneously to the parties, along with information about how to file an appeal. The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely. Sanctions and remedies determined by the Hearing Officer will not be imposed prior to the outcome becoming final.

The Respondent is an Employee:

Emory may impose a range of sanctions and protective measures following a final determination of a violation of this Policy. The sanctioning decision will be informed by the degree to which the behavior was intentional or irresponsible. Sanctions imposed on
those individuals who have been found to be in violation of this Policy shall be commensurate with the severity and/or frequency of the conduct and shall be adequate and sufficient to prevent such conduct in the future. The broad range of sanctions for employees includes, but is not limited to, the following:

- An apology to the Complainant;
- A verbal or written reprimand;
- A requirement to attend remedial training;
- Restorative justice sessions;
- Appropriate workplace restrictions;
- Denial of a merit pay increase or other benefit;
- Denial of promotion;
- Reassignment;
- Suspension;
- Separation from the University; or
- Any other discretionary sanctions that are directly related to the violation or conduct and that are aimed at eliminating Title IX Misconduct, preventing its recurrence, and addressing its effects on the Complainant and, if applicable, the University community.

If the Hearing Officer finds that there has been a violation of this policy, the Title IX Coordinator will present the findings to the appropriate authority. After consulting with the Department of Title IX and others as needed, the appropriate authority will determine the sanction. Immediately thereafter, the appropriate authority must notify the Department of Title IX of the sanctions to be imposed upon the Respondent. Additionally, the appropriate authority must notify the Department of Title IX if the faculty or staff member is currently serving the University under a grant program.

The Title IX Coordinator for Faculty and Staff will then send the determination simultaneously to the parties, along with information about how to file an appeal. The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

Failure to comply with any sanction will not only be considered a violation of this Policy, but also may be considered a violation of other University policies and will be referred to the appropriate office or division for handling.

*The Respondent is a Third Party:*

The University’s ability to take appropriate corrective action against a Third Party will be determined by the nature of the Third Party’s relationship to the University. The Title IX Coordinator will determine the appropriate manner of resolution in accordance with the University’s commitment to a prompt and equitable process and consistent with state and federal law, regulations, guidance, and this Policy.

If the Respondent is a University Employee and/or Student but acting outside their Employee/Student capacity, the Third-Party Procedures may apply. The Title IX
Coordinator will determine which Procedures apply based upon the facts and circumstances, such as whether the Respondent’s status as a Third Party or Employee/Student predominates in the context of the Prohibited Conduct.

5. **Appeals**

Both parties have the right to appeal the University’s dismissal of a Formal Complaint, or any allegations therein, and the outcome of the hearing on the following grounds:

- Procedural irregularity that affected the outcome of the matter, which may include, but is not limited to, failure to objectively evaluate all relevant evidence, including inculpatory and exculpatory evidence;

- New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter; and/or

- The Title IX Coordinator, investigator(s), or members of the hearing board had a conflict of interest or bias for or against Complainants or Respondents generally, or the individual Complainant or Respondent that affected the outcome of the matter.

Appeals may be submitted in writing by a Complainant or Respondent to the appropriate University Title IX Coordinator. Appeals must be filed within seven (7) business days of the date that the Title IX Coordinator sends the parties the written determination.

Upon receipt of an appeal the University Title IX Coordinator shall:

1) Notify the other party in writing.

2) Give the non-appealing party seven (7) business days from the date the party receives notice to submit a written statement challenging the appeal.

3) Appoint an appellate review panel of three (3) members from a pool of trained faculty, staff, and graduate/professional students with appropriate knowledge and training to determine if there is a reasonable basis for changing the outcome of a hearing or the sanction imposed.

The appeals panel will review the materials within 10 business days of receipt of the appeal, examining all documentation of the hearing to determine if there is a reasonable basis for changing the outcome. The appeals panel will issue a written determination of the appeal and the rationale for the result, or may request that the Title IX Coordinator take the following steps:

- Affirm the original finding and sanction;

- Affirm the original finding but issue a new sanction, which may be of greater or lesser severity;
• Remand the case back to the hearing board or a new hearing board to correct a procedural or factual defect; or

• Dismiss the case if there was a procedural or factual defect that cannot be remedied by remand.

The appeal panel’s determinations are **final and not appealable**. However, the outcome of a remanded case may again be appealed under this provision. Procedures on remand to the hearing board will be directed and communicated to the parties by the Title IX Coordinator and will, to the extent possible, comply with analogous, original time frames for the Hearing Board’s resolution.

Both parties shall receive simultaneous written notice of the outcome of the appeal. The determination regarding responsibility becomes final on the date that the Title IX Coordinator provides the parties with the written decision of the result of the appeal.

This appeal process is specifically to challenge the outcomes in the Title IX process and does not alter or limit the ability for an employee to appeal an employment action under any other applicable policy.
APPENDIX B

NON-TITLE IX PROHIBITED CONDUCT PROCEDURE FOR STUDENTS

A. General Provisions

1. Equitable Treatment of the Parties

   The University’s response shall treat Complainants and Respondents equitably by offering Supportive Measures, by providing Remedies to a Complainant where a determination for Prohibited Conduct has been made against the Respondent, and by following the grievance procedure as set forth herein before imposing any disciplinary sanctions or other actions that are not Supportive Measures, against a Respondent.

2. Reasonably Prompt Time Frames

   The University will seek to resolve every investigation and any subsequent adjudication within 120 days from the receipt of a complaint. The overall time frame may be extended for good cause as necessary so that the grievance process may be carried out in a thorough and comprehensive manner that ensures the integrity of the process. The reasons for extension of the time frame also include, but are not limited to: compliance with a request from law enforcement; accommodations to ensure the availability of witnesses; consideration of exam periods, school breaks, vacations or inclement weather; complexities of a specific case, including the number of witnesses and volume of information provided by the parties; and other extenuating circumstances. The Non-Title IX Conduct Official will notify the parties in writing of any extensions of the time frame.

   To the extent a deadline falls on a University holiday, the deadline will be effective on the next business day.

B. Preliminary Assessment of a Prohibited Conduct Report or Complaint

1. Intake Meeting with Complainant and Respondent

   The Title IX Coordinator for Students, or designee, will conduct an intake meeting to inform the Complainant and the Respondent of their rights and responsibilities, the prohibition against retaliation, further provide information about supportive measures, discuss the Prohibited Conduct allegations and information about the investigative and adjudication processes.

2. Initial Assessment of a Formal Complaint

   Written Notice. Upon receipt of a Formal Complaint, the Title IX Coordinator for Students must provide the following written notice to the parties whose identities are known by the University:
i. Notice of the University’s Prohibited Conduct grievance process, including an informal resolution process.

ii. Notice of the allegations potentially constituting Prohibited Conduct, including sufficient details known at the time and with sufficient time to prepare a response before any initial interview. Sufficient details include: the identities of the parties involved in the incident, if known; the conduct allegedly constituting Prohibited Conduct; and the date and location of the alleged incident, if known.

C. Methods of Resolution

Prohibited Conduct may be resolved by using an informal or a formal process. The Title IX Coordinator for Students will discuss these two options for resolution during initial meetings with the Complainant and Respondent, as well as upon conclusion of the preliminary assessment process, if appropriate. Either party may request one of these forms of resolution, but for informal resolution, both parties must agree to submit to the informal resolution process.

1. Informal Resolution

Parties have the option of informally resolving complaints of alleged sexual misconduct. For the informal resolution process to commence, however, both parties must agree to submit to the informal resolution process. The University has the discretion to determine whether the nature of the reported conduct is appropriate for informal resolution. With the informal resolution process, the Respondent is never charged with a Policy violation and is not found responsible for a Policy violation; accordingly, expulsion or suspension of the Respondent are not potential outcomes in a matter that has been decided via an informal resolution process.

If the parties agree to submit to alternative resolution, then the Department of Title IX will conduct a short investigation of the matter; the Title IX Coordinator for Students will meet with the parties and collect information relevant to the matter, but may not necessarily speak to any witnesses identified by either party.

Both parties retain the right to end the informal resolution process at any time prior to signing the Outcome Agreement Form and initiate the formal process.

Two examples of informal resolution processes, mediation and restorative justice circles, are described in further detail below.

a) Administrative Resolution

One type of informal resolution is administrative resolution. If the parties agree to submit to administrative resolution, then the Title IX Coordinator works with each party separately to determine mutually agreeable outcomes. Both parties submit a written statement that includes basic facts about allegations and the parties’ intended outcomes. After receiving the written statements, the Title IX Coordinator for Students offers both parties the opportunity to review and respond to the statements in writing.
The Title IX Coordinator will review the written statements, including the parties’ suggested outcomes, and will determine which outcome(s) should apply to the Respondent, taking into consideration the parties’ feedback on the appropriate outcome(s). Some examples of outcomes include, but are not limited to: counseling, restitution, No Contact Orders, and educational programming. The factors pertinent to the determination of what outcome is appropriate include, but are not limited to: the nature and severity of the conduct at issue, the circumstances surrounding the violation, the impact of the misconduct upon the Complainant, and the interest of the University and its community. The Title IX Coordinator may meet with each party separately to obtain feedback on the appropriate outcome, to which the parties must agree. If the parties come to an agreement regarding the outcome, then the appropriate Title IX Coordinator will issue an Outcome Agreement Form via email to the parties, and the case will be closed.

Either party’s failure to abide by the terms of the Outcome Agreement Form may subject them to disciplinary proceedings and sanctions under their school’s Code of Conduct. Both parties retain the right to end the Administrative Resolution process at any time prior to signing the Outcome Agreement Form and to initiate the formal process.

b) Mediation
A party may request mediation from the Title IX Coordinator for Students at any stage of the process before a hearing is scheduled. Mediation will be used only with the consent of both the parties, and either has the right to terminate the mediation process and resume the regular disciplinary process at any time.

The mediation process will typically commence within ten (10) business days after consent to mediate is received from both the Complainant and the Respondent and will continue until concluded or terminated either by one of the parties or the Department of Title IX. During mediation, the investigation and time frames will be stayed. If the mediation results in a resolution, the disciplinary process will be concluded, and the matter will be closed. If a resolution cannot be reached, the disciplinary process will proceed as it would have before the mediation process.

Failure by either party to adhere to the terms outlined in the mediation may result in disciplinary action and sanctions under the Conduct Code for the school in which the offending party is enrolled.

c) Restorative Justice Circles

Restorative Justice Circles (“Circles”) are an example of an informal resolution process that provides an opportunity for community members to come together to address harmful behavior in a process that explores harms and needs, obligations, and necessary engagement. Circles bring all parties together to meet, talk about what happened, and settle on a plan to repair the harm. Rather than focusing on what policies have been violated, Circles instead help identify who has been hurt and what must be done to repair the harm.
2. **Formal Resolution**

When a matter is dismissed under a Title IX Grievance procedure, the Title IX Coordinator for Students will notify the Complainant and the Respondent, in writing, that the process will proceed under the procedures set forth in this section.

After providing notice to the Complainant and Respondent, the Title IX Coordinator for Students will assign an investigator to promptly and thoroughly investigate the complaint to determine whether a violation of the Policy has occurred.

Please Note: The Department of Title IX may consolidate multiple reports against a single Respondent or group of Respondents into one investigation if the evidence related to each incident would be relevant and probative in reaching a determination on the other incident(s).

**a) Investigation and Adjudication Resolution Process**

The University’s response to the alleged discrimination will depend upon the severity and pervasiveness of the alleged conduct, which may be determined by the existence of prior incidents of harassment or discrimination. Depending upon the severity of the offense, however, a single violation of this Policy may be sufficient to support a violation.

Upon receipt of a complaint, the Title IX Coordinator for Students will assign an investigator to the case. The investigator will investigate, within 120 business days, the circumstances of the allegations. However, if additional time is needed to conduct a thorough investigation, DTIX may, at its discretion, extend the time for completing the investigation as reasonably necessary. In this case, DTIX will notify the Complainant and the Respondent of the extension.

The investigation will include interviews with the Complainant, Respondent, and any material witnesses identified, as well as a review of any documents or other evidence. The Complainant and Respondent will be kept apprised of the conduct of the investigation and will be given the opportunity to provide any additional relevant information to the investigator, including the names of additional witnesses to contact and/or additional documents to review before the investigation is closed.

The level of proof required to determine whether or not a Respondent is responsible for the allegations shall be by a preponderance of the evidence, i.e., it is more likely than not that alleged conduct occurred.

After the investigation, the investigator will submit a written Report of Investigation to the Complainant and Respondent detailing the information that was collected and will allow them to submit written statements responding to or clarifying information found in the report; any material submitted by the parties will be attached to the Report of Investigation as appendices. The parties shall have five (5) business days to supplement the report. The investigator shall finalize the report, including a determination of whether, based upon a preponderance of the evidence, a policy violation occurred and if so, a sanction recommendation.
Upon finalizing the Report of Investigation, the investigator shall submit the report to the Title IX Coordinator for Students for the sole purpose of making a final determination on the recommended sanction.

The Title IX Coordinator for Students will provide a written notice of Final Outcome to both Complainant and Respondent within seven (7) business days after receiving the final Report of Investigation.

The final written determination will state whether, based on DTIX’s investigation, there was a violation of this Policy, imposed sanctions, and information regarding parties’ right to appeal. The Complainant and Respondent will be promptly notified of the final determination. The Department of Title IX shall have independent authority to impose sanctions for students.

b) Sanctions

Emory may impose a range of sanctions and protective measures following a determination of a violation of this Policy. The sanctioning decision will be informed by the degree to which the behavior was intentional or irresponsible.

Factors pertinent to the determination of what sanction applies include, but are not limited to, the nature and severity of the conduct at issue, as well as the circumstances surrounding the violation; the impact of the misconduct upon the Complainant; the prior disciplinary history of the Respondent (shared with the hearing board only upon a finding of responsibility); previous University responses to similar conduct; the impact on the Respondent of separating them from their education (when considering expulsion or suspension); and the interests of the University and its community. The sincerity demonstrated by the Respondent in their willingness to accept responsibility for their actions may be a mitigating factor in the determination of sanctions on a case-by-case basis. Although sanctions are determined based upon the facts of each case, students found responsible for violating this Policy, should be prepared to be temporarily or permanently separated from the University.

The broad range of sanctions includes, but is not limited to, the following:

- Revocation of degree;
- Revocation of alumni privileges (if the Respondent graduates prior to the conclusion of the disciplinary process);
- Expulsion;
- Suspension for an identified time frame or until satisfaction of certain conditions, or both;
- Disciplinary probation (formal recognition that a student is not currently in good disciplinary standing with the University) for an identified time frame or until satisfaction of certain conditions, or both;
- Removal from student housing;
- Restriction from University premises;
- Dismissal or restriction from University employment;
- Temporary or permanent separation of the parties (by way of example only: change in classes, reassignment of residence, no contact orders, limiting
geography where parties may go on campus) with additional sanctions for violating orders;

- Successful completion of educational or training programs;
- Successful completion of alcohol and other drug awareness and abuse prevention program;
- Counseling or mentoring;
- Removal from leadership/supervisory positions within the University community;
- Revocation of honors or awards;
- Loss of University privileges (i.e., using University athletic facilities, parking on campus, using the campus library, utilizing the dining hall);
- Community service;
- Reprimand;
- Restitution;
- Warning; and
- Any other discretionary sanctions that are directly related to the violation or conduct and that are aimed at eliminating sexual misconduct, preventing its recurrence, and addressing its effects on the Complainant and, if warranted, the University community.

The University reserves the right to place a hold on the diploma, degree certification, official transcripts, or registration of the Respondent even though he or she may have completed all academic requirements. The diploma, degree certification, official transcripts, or registration may be withheld until any allegations of misconduct are resolved and/or sanctions as well as other conduct obligations are completed.

c) Appeals

Both parties shall have the right to appeal the outcome on any of the following grounds:

1) To consider new information, sufficient to alter the decision, or other relevant facts not brought out in the investigation because such information was not known or knowable to the appealing party during the investigation.

2) To allege a significant procedural error within the investigative process that may have substantially impacted the fairness of the investigation, the decision, and/or the sanction.

3) To allege that the sanction imposed is overly excessive or insufficient based upon the weight of the information considered by Title IX Coordinator for Students.

Appeals must be submitted in writing to University Title IX Coordinator within seven (7) business days from the day the parties are notified about the outcome of the case. Upon receipt of an appeal, the University Title IX Coordinator will send a copy of the appeal to the other party, who will have seven (7) business days to file a response, if the party chooses to do so.
The University Title IX Coordinator will appoint an appellate review panel of three (3) members from a pool of trained faculty, staff, and graduate/professional students with appropriate knowledge and training whose job it is to determine if there is a reasonable basis for changing the outcome or the sanction imposed. The appeals panel will review the materials within ten (10) business days of receipt of the appeal, examining the Report of Investigation and appeal(s) to determine if there is a reasonable basis for changing the outcome or sanction. The appeals panel will issue a written determination of the appeal, or may request that DTIX takes the following steps:

- Affirm the original finding and sanction;
- Affirm the original finding but issue a new sanction, which may be of greater or lesser severity;
- Remand the case back to the Department of Title IX to correct a procedural or factual defect; or,
- Dismiss the case if there was a procedural or factual defect that cannot be remedied by remand.

The appeal panel’s determinations are final and not appealable. Both parties shall receive simultaneous written notice of the outcome of the appeal.

This appeal process is specifically to challenge the outcomes in the Prohibited Conduct process and does not alter or limit the ability for an employee to appeal an employment action under any other applicable policy.
APPENDIX C — SEXUAL MISCONDUCT RESOURCES  
(ATLANTA AND OXFORD CAMPUSES)

ATLANTA CAMPUS

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<thead>
<tr>
<th>Resource</th>
<th>Seeking information and support</th>
<th>Obtaining counseling</th>
<th>Seeking accommodations or interim measures</th>
<th>Bringing formal Title IX or criminal charges</th>
</tr>
</thead>
</table>
| Counseling and Psychological Services (CAPS)  
404-727-7450  
http://studenthealth.emory.edu/cs/  
*Confidential Resource* | X | X | | |
| Student Health Services  
404-727-7551 (press 1)  
http://studenthealth.emory.edu/hs/  
*Confidential Resource* | X | X | | |
| Office of Spiritual and Religious Life  
404-727-6226 or 404-727-4070  
http://www.religiouslife.emory.edu/  
*Confidential Resource* | X | X | | |
| Emory DeKalb Hospital  
2701 North Decatur Road  
Decatur, GA 30033  
404-501-1000  
*Confidential Resource* | X | X | | |
| Title IX Coordinator for Students (Dr. Judith Pannell)  
404-727-4079  
http://equityandinclusion.emory.edu/title-ix/index.html | X | | X | X |
| The Office of Respect — for sexual assault survivors  
(470) 270-5360  
http://healthpromotion.emory.edu/respect/advocacy/index.html | X | | | X |
| Emory Police Department  
404-727-6111  
http://campserv.emory.edu/public-safety/police/index.html | X | | | X |
### Deputy Title IX Coordinators
http://equityandinclusion.emory.edu/title-ix/coordinators.html

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<tr>
<th>Seeking information and support</th>
<th>Obtaining counseling</th>
<th>Seeking accommodation or interim measures</th>
<th>Bringing a formal Title IX complaint or criminal charges</th>
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### Office of Equity and Inclusion
404-727-9867
http://equityandinclusion.emory.edu/about/index.html

| X                              | X                    | X                                        | X                                                      |

### Student Case Management and Intervention Services
http://success.emory.edu/index.html

| X                              | X                    | X                                        | X                                                      |

### The University Ombuds Office
https://ombuds.emory.edu/

|                                              | X                    | X                                        | X                                                      |

### Faculty and Staff Assistance Program (FSAP)
http://www.fsap.emory.edu/

| X                              | X                    | X                                        | X                                                      |

### OXFORD CAMPUS

<table>
<thead>
<tr>
<th>Counseling and Career Services (CCS) 770-784-8394 <a href="https://oxford.emory.edu/life/thriving-at-oxford/counseling-and-career.html">https://oxford.emory.edu/life/thriving-at-oxford/counseling-and-career.html</a> <em>Confidential Resource</em></th>
<th>Seeking information and support</th>
<th>Obtaining counseling</th>
<th>Seeking accommodation or interim measures</th>
<th>Bringing a formal Title IX complaint or criminal charges</th>
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</table>

| Student Health Services 770-784-8376 https://oxford.emory.edu/life/thriving-at-oxford/student-health-services.html *Confidential Resource* | X                               | X                    | X                                        | X                                                      |


| Emory Hillandale Hospital (Lithonia) 280 DeKalb Medical Parkway Lithonia, GA 30058 | X                               | X                    | X                                        | X                                                      |
### Official University Policy

**404-501-8000**  
*Confidential Resource*

| **Title IX Coordinator for Students**  
(Dr. Judith Pannell)  
404-727-4079  
[http://equityandinclusion.emory.edu/title-ix/index.html](http://equityandinclusion.emory.edu/title-ix/index.html) | X | X | X |
|---|---|---|---|
| **Title IX Coordinator for Faculty and Staff**  
(Marti McCaleb)  
[http://equityandinclusion.emory.edu/title-ix/index.html](http://equityandinclusion.emory.edu/title-ix/index.html) | X | X | X |
| **Brittany McDermott**  
*Health Educator & Coordinator of Student Support*  
brittany.mcdermott@emory.edu | X | X | X |
| **Emory Police Department**  
770-784-8377  
| **Rhiannon Hubert**, Deputy Title IX Coordinator (Oxford)  
770-784-8445 | X | X | X |
| **Megan Pendleton**, Deputy Title IX Coordinator  
(Oxford)  
770-784-4527 | X | X | X |
| **Office of International Student Programs**  
770-784-8702  
[http://oxford.emory.edu/life/international-students.html](http://oxford.emory.edu/life/international-students.html) | X | | |

### Other Resources (Available to Atlanta and Oxford Campuses)

**All Emergencies (any campus/location):** 9-1-1

**Emory Police Department TIPS line** (allows for anonymous and confidential reporting; *not an emergency number*):  
404-727-TIPS (8477)  
[http://campserv.emory.edu/public-safety/police/services/](http://campserv.emory.edu/public-safety/police/services/)

**Emory Trust Line** (allows for anonymous and confidential reporting 24/7):  
1-888-550-8850
http://iad.emory.edu/compliance/trustline/index.html

**Emory Public Safety’s Victim and Survivor Resources:**
http://campserv.emory.edu/public-safety/police/services/survivor-resources.html

**DeKalb County Day League** (formerly DeKalb Rape Crisis Center; services DeKalb, Newton, and Rockdale Counties):
404-377-1428 for 24-hour confidential crisis line / 404-377-1429 for free counseling service
http://www.dayleague.org/

**Georgia’s 24-hour Domestic Violence Hotline:** 800-334-2836

**Georgia Legal Aid:** https://www.georgialegalaid.org/

**Georgia Network to End Sexual Assault (GNESA):** http://www.gnesa.org/

**Center for Changing our Campus Culture (nationwide resource):** http://changingourcampus.org/

**U.S. Department of Education, Office of Civil Rights (OCR):** Complaints of discrimination, harassment, and retaliation may be directed at OCR. For more information, please see
https://www2.ed.gov/about/offices/list/ocr/index.html.
APPENDIX D

DEPUTY TITLE IX COORDINATORS

**Candler School of Theology**
Dr. Anne Burkholder  
Associate Dean, Professor  
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anne.burkholder@emory.edu

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**Goizueta Business School**
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Director, International Programs  
Goizueta Business School  
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**Laney Graduate School**
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**Nell Hodgson Woodruff School of Nursing**
Arnita Howard  
Assistant Dean for Student Affairs and Diversity Initiatives  
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Atlanta, GA 30322  
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ahoward@emory.edu

**Oxford College**
Rhiannon Hubert  
Asst. Dean for Campus Life/Director for Student Involvement & Leadership  
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**Rollins School of Public Health**
Brittney Romanson  
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**School of Medicine**
Dr. J. William (“Bill”) Eley  
Executive Associate Dean, Medical Education and Student Affairs  
School of Medicine  
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Atlanta, GA 30322  
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jeley@emory.edu
APPENDIX E

CONSIDERATIONS OF INCAPACITATION

For determining whether incapacitation impacts consent, the following explanations should be considered as guideposts for determinations; however, not all factors need to be present to support a finding:

➢ The question of incapacitation does not need to rely on medical expertise/judgment or the legal standard of intoxication. The determination of incapacitation from drugs or alcohol can be properly based on objective and reasonably apparent indications.

➢ Incapacitation is a state beyond impairment or intoxication and therefore it is important to identify how and to what extent a person’s ability to make a decision about sexual activity was affected.

➢ Incapacitation, by definition, means that a person’s decision-making ability was affected, so much so that a person does not have awareness of consequences; have the ability to make informed, rational judgments; or the capacity to appreciate the nature and quality of the act.

➢ Mental and/or physical helplessness may result in incapacity. Mentally helpless means a person is rendered temporarily incapable of appraising or controlling one’s own conduct. Physically helpless means a person is physically unable to verbally or otherwise communicate consent or unwillingness to an act.

➢ Consider whether the person against whom Prohibited Conduct is alleged to have occurred was asleep, unconscious, or unaware that sexual activity was occurring.

➢ Consider whether there were common and obvious warning signs that show that a person may have been incapacitated during the relevant time frame or approaching incapacitation. Although every individual may show signs of incapacitation differently, and the impact of alcohol and other drugs varies from person to person, typical signs include slurred or incomprehensible speech, unsteady gait, combativeness, emotional volatility, vomiting, or incontinence.

➢ A person who is incapacitated may not be able to understand some or all of the following questions: “Do you know where you are?” “Do you know how you got here?” “Do you know what is happening?” “Do you know whom you are with?” (Who, what, where, when, why?)

➢ Whether sexual activity with an incapacitated person constitutes Prohibited Conduct may depend on whether the Respondent knew or should have known of the Complainant’s incapacitation. What the Respondent should have known will be assessed based on objective and reasonably apparent indications when viewed from the perspective of a sober, reasonable person in the Respondent’s position, unless the evidence shows that the Respondent subjectively understood that the Complainant was incapacitated.
➢ That a Respondent may in fact have been unaware of the Complainant’s incapacity is irrelevant to this analysis, particularly where the Respondent’s failure to appreciate the Complainant’s incapacitation resulted from the Respondent’s failure to take reasonable steps to determine the Complainant’s incapacitation or where the Respondent’s own incapacitation (from alcohol or drugs) caused the Respondent to misjudge the Complainant’s incapacity.

Related Links

- Policy 1.3: Equal Opportunity and Discriminatory Harassment Policy (http://policies.emory.edu/1.3)
- Policy 4.119: Mandated Child Abuse Reporting (http://policies.emory.edu/4.119)
- Policy 8.16: Title IX Reporting Exception for Research (http://policies.emory.edu/8.16)

Contact Information

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<tr>
<td>Clarification of Policy</td>
<td>Yolanda Buckner, University Title IX Coordinator</td>
<td>404-727-8205</td>
<td><a href="mailto:yolanda.buckner@emory.edu">yolanda.buckner@emory.edu</a></td>
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Revision History

- Version Published on: August 14, 2020: Updated policy to comply with the U.S. Department of Education’s New Title IX Regulations
- Version Published on: March 15, 2021 removed the Office of Respect’s semi-confidential source status
- Version Published on: June 29, 2021 updated Coordinators’ contact information
Policy 8.8
Alcohol and Drug Abuse Policy

Responsible Official: VP and Dean for Campus Life
Administering Division/Department: Campus Life
Effective Date: March 31, 2007
Last Revision: March 2, 2020

Policy Sections:

I. Overview
II. Applicability
III. Definitions
IV. Policy Details
V. Related Links
VI. Contact Information
VII. Revision History

Overview

Emory University is committed to the health and well-being of its faculty, staff, and student body. Alcohol and drug misuse and abuse can be detrimental to one’s overall physical and emotional health; can be detrimental to academic and/or professional performance; and can adversely impact family, friends and co-workers.

As a recipient of federal grants and contracts, Emory University adheres to the provisions of the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act, as amended. As administrator of certain state-funded financial aid programs for students, Emory University also adheres to Georgia’s Drug-Free Postsecondary Education Act of 1990.

This policy is also designed to convey the University’s care and concern for its members and their well-being, given that alcohol and other drug misuse on college campuses is a major public health concern. In order to foster academic achievement, personal success and wellness, and to promote the safety of the community, the University has adopted the following tenets to guide the prevention of alcohol and other drug misuse:

- Emory University complies with and upholds all applicable federal, state, and local laws related to alcohol, illicit drugs and controlled substances. Violations of such laws that come to the attention of University officials may be addressed within the University or through prosecution in the courts, or both.

- In instances where individuals are found to be in violation of this policy, the University’s response will stress individual accountability, personal development and education, and connection to appropriate health services, as well as the effect on impacted parties and the community.

- The University strives to create an environment that supports individuals who choose not to use alcohol and individuals who choose to use alcohol legally and in a low risk way. Activities (e.g. drinking games) and paraphernalia (e.g. funnels, beer pong tables, and ice slides) that promote the rapid and unsafe consumption of alcohol are prohibited.
- The University encourages individuals with prescription medications to safely and legally use such medications in compliance with their prescriptions. The misuse of prescription medication or other controlled substances is not tolerated.

- The sale, distribution or use of illegal drugs is not permitted.

- The illegal sale, distribution or use of alcohol is not permitted.

- The sale of alcoholic beverages without an applicable license is not permitted.

- The University seeks to create an environment of personal development through education and supportive community. It supports individuals seeking services for alcohol, tobacco and/or other drug misuse and makes confidential services available to them.

- Emory is a Tobacco-Free Campus. The use or sale of tobacco products in or on Emory owned or Emory leased property is prohibited. See Policy 4.113 Tobacco-Free Environment for more information (http://policies.emory.edu/4.113), including resources for tobacco cessation.

Applicability

This policy applies to all Emory University full-time, part-time and temporary faculty, staff, and students for all University-Sponsored Events and to all activities conducted on University-owned property.

Emory University permits the purchase and use of alcoholic beverages with University funds under certain conditions but expects faculty, staff and students to take measures to prevent alcohol and drug misuse. Specific offices have been designated to provide clarification about the procedures and guidelines for event planning, as well as services and resources available to faculty, staff and students for reducing at-risk behaviors related to alcohol and drug use. The contact information for, and responsibility of, each of these offices is listed at the conclusion of this policy under "Contact Information."

Definitions

**University Housing**—includes University-owned and/or managed student residential facilities such as residence halls, fraternity and sorority housing, theme houses, and apartments.

**University-Sponsored Event**—is an event hosted, organized or financed by a University-Sponsored Student Organization or by a department or division of the University. University-Sponsored Events include, but are not limited to, any internal or external sponsored events held on campus; fraternity and sorority events; and campus organization, divisional or departmental events.

**University-Sponsored Student Organization**—is a student organization, including sororities and fraternities, undergraduate, graduate and professional organizations, that (1) is registered with the University; (2) is affiliated with a University department or division that acknowledges the organization as part of its activities; or (3) sponsors activities that relate to the education, research and community service missions of the University or to the goals or objectives of the department or division of affiliation.

Policy Details

1. **Standards of Conduct**

2. **General Restrictions as of the Policy Effective Date**

   2.1. **Possession of Alcohol**

   2.2. **Other Drugs**

   2.3. **False Identification**
3. Sanctions and Penalties

4. Notification of Drug-Related Convictions

   4.1. Employee Notification of Drug-Related Convictions

   4.2. Student Notification of Drug-Related Convictions

5. Advertisements and Promotions

   5.1. Advertisements and Promotion of Events

   5.2. Use of Name, Logo, Seal, Insignia or Mascot

6. Purchasing Alcohol

7. Storage of Alcohol

8. Use of Alcohol in University Housing

9. Use of Alcohol at Athletic Events

10. Procedures for Events with Alcohol

    10.1. On-Campus and Off-Campus Events with Alcohol

    10.2. Additional Food and Beverages

11. Additional Information

    11.1. Health Risks

    11.2. Resources for Education, Consultation and Counseling

    11.3. Distribution

    11.4. Additional Policies Regarding Alcohol

    11.5. Review

1. Standards of Conduct

All Emory University faculty, staff and students are prohibited by the University from unlawfully using, possessing, manufacturing, dispensing or distributing alcohol, controlled substances or illegal drugs on University-owned property, University Housing or at University-Sponsored Events.

Emory University expects all of its faculty, staff and students to comply with any applicable federal, state or local laws pertaining to the use, possession, manufacture, dispensation or distribution of alcohol, controlled substances, or illegal drugs.

2. General Restrictions as of the Policy Effective Date
2.1. Possession of Alcohol

Possession or use of alcoholic beverages by persons under 21 years of age, or distribution or furnishing of alcoholic beverages to persons under 21 years of age or who are intoxicated, is prohibited.

2.2. Other Drugs

It is illegal for an individual to manufacture, possess, use, dispense, sell or distribute controlled substances or illegal drugs (as defined by state and federal law).

2.3. False Identification

It is illegal for an individual to provide false name, address or date of birth for the purpose of acquiring alcohol or other drugs.

3. Sanctions and Penalties

3.1. Any member of the Emory University faculty, staff or student body who violates this Policy shall be subject to corrective disciplinary actions and penalties up to and including expulsion from University academic programs, termination of employment and referral to the appropriate federal, state or local authorities for prosecution in the courts.

Alleged violations of this policy by an individual undergraduate student shall be referred to the Office of Student Conduct. Alleged violations of this policy by an individual graduate/professional student shall be referred to the established disciplinary body of the school in which the student is enrolled. The Office of Student Conduct and the established disciplinary bodies of the graduate/professional schools shall have the authority to make appropriate referrals and to impose on students and student organizations such sanctions for violations of the policy as it may deem appropriate, including but not limited to participating in educational programs, parental notification and/or loss of privileges.

3.2. Persons convicted of violating federal and/or state laws prohibiting the unlawful use, possession, dispensation, and distribution of alcohol, controlled substances, or illegal drugs may face stiff sanctions such as heavy fines; incarceration for various periods of time, including life; forfeiture of assets; or suspension or loss of driver’s, business or professional licenses. Federal, state and/or local officials are responsible for enforcing these laws and any sanctions for such crimes will be determined by the courts. The University does not manage the criminal process but will cooperate with legal authorities in a manner consistent with its legal obligations.

3.3. The Higher Education Act states that a federal or state drug conviction can disqualify a student for Federal Student Aid funds. As of the effective date of the policy, the period of ineligibility depends on whether the conviction was for sale or possession during a period of enrollment in which a student received federal student aid and whether the student had previous offenses, ranging from one year to an indefinite period of time. A student regains eligibility the day after the period of ineligibility ends, when he or she successfully completes a qualified drug rehabilitation program; when he or she successfully passes two unannounced drug tests conducted by a qualified drug rehabilitation program; or if the conviction is reversed, set aside or otherwise rendered nugatory.

Please see the Related Links section below for the Federal Drug Trafficking Penalties and Georgia Controlled Substance and Dangerous Drug Law charts for additional information.

4. Notification of Drug-Related Convictions

As of the effective date of the policy, the following is a summary of the notification requirements upon a drug-related conviction:

4.1. Employee Notification of Drug-Related Convictions

(a) In accordance with the mandates of the Drug-Free Workplace Act of 1988, and as a condition of employment at Emory, all employees (including student employees) will:
(1) abide by the terms of this policy; and

(2) notify, as appropriate, their supervisor, vice president, administrator, dean or department head, as applicable, if they have been convicted of any criminal drug statute violation occurring in the workplace no later than five days after such a conviction. If a federal grant is involved, the Emory University Office of Sponsored Programs must be notified immediately. Failure to notify the appropriate person within the five-day period may result in disciplinary action.

(b) Within thirty (30) calendar days of receiving notice of a conviction, the person notified pursuant to Paragraph 4.1(a)(2) above shall consult with the human resources department of Emory University (human resources department may contact the Office of Equal Employment Opportunity, as appropriate), and said person shall then:

(1) take appropriate personnel action against the employee, up to and including termination, consistent with the requirement of the Rehabilitation Act of 1973, as amended, or the Americans with Disabilities Act; and/or

(2) require the employee to participate successfully, and provide evidence of such participation, in a drug-abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.

4.2. Student Notification of Drug-Related Convictions

All students must abide by the terms of this policy. In accordance with the State of Georgia’s Drug-Free Postsecondary Education Act of 1990, any student convicted under the laws of Georgia, the United States or any other state of any felony offense involving the manufacture, distribution, sale, possession or use of marijuana, a controlled substance, or a dangerous drug must, within ten (10) days of said conviction, report it in writing to the Emory University or Oxford College of Emory University Office of Financial Aid, as appropriate. Any student who suffers such a conviction shall, as of the date of the conviction, be denied state of Georgia funds for certain types of loans, grants or scholarships, including Georgia Higher Education Loan Program loans, student incentive grants or tuition equalization grants.

As of the effective date of the policy, the denial of state funds shall become effective on the first day of the term for which the student was enrolled immediately following either the date of conviction or the date on which the court accepts a plea of nolo contendere or formally allows a student to receive first offender treatment. The denial of funds shall continue through the end of said term.

5. Advertisements and Promotions

5.1. Advertisements and Promotion of Events

Publications of any type and in any media, including but not limited to The Wheel and other newspapers, pamphlets, flyers, and websites, that receive some or all of their funding from University sources (including the Student Activity Fee) must not accept or contain commercial advertising or other materials that promote, depict or encourage excessive or underage consumption or use, or underage purchase, of alcoholic beverages or controlled substances. This section is not intended to restrict advertisement or promotion of curricula or research objectives involving alcohol consumption.

Depictions promoting excessive alcohol consumption including but not limited to any of the following may not be used in advertisements or in the promotion of events:

- Excessive or underage consumption or use, or underage purchase, of alcoholic beverages or controlled substances
- All-you-can-drink activities
- Drinking games
• Price specials on alcohol
• Promotions or prizes featuring alcohol

This list is not exhaustive; it is meant to provide examples of the types of activities that are considered by the University as promoting excessive alcohol consumption.

5.2. Use of Name, Logo, Seal, Insignia or Mascot

Neither the University's name, including the names of university departments and University-Sponsored Student Organization, nor its logos, mascots, marks or other identifying indicia may be used in conjunction with any materials, references or imagery, including commercial sponsorship, related to excessive or underage consumption or use, or underage purchase, of alcoholic beverages or controlled substances.

6. Purchasing Alcohol

Alcoholic beverages may not be purchased with any state or federal appropriated funds. For more information, contact Research Grants and Contracts.

Schools, colleges, departments, or units determine the permissibility of charging alcoholic beverages to University accounts. For more information, contact the head of the specific unit or department.

University-Sponsored Student Organizations must follow all applicable Student Government Association and Graduate Student Government Association financial policies for the purchase of any alcoholic beverages.

Fraternities and sororities recognized by the Office of Sorority and Fraternity Life are prohibited from using organizational funds to purchase alcohol.

The use of alcoholic beverages purchased with University and student activity funds as a prize in any type of contest is prohibited.

7. Storage of Alcohol

Any alcohol that is stored on campus must be kept in a place where it is not accessible by those under twenty-one years of age.

8. Use of Alcohol in University Housing

Activities that take place within University Housing are governed by applicable laws and regulations and the terms of applicable University policies, including but not limited to the Undergraduate Code of Conduct.

• Alcohol is not allowed in University Housing community spaces (such as lobbies, lounges, study rooms, or hallways) without prior approval from Residence Life and Housing Operations, with the exception of organizations that fall under the Office of Sorority and Fraternity Life. Fraternities and sororities are required to follow Office of Sorority and Fraternity Life Social Events Policy and from their respective national organizations. Other individuals or groups who wish to serve alcohol in community spaces of University Housing are required to complete the Campus Life online registration form.

• Common containers (such as kegs and punch bowls) are not permitted.

• Activities (e.g. drinking games) and paraphernalia (e.g. funnels, beer pong tables, and ice slides) that promote the rapid and unsafe consumption of alcohol are prohibited.

• Brewing or production of alcohol beverages is prohibited.
Residents are required to inform all guests of the aforementioned regulations and to make sure their guests abide by all provisions of this policy. In cases where the guest of a resident violates this policy, the hosting resident may be subject to disciplinary consequences.

Residents under the age of 21:

- Are not permitted to be in possession of, consume or store alcohol in any University Housing, consistent with state law.

Residents age 21 and over:

- Are permitted to be in possession of, consume or store alcohol in University Housing, consistent with state law, with the exception of those at Oxford College. Possessing, consuming and/or storing alcohol is prohibited in all residence halls at Oxford College.

9. Use of Alcohol at Athletic Events

Alcoholic beverages may not be possessed, consumed or served at University intramural and club sports contests or intercollegiate athletic contests but may be allowed at adjacent events. Interpretation of “adjacent events” will be under the authority of the Director of Athletics or his/her staff, as appropriate.

The possession, consumption and purchase of alcoholic beverages, tobacco and/or illegal drugs by any student-athlete or manager is prohibited while participating in an intercollegiate, club, intramural or recreational athletics activity, including such activities taking place off campus, from the time the team leaves campus until the time the team returns to campus.

Student-athletes should refer to Emory’s Student-Athlete handbook for information regarding NCAA banned substances or contact their team physician or certified athletic trainer with any questions.

10. Procedures for Events with Alcohol

The following procedures apply to all University-Sponsored Events where alcohol will be served. The following procedures are provided to assist with the planning of University-Sponsored Events; however, the service of alcoholic beverages is permitted only in accordance with this policy and applicable local laws.

10.1. On-Campus and Off-Campus Events with Alcohol

University-Sponsored Student Organization Events

All University-Sponsored Student Organizations must complete the online registration form for student organizations if they are serving alcohol at an event.

The following management strategies must be in place in order for alcohol service to be permitted:

- The president or risk manager of the University-Sponsored Student Organization must attend a Campus Life sponsored training session that includes content about hosting events with alcohol;
- University-Sponsored Student Organizations must comply with any applicable regulations from their national organizations;
- Under no circumstances is the alcohol to be left unattended; and
- Activities (e.g. drinking games) and paraphernalia (e.g. funnels, beer pong tables, and ice slides) that promote the rapid and unsafe consumption of alcohol are prohibited.

In addition, the following management strategies must be in place in order for alcohol service to be permitted at events in which attendance is expected by individuals under the age of twenty-one (21):

- EmoryCard readers or another age-verification plan approved by Campus Life must be utilized; and
A licensed caterer or a non-student employee must serve the alcohol. The non-student employee must:

- Be at least twenty-one years old;
- Be listed by name on the online registration form for University-Sponsored Student Organizations;
- Be present for the duration of the alcohol being served; and
- If not an employee, have documentation of current insurance.

Other Events

Any academic or administrative department having or hosting an event with alcohol at which individuals under twenty-one (21) years of age are expected to attend must implement an age-verification plan, such as use of an Emory Card Reader or licensed server and must not leave alcohol unattended.

10.2. Additional Food and Beverages

All University-Sponsored Events where alcohol is served must have free non-alcoholic beverages and free and substantive food offerings available at all times during the event.

11. Additional Information

11.1. Health Risks

The scope and impact of health risks from alcohol and drug misuse and abuse are extensive and well documented, ranging from mood-altering to life-threatening, with consequences that extend beyond the individual to classmates, co-workers, family, friends, organizations and society at large. The University, therefore, conducts regular programs to educate its faculty, staff, and students that the misuse and abuse of alcohol and other drugs alters behavior, distorts perception, impairs thinking, impedes judgment and sabotages opportunity. Alcohol and drug abuse also may result in deterioration of physical health by causing or contributing to various diseases, illnesses, birth defects and even death. In addition, substance use negatively impacts health and wellness. Please see the Related Links section below for Drugs of Abuse – Uses & Effects, for additional information.

11.2. Resources for Education, Consultation and Counseling

The University sponsors several programs that provide information and professional services for its faculty, staff and students on matters related to the misuse and abuse of alcohol and drugs. These programs provide education, consultation, assessment, counseling and referral in a professional environment that respects individual confidentiality and integrity. The University maintains the Faculty Staff Assistance Program (404.727.4328) for faculty and staff; and the Counseling and Psychological Services (404.727.7450) and the Office of Health Promotion (404.727.7551) are available to students on the Atlanta campus. Counseling and Career Services (770.784.8394) and Center for Healthful Living (770.784.8634) are available to students on the Oxford Campus. Augmenting these formal programs, a variety of other campus programs and services educate and assist individuals who take the initiative to help themselves. Please see the Related Links section below for additional information on these services.

Common to all of these programs is the ethic that personal responsibility and professional guidance are keys to success. Therefore, the University expects its faculty, staff, and students to take measures to prevent alcohol and drug misuse and abuse in the community. The University also encourages its members to seek assistance from the above programs if they think that they may have a problem with alcohol or drug use.

11.3. Distribution

This policy and any revisions thereto shall be distributed to all faculty, staff, and students at least annually. Other applicable policies that reference this policy are found in the Campus Life Handbook, the Faculty Handbook, the Staff Handbook, the Human Resources Handbook and Policies and Procedures Manual, the Undergraduate Code of Conduct, and the Doctor of Medical Student Handbook.

11.4. Additional Policies Regarding Alcohol
All University-Sponsored Student Organizations are under the jurisdiction of the Student Government Association and/or Graduate Student Government Association and their policies and procedures and the policies and procedures of the Office of Student Involvement, Leadership, and Transition.

In addition:

Fraternities and sororities must comply with their respective national organizations’ alcohol policies, the Interfraternity Council, Multicultural Greek Council, National Pan-Hellenic Council and Panhellenic Council policies, and the policies of the Office of Sorority and Fraternity Life;

Residence Hall events must comply with the Office of Residence Life and Housing Operations policies;

Students at Oxford College must comply with the Oxford College Alcohol Policy; and

Miller Ward Alumni House events must comply with the Miller Ward Alumni House Alcohol Policy.

11.5. Review

A biennial review of this policy shall be conducted by a committee appointed by the president that shall include representatives from the following offices, programs, divisions and departments: Office of the President, Office of the Senior Vice President and General Counsel, Office of Compliance, Faculty Staff Assistance Program, Human Resources Division, Division of Campus Life, Office of Financial Aid, Emory Police Department, Office of the Provost, and Office of the Vice President for Health Affairs, as well as one or more student representatives. In addition, in accordance with the Higher Education Opportunity Act, the review shall include the number of drug and alcohol-related violations and fatalities that occur on campus or as part of the University’s activities and are reported to campus officials, as well as the number and type of sanctions imposed as a result of such drug and alcohol-related violations and fatalities that occur on campus or as part of the University’s activities.

Related Links (references and links)

Laws, Policies, and Protocols

- Current Version of This Policy (http://policies.emory.edu/8.8)
- Student organization registration system for events with alcohol (https://emory.campuslabs.com/engage/submitter/form/start/315808v)
- Office of Sorority and Fraternity Life Social Event Policy (http://osfl.emory.edu/current-members/index.html)
- Substance Abuse/Drug-Free Workplace (http://policies.emory.edu/4.66)
- Tobacco Free Environment Policy 4.113 (https://policies.emory.edu/4.113)
- Medical Amnesty Protocol (http://conduct.emory.edu/policies/medical_amnesty/)
- Undergraduate Student Code of Conduct (Atlanta) (http://conduct.emory.edu/)
- Oxford College Code of Conduct (http://www.oxford.emory.edu/life-at-oxford/student-conduct/)
- Student Government Association Finance Policy (https://orgsync.com/116828/chapter)
- Graduate Student Government Association Finance Policy (http://emory.orgsync.com/rgfs/)
- Georgia Controlled Substance and Dangerous Drug Laws Chart (http://tinyurl.com/26pfhy)
- Miller-Ward Alumni House Policy (http://millerward.emory.edu/)

Support Resources

- Faculty Staff Assistance Program (www.fsap.emory.edu)
- Office of Health Promotion (http://healthpromotion.emory.edu/)
- Counseling and Psychological Services (http://counseling.emory.edu/)
- Student Health Services (http://studenthealth.emory.edu/hs/)
- Oxford College Counseling and Career Services (www.oxford.emory.edu/counseling)
- Emory Police Department (www.campserv.emory.edu/epd/)

Educational Resources

Handbooks
- Doctor of Medicine Student Handbook (https://med.emory.edu/handbook/)
- Emory’s Student-Athlete handbook (https://issuu.com/emoryathletics/docs/student-athlete_handbook_2016-17)

Contact Information

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<td>Emory Campus Life</td>
<td>404-727-4364</td>
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<td>Information about state and federal laws and the interpretation of the policy</td>
<td>Office of General Counsel</td>
<td>404-727-6011</td>
<td><a href="http://www.emory.edu/OGC">www.emory.edu/OGC</a></td>
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Revision History

- Version Published on: Mar 02, 2020
- Version Published on: Aug 31, 2017 (Reinstated "health risks" section 8.8.11.1)
- Version Published on: Jun 07, 2016 (updated MWAH web address)
- Version Published on: Sep 18, 2014 (added Oxford contact information)
- Version Published on: Feb 06, 2014
- Version Published on: Feb 05, 2013 (resource contact information updated/revised 8.8.11.1)
- Version Published on: Jan 31, 2013 (reordered 8.8.1 and 8.8.2. Wording changed in 8.8.2)
- Version Published on: Dec 20, 2012 (revised Campus Services Available for Drug Abuse document)
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- Version Published on: Jun 29, 2012 (June 2012-updated 8.8.10. Clarify definition for student organizations)
- Version Published on: Dec 02, 2009 (12/2/2009-changed name to Office of Student Leadership & Service)
- Version Published on: Jun 04, 2007 (Original Publication)
Policy 8.9
Student Vehicle Use Policy

Responsible Official: VP and Dean for Campus Life
Administering Division/Department: Campus Life
Effective Date: May 01, 2010
Last Revision Date: September 21, 2018

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
IV. Definitions
V. Related Links
VI. Contact Information
VII. Revision History

Overview

The goal of the Student Vehicle Use Policy is to protect our students from injury while driving personal vehicles on University-sponsored activities and programs and while driving University vehicles or those rented for University sponsored-activities and programs.

Applicability

This Student Vehicle Use Policy sets forth the University's regulations and procedures for all students (graduate, professional, and undergraduate) who drive University-owned, rented, or leased vehicles in connection with University-sponsored activities or programs or personal vehicles in connection with University-sponsored activities and programs.

The Student Vehicle Use Policy does not apply to the rental of vehicles to be used by graduate or professional students for a University-sponsored activity or program and that is: (1) for less than seven days, and (2) for a driving distance of no more than 300 miles one-way.

University-sponsored activities and programs are defined in this policy as all activities funded in any way through the University, such as all recognized/chartered student organizations, Residential Life, programs and organizations in...
Civic and Community Engagement, programs and organizations in Recreation and Wellness, athletic or academic, academic employment or internships, and off-campus programs.

Policy Details

8.9.1 Requirements
8.9.2 Motor Vehicle Record
8.9.3 Driver Training
8.9.4 Personal Vehicles
8.9.5 Travel Limitations
8.9.6 Travel Itineraries/Parties
8.9.7 General Operating Instructions
8.9.8 Emergency Action Plan and Accident Reporting
  8.9.8.1 Important Notes
  8.9.8.2 Recommended Emergency Action Plan Guidelines

8.9.9 Violations of this policy for undergraduate students are subject to the Undergraduate Code of Conduct while graduate and professional school students will be subject to the disciplinary processes of their respective academic units.

8.9.1 Requirements

To drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs for any purpose, a student will need to:

- Follow this policy;
- Be at least 18 years of age;
- Hold a valid U.S. driver’s license and have held either such license or a foreign license for at least two years;
- Disclose any moving violations and vehicle accidents during the last three years;
- Complete the Motor Vehicle Record Consent Form (available in the forms section on any student organizational portal on Orgsync), which authorizes Emory University Human Resources to conduct a state level driving record check;
- Have a “clear” or “acceptable” driving record as defined below; and
- Successfully complete the Emory Defensive Driving Course every two years in order to drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs.

8.9.2 Motor Vehicle Record

The University will check a motor vehicle record (MVR) when the Consent Form is first submitted and at least bi-annually (every two years) thereafter. Additional checks may be conducted if the University becomes concerned about a student’s ability to drive in an official capacity on a University-sponsored activity or program.

Please allow sufficient time for the MVR receipt and review, as you will not be permitted to drive a University Vehicle on a University-sponsored activity or program until your MVR is received, approved and the defensive driving program test is passed and certificate of completion is submitted to Student Involvement, Leadership, and Transitions.
MVRs will be assessed based on the criteria below, as a minimum standard. In certain situations, drivers may be held to higher standards, depending on the nature of the driving, driving record, or concerns about ability to drive safely.

An MVR will be considered unacceptable if it involves:

(a) One or more of the following violations during the previous three-year period:
   - reckless driving;
   - driving while impaired or under the influence of alcohol or drugs;
   - homicide by vehicle, negligent homicide or involuntary manslaughter;
   - fleeing or attempting to elude police officers;
   - driving without a license or while a license is suspended or revoked;
   - hit and run or failure to stop after an accident; or
   - major speeding (20 MPH or more over limit)

(b) Two or more of the following violations during the previous two-year period:
   - speeding (less than 20 MPH over limit);
   - any other moving violation other than speeding or listed in (a), (b) or (c);
   - "at-fault" accident; or
   - failure to have required insurance

(c) Three of the following violations during the previous two-year period:
   - defective equipment;
   - oversize or overweight load;
   - operating without required equipment or warnings;
   - other equipment violations; or
   - not "at-fault" accident

Driving records must be clear or acceptable, as outlined above, for a student to drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs on a University-sponsored activity or program.

If a student does not meet the requirements, he or she will not be allowed to drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs on a University-sponsored activity or program.

If a student’s driving record changes or if there is a change in a student’s medical condition that may affect his or her driving after initial driving approval, the student must report the change immediately to the office or department that manages such travel, or owns, rents, or leases the vehicle and Student Involvement, Leadership, and Transitions.

If a student becomes ineligible to drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs on a University-sponsored activity or program, the approved status will be revoked for the duration of enrollment at the University. Further, the student may be subject to disciplinary action from the Office of Student Conduct for undergraduate students or the appropriate graduate or professional school conduct process for graduate students.

8.9.3 Driver Training

In order to drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs, students must successfully complete the Emory Defensive Driving Course once every two years. Student Involvement, Leadership, and Transitions oversees the online Emory Defensive Driving Course, and the National Safety Council will certify individuals who successfully complete the Defensive Driving Course.

Students must first have their Motor Vehicle Record checked by turning in an MVR Clearance Form and a copy of their Drivers License to Student Involvement, Leadership, and Transitions via OrgSync. Once the MVR passes, the student will be informed on how to take the course. For forms and more information go to the forms section of any student organization portal on OrgSync.
Individuals who do not successfully complete the Defensive Driving Course will be provided an opportunity to repeat the course and successfully complete it. If a passing score is not attained the second time, such students will not be allowed to drive on a University-sponsored activity or program, and a decision will be made regarding the employment status of a student whose job requirement requires driving on a University-sponsored activity or program.

8.9.4 Personal Vehicles

A student who uses his or her personal vehicle on a University-sponsored program must:

- Obtain personal auto insurance and provide the following upon request - a valid and current certificate of insurance that includes insurance company name, make/model of vehicle, vehicle VIN number, policy number and name of person insured.
- Acknowledge that the University does not carry insurance on, and assumes no responsibility for, any damage to personal vehicles, even when used on a University-sponsored activity or program. The student’s auto insurance will respond for third party liability including liability for injuries to passengers in the vehicle. It is an industry standard that insurance follows the vehicle.
- Acknowledge responsibility for paying any deductibles or co-pays associated with personal insurance in the event of an accident.

8.9.5 Travel Limitations

- Students may not drive a University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs, on a University-sponsored activity or program, more than 500 miles one-way. For trips over 500 miles one-way, students must contract with a third party carrier (i.e. airline, bus company, shuttle service) or received special permission from the Director of Student Involvement, Leadership, and Transitions.
- Note: Proposed travel that falls outside of these travel limitations must be reviewed and approved in advance by the Student Travel Committee (Director of Student Leadership and Service, Dean of Students, Director of Athletics and Recreation). Third party carriers must be chosen from a list pre-approved by the Student Travel Committee. For more information, please contact the Director of the Office of Student Leadership and Service.
- Do not exceed the recommended load capacity for vehicles for both number of passengers and weight of cargo.
- 15 passenger vans may not be leased, purchased or driven as University vehicles. Only 12 passenger vans or smaller may be used.

8.9.6 Travel Itineraries/Parties

This section of the policy applies to all trips greater than 60 miles from Emory’s campus.

- A complete roster of travelers including cell phone numbers and a trip itinerary should be filed with appropriate on-campus personnel (i.e. staff member, student organization advisor) for each University-sponsored activity. There should be at least two on-campus personnel who have responsibility for implementing the emergency action plan (see 8.9.8), and the traveling party should have emergency phone numbers for both of these individuals.
- There should be more than one traveling person designated as the “person responsible” on all trips in case of injury to one of the persons.
- Other than Emory students, minors may not ride in vehicles used on a University-sponsored activity or program.
- Family members may not be transported in University-owned, rented, or leased vehicles or personal vehicle in connection with University-sponsored activities or programs on a University-sponsored activity or program.

8.9.7 General Operating Instructions
Drivers must drive responsibly and are expected to follow traffic laws, posted speed limits, practice defensive driving, wear seat belts and avoid any activity that has the potential to divert attention from driving safely.

Drivers are restricted from activities of distracted driving while driving on behalf of the University, including but not limited to use of navigation, cell phones, texting, smoking, eating, checking email, etc.

Drivers must abide by the hands free law (House Bill 673) in the state of Georgia.

Drivers must monitor weather and road conditions and commit to change plans if warranted to ensure safety. This may mean taking breaks more frequently, stopping overnight, or postponing the trip altogether.

Change drivers at least every 2 hours, more frequently if the driving is fatiguing. If a trip is more than 2 hours away, there must be at least 2 certified drivers per vehicle.

Drivers must assess the type of driving (highway, back roads, winding roads, hilly roads) compared to the driver’s experience and comfort level and assign driving shifts accordingly.

Do not caravan. Each driver should have a set of directions and maps. Do not attempt to stay together or rendezvous along the way. Each driver should travel independently. It is recommended that there be no driving between 12:00 midnight and 6:00 a.m.

While driving on a University-sponsored activity or program, a driver may not be under the influence of illegal drugs or alcohol. Drivers and passengers may not bring alcoholic beverages (even unopened) into a vehicle. Such behavior will subject students to disciplinary action as determined by the Office of Student Conduct.

Drivers must secure University Vehicles when not occupied and must have contents reasonably safeguarded.

The use of radar detectors (or similar speed enforcement detection) is strictly prohibited.

Trailer, hitches or towing are not permitted without special permission.

University Vehicles should be used only for University business and should not be taken home at night (special exceptions may be approved by student activity advisor).

Drivers are personally responsible for paying all traffic tickets.

8.9.8 Emergency Action Plan and Accident Reporting

8.9.8.1 Important Notes

The University’s liability insurance protects the University against damages resulting from bodily injury and/or property damage. The University’s liability insurance will also protect an authorized driver as long as the authorized driver is driving a University Vehicle and is acting within the scope of his/her authority and responsibilities. As noted above, however, when driving your personal vehicle - even on a University-sponsored activity or program - your personal insurance is primary.

Immediately report all accidents during a University-sponsored program to your student activity advisor, even if you are driving your personal vehicle per the agreed upon Emergency Action Plan.

Depending on the circumstances, advisors will contact the following University officials to enact an emergency action plan:

- University Communications – 404/727-6216
- Emory Police Department - 404/727-6111
- Campus Life Emergency Line – 404/280-7073 or 404/895-5948

Failure to report an accident will result in the revocation of your authorization to drive a University Vehicle on a University-sponsored activity or program.

All University-owned vehicles contain an accident reporting kit and insurance card. Driver is responsible for using kit in the event of an accident.

When you return to campus, promptly complete an accident report form with the Emory Police Department and contact the Office of Risk and Insurance Services.

All accidents will be investigated and may result in revocation of driving authorization and other disciplinary action.

8.9.8.2 Recommended Emergency Action Plan Guidelines

Each department and division should develop detailed instructions in an Emergency Action Plan. This plan should be disseminated to all students driving or travelling under your jurisdiction.
• All chartered Student Organizations should abide by the Office of Student Leadership & Service Emergency Action Plan unless otherwise noted (http://www.osls.emory.edu/student_orgs/eagle_source/student_driving.html).

• General recommended actions to include are as follows:
  o Assess safety of self and passengers
  o If injuries, Call 9-1-1 immediately.
  o If no immediate injuries, move the vehicle to a nearby, safe place if possible.
  o Call 9-1-1.
  o Take down all information, take pictures of damages, etc.
  o Contact your activity advisor, faculty, or staff member ASAP
  o When police arrive, do file a police report no matter how serious the damage or injuries
  o Work with your advisor, faculty, or staff member contact to determine how to proceed back to campus.
  o Within 24 hours, contact Office of Risk Management to alert to the issue (EPD/Risk Management – 404-727-6111/ 404/686-2470).
  o Complete an internal incident report form to document statements from all witnesses back on campus.

8.9.9 Violations of this policy may subject a student to disciplinary action as determined by the Office of Student Conduct.

Definitions

n/a

Related Links

• Current Version of This Policy: http://policies.emory.edu/8.9
• Safe Driver Enrollment Form (http://www.osls.emory.edu/student_orgs/eagle_source/student_driving.htm)

Contact Information

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<td><a href="mailto:Lisa.loveall@emory.edu">Lisa.loveall@emory.edu</a></td>
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Revision History

• Version Published on: Sep 21, 2018 (Updated policy content, contact information.)
• Version Published on: Sep 19, 2013
• Version Published on: Dec 12, 2012 (2nd sentence under applicability)
• Version Published on: Sep 27, 2012 (procedures and protocol revisions)
• Version Published on: Jun 22, 2012 (corrected link in 8.9.3)
• Version Published on: Oct 18, 2010
• Version Published on: Mar 03, 2010
• Version Published on: Feb 12, 2010 (Original Publication)
Policy 10.12
Student Complaints

Responsible Official: Provost and Executive Vice President for Academic Affairs

Administering Division/Department: General Policies

Effective Date: April 01, 2013

Last Revision Date: February 24, 2020

Policy Sections:
I. Overview
II. Applicability
III. Policy Details
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Overview

Emory University is committed to receiving and addressing written student complaints against the university, its faculty, staff, or administrative personnel in a timely manner. Appropriate procedures are described below and should be adhered to in response to student complaints. Students should first attempt to resolve their complaints with the office most directly responsible for the action being challenged. Each school or administrative unit at Emory has an office of Student Services or other office that can further assist students and direct them -if they are uncertain about where to start. In addition, students may use the Office of the Ombuds (https://ombuds.emory.edu/) to assist with complaints if they are uncertain or wish to discuss a situation confidentially before taking more formal action. Note that in cases of sexual misconduct, the Ombuds is a mandated reporter.

Federal financial aid laws and regulations require that each state has a process to review and act on complaints concerning educational institutions in the state. You may file a complaint about Emory University with the State of Georgia Office of Inspector General by following the directions at the OIG website. In the event that OIG receives a student complaint relating to financial aid, it will forward it to the Office of Inspector General of the U.S. Department of Education.

An agreement with the Georgia Nonpublic Postsecondary Education Commission permits students enrolled in distance learning programs to file a complaint with the following agencies if their complaint cannot be resolved by following Emory University procedures: 1) the Georgia Nonpublic Postsecondary Commission, 2) the Southern Association of Colleges and Schools, Commission on Colleges, and 3) a complaint to the state in which the distance learning student resides.
Applicability

This policy applies to current and former students who choose to make a formal written complaint against the university, its faculty, staff, or administrative personnel.

Policy Details

Documentation of Complaint

Student complaints must be submitted in writing and accompanied by relevant documentation describing 1) the specific action, practice or decision that is being challenged, 2) the individuals involved in or with knowledge of the action, practice or decision at issue, 3) the impact of the decision, 4) what resolution is desired, and 5) why it should be granted.

Complaint Resolution

Except in situations involving allegations of discrimination or harassment (where students may file complaints directly with the Office of Equity and Inclusion), Emory encourages each student to pursue complaints against faculty, staff or administrative personnel at the school, office, or unit level. Each school and administrative unit has its own procedures as described in the student handbook, school's catalog, or unit website. Academic or other concerns usually begin with student service personnel in each school or administrative unit who then typically route the concerns to the appropriate school or administrative authority. Student concerns can be effectively handled by school or administrative unit personnel who have expertise in the academic or service discipline involved, familiarity with the faculty/staff, and who have experience in handling similar decisions made regarding its students.

To expedite a prompt resolution, complaints should include current contact information of the individual filing the complaint. In most cases, responses to the complaint, including the final decision, will be provided in writing within 30 days of receipt of the complaint. However, exceptions to this timeframe may be allowed with reasonable and regular communication to inform the student of the current status of the complaint.

Record Retention

The designated school or unit representative for reporting purposes should retain the written complaint along with the resolution of the complaint, and any additional supporting documentation including emails, or other communication. In addition, an action log of all complaints received should be maintained each year. This action log is collected by the Office of Planning and Administration as a part of the Annual Report process. An example is provided below in the "Related Link" section.

Distance Learning: National Council for State Authorization Reciprocity Agreements

Effective March 17, 2016, the Georgia Nonpublic Postsecondary Education Commission (GNPEC) approved Emory University to participate in the National Council for State Authorization Reciprocity Agreements (NC-SARA). A “State authorization reciprocity agreement” is an agreement between two or more States that authorizes an institution located and legally authorized in a State covered by the agreement to provide postsecondary education through distance education or correspondence courses to students in other States covered by the agreement. If a complaint submitted by a student enrolled in a distance learning program cannot be resolved by following the Emory University procedures, a student may file a complaint with the following agencies: 1) Georgia Nonpublic Postsecondary Commission (complete the SARA Online Student Complaint form), 2) the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), Emory University’s regional accrediting body (“Complaint Procedures”), and 3) a complaint to the state within which the distance learning student resides (file a complaint in your state).

State of Georgia

Federal financial aid laws and regulations require that each state has a process to review and act on complaints concerning educational institutions in the state. If you have a complaint, you may file it with Emory’s financial aid office or call the Trust Line at 1-888-550-8850 or file a report online at https://www.mycompliancereport.com/EmoryTrustLineOnline. You may also file a complaint about Emory
University with the State of Georgia Office of Inspector General by following the directions at the OIG website. 
In the event that OIG receives a student complaint relating to financial aid, it will forward it to the Office of 
Inspector General of the Department of Education.

Southern Association of Colleges and Schools Commission on Colleges

The Southern Association of Colleges and Schools Commission on Colleges is Emory University’s regional accrediting 
body. Students may make inquiries to SACSCOC regarding complaint procedures or about issues and concerns 
that could be considered complaints. Policy and procedures for filing student complaints are outlined in the document 
“Complaint Procedures against SACSCOC or its Accredited Institutions.” SACSCOC asks that you read its policy 
statement before filing a complaint.

Definitions

A complaint is a written description of a problem or concern that has not been resolved through normal academic 
or administrative processes at the office or unit level. Student complaints can be categorized into four major 
areas: Academic, Non-academic, Discrimination/Harassment (equityandinclusion.emory.edu), or Appeals of any 
of the previously mentioned areas.

If a student has a complaint involving discrimination, harassment or sexual misconduct against an Emory employee, 
the complaint can be made directly to the Office of Equity and Inclusion. Otherwise, a complaint should be filed with 
and handled by the relevant school or administrative unit.

The “handling official” is the person designated in each school or administrative unit to address the complaint.

An ombudsperson is an independent, impartial individual from whom students may seek confidential guidance 
regarding a problem, conflict or concern. The Emory Ombuds Office offers assistance through informal means 
only and is not an advocate in grievance procedures, judicial procedures, or any other formal processes.

A “State authorization reciprocity agreement” is an agreement between two or more States that authorizes an 
institution located and legally authorized in a State covered by the agreement to provide postsecondary 
education through distance education or correspondence courses to students in other States covered by the 
agreement.

Related Links

* Current Version of This Policy: [http://policies.emory.edu/10.12](http://policies.emory.edu/10.12)
* Office of the Ombuds Website ([https://ombuds.emory.edu/](https://ombuds.emory.edu/))
* Emory Trustline ([http://www.mycompliancereport.com/EmoryTrustLineOnline](http://www.mycompliancereport.com/EmoryTrustLineOnline))
* NC-SARA Online Student Complaint Forms ([https://gnpec.georgia.gov/student-complaint-forms](https://gnpec.georgia.gov/student-complaint-forms))
* Information for Filing Complaints in Other States ([https://sheeo.org/about/](https://sheeo.org/about/))
* Equity and Inclusion Website ([http://equityandinclusion.emory.edu/](http://equityandinclusion.emory.edu/))
* Student Complaint Example ([https://policies.emory.edu/uploads/StudentComplaintLogExample1.pdf](https://policies.emory.edu/uploads/StudentComplaintLogExample1.pdf))

Contact Information

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<td>Office of the Provost</td>
<td>404-727-4170</td>
<td><a href="mailto:nancy.bliwise@emory.edu">nancy.bliwise@emory.edu</a></td>
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Revision History

Page 3 of 3
Section 2: EUSOM Policies

Clinical Supervision of Medical Students

Purpose

To ensure the safety of patients and students and foster an optimal environment for student learning.

When is this policy applicable?

This policy applies to medical students involved in patient care as part of the MD curriculum.

Who may supervise medical students?

- Faculty physicians or residents and fellows supervised by faculty physicians
- Licensed non-faculty physicians approved by the clerkship/course director
- Licensed healthcare providers supervising an activity within the scope of their practice

Levels of supervision

Students must be supervised at all times at one of the two following levels:

1. **Direct supervision**: supervisor is physically present with student and patient
2. **Indirect supervision**: supervisor is not physically present with student and patient but is present on the clinical site and immediately available to the student to provide direct supervision
3. **Special Situations**
   a. **Intimate exams**: Students must be *directly supervised* by a clinician while performing an intimate exam. Intimate exams include genitourinary, rectal, and breast exams.
   b. **Procedures**: The supervising physician is responsible for determining the level of supervision that is required based on the student’s competency and the procedure being performed.

The level of supervision will be determined by the supervising clinician based on several factors:

- Objectives and required clinical experiences for the course/clerkship
- Level of training of the student and their experience with the clinical activity/setting
- Supervising clinician’s familiarity of the student’s abilities
- Acuity of the patient and complexity of the clinical activity

Regardless of the level of supervision, the supervising clinician must evaluate all patients primarily seen by students before they leave the healthcare setting.

Training of supervisors
Faculty physicians are responsible for all learning events in their environment, including events supervised and facilitated by non-physician healthcare providers and non-faculty physicians.

- All supervising clinicians must be aware of and have access to this supervision policy and Emory’s student mistreatment policy.
- All faculty physicians responsible for supervising a student during a given clerkship/course must be aware of MD course objectives. Clerkship/course directors are responsible for disseminating this information.

Policy Implementation

- Clerkship/course directors are responsible for ensuring access to aforementioned policies.
- Students should immediately report concerns about inadequate supervision to the course/clerkship director, the Assistant Dean of Student Affairs and Clinical Services, and/or on the Learning Environment and Professionalism survey at the end of the course/clerkship. Clerkship/course directors must ensure students are aware of how to report violations of this policy.

Approved 11/1/21 by Required Clerkships Committee
Approved 12/1/21 by Executive Curriculum Committee

Confidentiality of Student Evaluations

Students are expected to submit candid, constructive, professional evaluations of EUSOM courses, faculty, residents, and others when asked to do so. All evaluations are confidential and are blinded to prevent school personnel from knowing the identity of the person submitting an evaluation. It is vital to the evaluation process that students not fear retribution or recrimination based on their honest perceptions.

Although students must log in to the OASIS system in order to submit evaluations, OASIS is specifically designed to redact all identifying data from every type of evaluation form submitted. This protects students from real or perceived retribution for the evaluation data that they submit. Evaluation data collected through OASIS are stripped of individual identifiers and stored on secure servers.

In the unlikely event that a student submits information through the evaluation process that could pose a credible threat to the safety of that student or others, a mechanism can be activated to retrieve identifying information about the responsible student. The decision to seek the identification of a student based on information from an evaluation form rests **solely** with the Executive Associate Dean for Medical Education and Student Affairs, or in his/her absence, a designee. In such a case, the specific evaluation will be matched to the individual student by the designated staff member who has the authority and ability to do so.

With the exception of the aforementioned extreme circumstance, no school personnel will have access to the identity of students who submitted an evaluation.

Consensual Teacher – Student Relationships

The relationship between teacher and student is the foundation of the academic mission of the University. This relationship vests considerable trust in the teacher, who, in turn, bears the responsibility to serve as mentor, educator, and impartial evaluator. In discharging this responsibility, teachers are accountable for behaving at the highest professional level, recognizing the dignity and worth of each person, and protecting the integrity of the student-teacher relationship.
Teacher-student relationships carry risks of conflict of interest, breach of trust, abuse of power, and breach of professional ethics. For these reasons, teachers must not engage in any consensual sexual relationships with a student while the teacher is in a position of supervisory academic authority with respect to the student. Nor may a teacher assert any supervisory academic authority with respect to a student who was the subject of a previous consensual sexual relationship. This prohibition extends to consensual sexual relationships between a graduate or professional student and an undergraduate when the graduate or professional student has some supervisory academic responsibility for the undergraduate, to consensual sexual relationships between department Chairs and students in that department, to consensual sexual relationships between graduate advisors, Program Directors, and all others (each of whom is considered a teacher) who have supervisory academic responsibility for a student and that student.

When a teacher-student consensual sexual relationship exists, has previously existed, or develops, the teacher must decline to participate in any evaluative or supervisory academic activity with respect to the student. Furthermore, it is the responsibility of the student to inform the appropriate dean when such a relationship exists, or has existed, so that he/she will not be placed in any such situation. The appropriate dean to inform includes the Associate Dean for Medical Education and Student Affairs, Director of Admissions and/or Assistant Dean for Medical Education and Student Affairs for students in the Foundations Phase, and the Associate Dean for Clinical Education for students in the Application, Discovery, and Translation Phases.

The deans, department chairs, and other administrators should respond to reports of prohibited sexual relationships by inquiring further and, if such reports appear to be accurate, initiating appropriate disciplinary action or remedial measures against the teacher involved. Egregious breach of this policy is adequate cause for termination under paragraph 12.2 of the Emory University Faculty Handbook Statement of Principles Governing Faculty Relationships.

Non-consensual sexual relationships are prohibited by the Equal Opportunity and Discriminatory Harassment policy (1.3).

**Gross Anatomy Laboratory**

The bodies available for dissection were donated by individuals who wanted their remains to be used for education and research. As a medical student, you are privileged to have the opportunity to use this anatomical donation. The rules of the anatomy laboratory are based upon PATIENT PRIVACY, RESPECT, SECURITY, SAFETY, and MAINTENANCE. These rules will be observed in the laboratory AT ALL TIMES.

**Respect**

_The anatomical donors are to be treated with the utmost respect at all times._ Inappropriate or improper behavior and/or comments within and outside the laboratory is/are unacceptable.

The articulated skeletons, skulls and isolated bones are to be afforded the same respect cadavers.

**Do not remove the numbered tag from your cadaver.**

The cadavers are to be properly maintained. Drying of tissue can be prevented by wrapping body parts in wet paper towels after each dissection. A special wetting fluid with a mold inhibitor is provided for this purpose in the large carboys near the sinks; do not use tap water. Any suspicion of mold or rot should be reported to the facility director immediately, since it can rapidly spread throughout body and to other donors in the room. The plastic body bag should be closed after each dissection. Take good care of your cadaver – it is the best teacher you have in this course.

All cadaver waste tissues are to be disposed of in the green trash bins. No other waste is to be disposed of in these bins (see below for the disposal of other waste).

Dissection tables should be kept clean and free of excessive tissue.
The right of privacy and confidentiality due all medical patients is extended to our anatomical donors at all times.

Cadavers will be appropriately draped at all times. All regions not being studied should be draped. Entirely cover the cadaver when leaving it for any period of time.

Use of cameras, cell phones or other photographic or video equipment is not permitted in the laboratory at any time unless specifically authorized by the course administration.

Only students, faculty and other authorized UVA personnel are allowed in the gross anatomy lab. Under no circumstances may a student bring an unauthorized visitor into the lab. Permission to bring a visitor into the lab can be granted only by Drs. Iwanik and McCollum and is restricted to healthcare professionals or individuals with an approved academic purpose.

**NOTHING leaves the lab without the permission of the facility administrator or the course director.**

Food and/or drinks are not allowed in the laboratory.

**Security**

Access to the anatomy lab is via electronic ID card key. Students have access to the Anatomy Lab 24 hours a day, seven days a week. Student access to the lab is recorded in the University ID card access database. **For safety and security after hours, students should only use the lab in the presence of another student - a “buddy system”.**

Keep the doors of the laboratory closed **AT ALL TIMES.**

Do not share your bone drawer combination with anyone.

**Safety**

The following safety procedures are in place to prevent injuries and limit exposure to chemicals:

Students must wear long pants and closed shoes whenever they are in the laboratory. Open-toed or perforated shoes (e.g., sandals), shorts and skirts are not to be worn in the anatomy lab. You will be asked to leave the laboratory if you are in violation of this dress code.

Students must wear a lab coat when in the lab. It is your responsibility to maintain your lab coat in a reasonably clean condition. The faculty will insist you wear your lab coat regardless of how dirty it is.

Nitrile gloves must be worn throughout the dissection period.

Eye protection must be worn whenever you are within five (5) feet of an open cadaver. Regular eyeglasses are sufficient eye protection. Students must wear safety goggles when using hammers, chisels, bone pliers and Stryker saws.

All used scalpel blades must be disposed of in the provided “sharps” containers. Never dispose of “sharps” in wastebaskets or garbage cans (see below for the disposal of other waste).

All injuries incurred in the gross anatomy laboratory, no matter how insignificant they may appear, must be reported immediately to an instructor. The instructor will administer first aid and determine whether the student should be directed to a facility for further treatment.
If an injury occurs in the anatomy lab after hours, students should first seek proper medical care and then report the injury to an instructor as soon as possible.

In case of an EMERGENCY, use the lab phone to call the police (9-911).

Students who are pregnant, or believe they may be pregnant, are responsible for discussing attendance in the gross anatomy lab with their physician.

**Maintenance**
The laboratory must be kept neat at all times and you are expected to clean your area after each day’s dissection. This includes frequently emptying the bucket at the end of your table and wiping up any large spills from the floor. You are provided space for storing your atlases and dissection tools – please use it! Atlases and tools that are left on the counters will be placed in the lost and found box. Note that proper trash disposal is as follows:

- cadaver (tissue) waste – green trash cans
- gloves and cadaver-soaked paper towels – red hazardous waste containers
- blades – red sharps disposal boxes located on counter tops
- paper towels, papers, etc. – regular gray trash cans

The anatomy study room is a grease-free area. Do not wear lab coats or gloves in this room. Please shut the door to the study room if you are the last person to leave the lab after hours.

Models are to be examined only in the anatomy study room. Using a pen or pencil to point out structures on a model is strictly prohibited. Blunt probes are to be used instead.

Do not share the laboratory combination with anyone! Do not allow any unauthorized person entry into the laboratory!

**Lockers**
You will be assigned a locker to place your clothes and personal belongings while you are in the lab. The locker area must be kept clean and orderly at all times. When the anatomy course is complete, you will be given notice to clear any personal items from your lockers. Afterward, any remaining items will be discarded.

**Inclement Weather**

During a weather emergency, student safety is the highest concern. In the event of inclement weather, the School of Medicine follows the [Emory University Inclement Weather Policy 4.42](http://example.com) with the following modifications:

When the University is closed, in-person classes or learning activities during the Foundations Phase may be modified. The Director of Foundations will notify students of any new arrangements for required activities or exams.

The Executive Associate Dean for Medical Education and Student Affairs will notify students of the expectations regarding reporting for clinical duties during inclement weather. As a general rule, if you live within walking distance of your clinical site or if you can travel via public transit (assuming it is running), you should report to your site. If you are working at a private practice or another outpatient site, you should call to confirm that the office is open. If travel to the clinical site would be dangerous, students should let their clerkship director and team know that you cannot safely travel to the site (you will not be penalized for this decision).

If students miss clinical time due to inclement weather, they may be asked to make up this time (especially a call day/night) if it is feasible within the duty hour restrictions and time left in the clinical rotation.

**Industry Relations**
The primary missions of the School of Medicine are to provide outstanding educational programs for medical and graduate students and trainees; to provide the highest standard of clinical care for patients; to develop outstanding, knowledgeable physicians and scientists who serve the community and the world; and to conduct innovative and collaborative research and integrate this knowledge into the practice of medicine. The School of Medicine is committed to ensuring that its faculty, staff, students, and trainees strive for the highest degree of ethical and professional standards in carrying out its missions. As part of this commitment, the School supports principled relationships with industry in which its faculty, staff, students, and trainees collaborate with industry on advances in science and medicine that enhance Emory’s missions and are beneficial to the public.

Industry has a long history of collaboration with academic medicine that has contributed to our educational, clinical, service, and research missions. These partnerships have often benefitted individual and public health through the development of new drugs, devices, equipment, computer technology, therapies, and services. For example, industry provides grants to Emory University to fund clinical trials and other research conducted by faculty; and faculty consult with industry to advise on research directions and health needs.

The primary intent of this policy is to support faculty, staff, students, and trainees in effectively engaging in relationships with outside entities. The individual, the School and University can work together to enhance the beneficial outcomes of personal external relationships and to prevent situations that might create actual or perceived conflicts of interest and might harm the public, the institution, or the individual. View the entire policy.

Emory SOM students:

- May not accept gifts from industry, on or off the Emory campus (pens, pads, cash, food and drink, entertainment, books, software, etc.). Travel expenses are also considered a gift, and therefore prohibited.
- May not accept donations of medications.
- Must not disclose information regarding clinical trials of medical devices or drugs to any outside entity.
- Must not provide advice or training to industry regarding selling, marketing, or promoting of a company’s products.
- May not receive remuneration for listening to sales talks or attending industry-sponsored education and training.
- May be part of interactions between industry representatives and faculty that concern research being done by the faculty member and industry, as long as the meeting does not include sales, marketing, or promotion.
- Must cooperate with inquiries from Emory administrative offices regarding compliance with these policies.
- Submit proposals for personal, external professional relationships with industry and other entities to the Dean for review and approval prior to engaging or receiving compensation for the activities.

Additional regulations in this policy include:

- Commercial Exhibits are prohibited in School of Medicine Buildings.
- Any book or educational material that is recommended by a faculty member who has a financial interest in the book or material must be approved by a committee formed by the faculty member’s chair.
- Faculty presentations to School of Medicine students and residents should disclose all their personal, professional financial relationships with industry in each presentation.

Any violation of this policy by a student will be considered unprofessional behavior and will subject the student to actions by the appropriate Progress and Promotions Committee or by an ad hoc Conduct Committee appointed by the Executive Associate Dean for Medical Education and Student Affairs.

**Involuntary Withdrawal of Student from EUSOM**

**Overview**
Emory University considers the safety and welfare of its students, faculty, staff and patients a top priority. When a student engages in behavior that violates Emory’s rules of conduct, the behavior will be addressed as a disciplinary matter under the applicable Student Conduct Code. The Student Conduct Code defines prohibited conduct and outlines a process for conducting disciplinary proceedings.

This Involuntary Withdrawal Policy and Procedure is not a disciplinary code, policy or process. It is not intended to apply to situations in which a student engages in behavior that violates the University’s rules of conduct. It is intended to apply when a student’s observed conduct, actions and/or statements indicate a direct threat to the student’s own health and/or safety, or a direct threat to the health and/or safety of others. There may be situations in which both this Involuntary Withdrawal Policy and the Student Conduct Code may apply. In all cases, the Dean of the School of Medicine shall have final authority regarding the decision, enactment, enforcement and management of the involuntary withdrawal of a student.

Policy Details

Criteria

A student may be withdrawn involuntarily from Emory if the University determines that the student represents a direct threat to the health and safety of himself/herself or others by (1) engaging or threatening to engage in behavior which poses a high probability of substantial harm to himself/herself or others; or (2) engaging or threatening to engage in behavior which would cause significant property damage, would directly and substantially impede the lawful activities of others, or would interfere with the educational process and the orderly operation of the University; or (3) is unable to fulfill his/her role as a student of the healthcare profession.

Procedure

When the Executive Associate Dean for Medical Education and Student Affairs (EAD) or his/her designee, based on a student’s conduct, actions or statements, has reasonable cause to believe that the student meets one or more of the criteria for involuntary withdrawal, he or she may initiate an assessment of the student’s ability to safely participate in the University’s program.

The EAD initiates this assessment by first meeting with the student to (1) review available information concerning the behavior and/or incidents which have caused concern, (2) provide the student with a copy of this Involuntary Withdrawal Policy and Procedure and discuss its contents with the student, (3) provide the student an opportunity to explain his/her behavior, and (4) discuss options available to the student, including counseling, voluntary withdrawal and evaluation for involuntary withdrawal. If the student agrees to withdraw voluntarily from the University and waives any right to any further procedures available under this policy, the student will be given a grade of W for all courses, will be advised in writing of any conditions that must be satisfied prior to re-enrollment, and may be referred for appropriate mental health or other health services. If the student refuses to withdraw voluntarily from the University, and the EAD continues to have reasonable cause to believe the student meets one or more of the criteria for involuntary withdrawal, the EAD may require the student to be evaluated by an appropriate mental health or other healthcare professional.

Evaluation

The EAD may refer the student for a mandatory evaluation by an appropriate mental health professional or other appropriate professional. The professional may be selected by the University, so long as there is no cost to the student for the evaluation. A written copy of the involuntary referral shall be provided to the student.

The evaluation must be completed within five school days after the date the referral letter is provided to the student. Prior to the evaluation, the student will be required to sign a written authorization authorizing the exchange of
relevant information among the mental health professional(s) (or other professional) and the University. Upon completion of the evaluation, copies of the evaluation report will be provided to the EAD and the student.

The professional making the evaluation shall make an individualized and objective assessment of the student’s ability safely to participate in Emory’s program, based on a reasonable professional judgment relying on the most current professional knowledge and/or the best available objective evidence. This assessment shall include a determination of the nature, duration and severity of the risk posed by the student to the health or safety of himself/herself or others, the probability that the potentially threatening injury will actually occur, and whether reasonable modifications of policies, practices or procedures will sufficiently mitigate the risk. The professional will, with appropriate authorization, share his/her recommendation with the EAD, who will take this recommendation into consideration in determining whether the student should be involuntarily withdrawn from Emory. A copy of the professional’s recommendation will be provided to the student, unless, in the opinion of the professional, it would be damaging to the student to do so.

If the evaluation results in a determination that the student’s continued attendance presents no significant risk to the health or safety of the student, patients, or others, and no significant threat to property, to the lawful activities of others, or to the educational processes and orderly operations of the University, no further action shall be taken to withdraw the student from the University.

If the evaluation results in a determination that the continued attendance of the student presents a significant risk to the health or safety of the student, patients, or others, such that there is a high probability of substantial harm, or a significant threat to property, to the lawful activities of others, or to the educational processes and orderly operations of the University, the student may be involuntarily withdrawn from the University. In such an event, the student shall be informed in writing by the EAD of the involuntary withdrawal, of his/her right to an informal hearing, of his/her right to appeal the decision of the hearing officer to the Dean of the School of Medicine, and of any conditions necessary for re-enrollment. In most cases, a student who is involuntarily withdrawn will be given a grade of W in all courses in which the student is currently enrolled.

**Informal Hearing**

A student who has been involuntarily withdrawn may request an informal hearing before a hearing officer appointed by the EAD by submitting a written request to be heard within two business days from receipt of the notice of involuntary withdrawal. A hearing will be set as soon as possible. The student shall remain involuntarily suspended pending completion of the hearing.

The hearing shall be informal and non-adversarial. During the hearing, the student may present relevant information and may be advised by an Emory faculty or staff member or a health professional of his/her choice. The role of the advisor is limited to providing advice to the student.

At the conclusion of the hearing, the hearing officer shall decide whether to uphold the involuntary withdrawal or whether to re-consider, and the student shall be provided written notice of the hearing officer’s decision as soon as possible.

**Appeal to the Dean**

The student may appeal the hearing officer’s decision to the Dean, who shall review all information presented and make a final decision as to whether or not to uphold the involuntary withdrawal.

**Emergency Suspension**

The University may take emergency action to suspend a student pending a final decision on whether the student will be involuntarily withdrawn, in situations in which (a) there is imminent danger of serious physical harm to the student
or others, (b) there is imminent danger of significant property damage, (c) the student is unable or unwilling to meet with the EAD, (d) the student refuses to complete the mandatory evaluation, or (e) the EAD determines such other exceptional circumstances exist that suspension is warranted. In the event emergency action is taken to suspend the student on an interim basis, the student shall be given notice of the emergency suspension and an initial opportunity to address the circumstances on which the emergency suspension is based.

**Conditions for Re-Enrollment**

Because this Involuntary Withdrawal Policy applies to cases in which there is a concern about the safety of the student or others, the Dean or his/her designee may require a student who has been involuntarily withdrawn under this Policy to be re-evaluated before he/she is readmitted in order to assure that he/she presents no direct threat to himself/herself or others.

**Learner Model Abnormal Finding Reporting**

**Definitions**

For the purpose of this policy and set of procedures

- A Learner Model (LM) is any person (student, housestaff, faculty, volunteer, etc.) participating as a model for a physical examination skill or ultrasound skill.
- Examiner will encompass any person (student, housestaff, faculty, etc.) performing a physical examination skill or ultrasound skill.
- Skill will encompass a physical examination skill or ultrasound skill
- Instructors will encompass any faculty, housestaff, staff or learner instructing in a skill session
- Observers will encompass other learners observing the skills being performed by others
- Staff are SOM personnel
- Licensed healthcare provider will encompass those credentialled to assess the LM for an abnormal finding

**Purpose**

This policy serves as a SOM guideline for how to report any abnormal findings of the LM in a consistent manner.

**LMs Rights and Responsibilities**

- Participation as an LM is voluntary, and individuals can withdraw at any time.
- Instructors should remind LMs that they can decline to be examined if they are uncomfortable or no longer desire to participate.
- LMs shall always be treated with respect by the examiners, instructors, staff, and observers.
- Prior to the examination examiners shall explain to the LM what he or she intend to do and why.
- Parts of the body that may be examined include the chest (excluding breasts) and abdomen, head and neck, extremities, and transabdominal pelvis. Prior to the exam, the LM will be informed about which parts of the body will be examined.
  - No genitourinary examinations allowed except in special situations with trained LMs.
  - If the LM is uncomfortable with the parts of the body being examined, they should not volunteer and have the right to stop the procedure at any time if unexpected discomfort arises.
- If an examiner does not comply with these guidelines, LMs should stop the examination and immediately notify the course instructor or staff.
• Examiners shall maintain respect of the LM’s pain limits. If the examiner is pushing too hard the LM should tell the examiner and any necessary accommodations should be made or the LM may tell the examiner to stop the examination.
• LMs should not be placed in an uncomfortable physical position for an extended period of time.
• For ultrasound examination LM may be asked to lie supine, prone, or lateral. Multiple examiners may scan the LM at different times. The LM will experience varying amount of pressure. Ultrasound gel will be used.
• If a LM is not feeling well they should not attend the session.
• If a LM has any medical conditions that might affect their ability to participate, they may decline to be examined.
• LMs should tell the course director or staff if there is any chance that they may be pregnant; in this case a licensed healthcare provider is required to give permission to participate.
• LM information is kept confidential.
• LMs will be made aware that the scanning is educational and does not substitute for a medical examination.
• At no time will a LM’s name or other identifying information be placed on ultrasound images.
• Incidental findings are handled discretely according to the process described below.
• It is important to remember that this is not a true medical examination, and while the LM will be informed of incidental findings, it is the responsibility of the LMs to consult a healthcare provider for workup and treatment.

Process for managing abnormal findings

Purpose: To respond in a consistent manner when examiners or instructors discover a potential abnormal finding on a LM.

• Most students will not recognize abnormal findings when they see them for the first time. Whether in the presence of the course director or faculty instructor or not, the potential abnormal finding should be confirmed by the responsible faculty or another licensed healthcare provider.
• If the abnormal finding is confirmed that according to the supervising physician requires follow-up this information will be forwarded to the Associate Dean for Student Affairs. Following this notification, the Associate Dean for Student Affairs will discuss with the LM and notify them using a templated correspondence (appendix) noting the abnormal finding, discussion, and suggested next steps. This letter will be transmitted electronically with return receipt by the Associate Dean for Student Affairs. A copy of the letter will be saved by the Associate Dean for Student Affairs and the Emory School of Medicine Office of Medical Education and Student Affairs.
• All unexpected abnormal findings should be mentioned privately to the LM, not in front of other individuals.
• If an examiner or instructor suspects an unexpected abnormal finding they should stop examining that structure and they should privately inform the LM.
• If an examiner inadvertently mentions the possibility of an abnormal finding with the group, the instructor should wait until the session is over before addressing the issue unless believed to be a medical emergency.
Appendix: Correspondence Template

LM name and address

Date

Dear ______,

Thank you for attending the (event name) on (date) and serving as a simulated patient. As you are aware, (abnormal finding) was discovered. I understand that this information was conveyed to you verbally by the instructor and/or a (licensed healthcare provider), an (specialty) faculty member. Although the information was conveyed to you verbally, I wanted to make sure you had a written copy of the information.

This was an educational activity, and it was not intended to be diagnostic. Thus, no physician-patient relationship has been established between you and the providers present during the training, nor by virtue of this letter. We want to encourage you to use the information above to seek care with your (specialist) care provider. Please feel free to pass along this information to your care provider.

Sincerely,

Signature

Title

Personal Recordings

Students are not permitted to record (either via audio or video) any Emory School of Medicine educational event without the prior expressed authorization of the faculty member. Furthermore, audio or video recording of meetings, phone calls, conversations, patients, or of any content involving others is prohibited unless prior consent of all parties involved is obtained. Violation of this rule may be deemed a violation of the Student Conduct Code, and improper use of any curricular material, including recordings, may constitute infringement of intellectual property rights.

Research Studies Involving School of Medicine Students as Subjects

All research studies that include Emory School of Medicine medical students as subjects (i.e. any study that requires human subject protections as defined in HHS 45CFR46) must be approved by the School of Medicine. This policy includes: all studies performed by Emory University School of Medicine students on other students, studies by Emory University School of Medicine faculty members, studies performed by students or faculty members from all other LCME-accredited medical schools, or all others. Internal approval of a study does not replace the judgment of the Emory Institutional Review Board (IRB) and consent may be contingent on obtaining the appropriate IRB approval.

All requests to conduct studies using Emory University School of Medicine medical students as subjects should be directed to the Associate Dean of Medical Education, Dr. Erica Brownfield.

Separation of Roles

Faculty and house staff members’ professional or personal roles, should not conflict with their roles as teachers and evaluators of students. Faculty and house staff members who have a professional, personal, or familial relationship to a student, including providing health services or psychiatric/psychological counseling, should not have any involvement in the academic assessment of that student.
All faculty and house staff members are required to recuse themselves of assessing a student with whom they have such a conflict. For any student assessment they complete, faculty and house staff must attest that no conflict exists.

Students must notify the Executive Associate Dean of Medical Education of any potential conflicts of interest in order to allow for changes in a resident or faculty teaching assignment. Students will be reassigned to a different faculty or house staff member for coursework and subsequent assessment. Any information provided to the Executive Associate Dean regarding potential conflicts will be treated as confidential.

**Students as Chaperones**

A chaperone’s role regarding intimate examinations (those involving breast, genitalia or rectum), is both to protect patients from abuse, as well as to protect medical care providers from false allegations. Due to the potential liability issues, medical students cannot serve as a chaperone for intimate examinations. This does not preclude medical students from performing or for being present for such examinations as part of their educational experience.

**Students as Interpreters**

Medical interpreting is a profession that requires training, experience, skills, knowledge of medical terminology, the Standards of Practice, and the Code of Ethics, as well as language fluency and proficiency in both English and the patient’s language. The Department of Human Health Services states that “an individual that has above average familiarity with speaking or understanding a language other than English does not suffice to make that individual a qualified interpreter for an individual with limited English proficiency.”

A qualified interpreter is required per federal standards and compliance with hospital policies. Students should not interpret for another person (third party), unless they meet the required interpreter qualifications. The same regulations apply to those that are hearing impaired. The only exception is if the medical situation is considered to be life threatening and no professional interpreters are available.

Furthermore, when a patient, family member or companion is deaf, non-English speaking or is Limited English Proficient (LEP), in order for bilingual/multilingual providers to communicate directly with said patient, family member or companion, in a language other than English, the provider must be assessed to determine their ability to communicate effectively in the target language. Students who wish to be assessed should contact the School of Medicine Registrar to understand the responsibility and procedures related to doing this. A formal assessment can be arranged through a third-party vendor at no cost. Students achieving a final score of 3+ may communicate in the language in which they were assessed.

**Student Employment During the MD Program**

The schedule of studies and clinical activities of the MD Program requires full-time engagement of each student. Employment during any part of the educational program may interfere with studies and clinical work and seriously jeopardize a student's ability to complete the degree program. While employment is discouraged by the medical school, any student contemplating employment for any reason should discuss the matter with the Executive Associate Dean for Medical Education and Student Affairs before undertaking employment. Any student who is considering (or engages in) employment must be in good academic standing. If at any time there is evidence that the student’s academic performance is placing the student at risk for failing, the student’s employment status will be reviewed with the student. This could result in being asked to terminate employment.

**Student Mistreatment**
The School of Medicine strives for an environment that is respectful of all community members and does not tolerate mistreatment of students. Emory students are protected by two University Policies as stated in the following two paragraphs.

The University Equal Opportunity and Discriminatory Harassment Policy (Policy 1.3) is incorporated into this Policy. Per Policy 1.3, Emory encourages anyone who has knowledge of discrimination on campus to report alleged violations of Policy 1.3 to the Department of Equity and Inclusion. Emory faculty, administrators and supervisors are required to immediately report any complaints they receive or incidents of discrimination or discriminatory harassment they witness, to their immediate report or to the Department of Equity and Inclusion.

Per the Emory University Sex and Gender-Based Harassment and Discrimination Policy (Policy 8.2) every university employee who is informed about an allegation of sexual misconduct involving any student is required to notify the Department of Title IX.

In conjunction with the two University Policies listed above, the School of Medicine Student Mistreatment Policy addresses additional types of behavior that will not be tolerated. Mistreatment of medical students includes, but is not limited to, students:

- Being treated in a manner that a reasonable person would find belittling, humiliating insulting or disrespectful under the circumstances
- Being sexually harassed
- Being denied opportunities for training or rewards, or receiving lower evaluations or grades based on the basis of any prohibited consideration, including race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran’s status, or any factor that is a prohibited consideration under applicable law (referred to as “prohibited considerations”)
- Being maliciously and intentionally left out of communications to the detriment of a student
- Being subjected (directly or indirectly) to offensive sexist, racist, or ethnically offensive remarks or names
- Being required to perform inappropriate personal services (i.e. babysitting, shopping)
- Being threatened with physical harm (e.g. hit, slapped, kicked)

Recording Mistreatment

Student mistreatment is contrary to the values, respect, civility, and community as set forth in the University's Statement of Ethical Principles. Medical students who experience mistreatment themselves or observe other students experiencing possible mistreatment are expected and encouraged to follow the following reporting process.

The initial step is for students to discuss the incident of mistreatment with their Society Small Group Advisor (SGA) in a confidential but not anonymous manner. SGA's develop a longitudinal relationship with each medical student and play an essential role in their development. SGA's have the experience to understand the context of the alleged offense and the training to guide the student to the next most appropriate action steps for resolution.

Students may choose to seek resolution through several other pathways. Any or all of the following persons may be contacted in seeking guidance to resolve an incident of experienced or observed mistreatment:

1. Small Group Advisor
2. A different Small Group Advisor
3. The Director of the Society System: Dr. Mary Jo Lechowicz
4. One of the Deans of the School of Medicine
5. The Executive Associate Dean for Medical Education and Student Affairs
The Society Advisors and Deans are trained to respond to complaints related to student mistreatment. The Society Advisors and Deans will report any alleged mistreatment to appropriate School and/or University officials as per the policies that apply to the report.

After discussing the mistreatment with their Society Advisor, another Society Advisor, or a dean, subsequent actions by the student may include any or all of the following:

**Direct Communication with the Person Alleged to have Mistreated the Student**

If the student feels comfortable speaking directly with the alleged offending person to address concerns and obtain an appropriate resolution, the student may do so.

**File an Internal Complaint (within the School of Medicine)**

A student who believes he or she has been mistreated may file a written complaint (via email or hard-copy) with the Executive Associate Dean for Medical Education and Student Affairs. The complaint should include the name(s) of those accused of mistreatment, the names of any witnesses of the alleged mistreatment, the nature of the alleged action(s), the date and times of the alleged action(s), and any adverse consequences experienced by the student.

If the mistreatment includes alleged sexual misconduct by a student, faculty, or staff member, a report will be submitted to the Department of Title IX. If the mistreatment is alleged to be of a discriminatory nature (but does not involve sexual misconduct) and by a staff member, a faculty member, or others in the educational environment, the report will be submitted to the Department of Equity and Inclusion (DEI) for review.

If the alleged mistreatment is not sexual or discriminatory harassment, the Executive Associate Dean for Medical Education and Student Affairs will investigate the alleged mistreatment and make a report to the Dean of the School of Medicine, when possible, within 30 days of the filing of the complaint. The Dean or his or her designee will be responsible for deciding upon and imposing disciplinary action(s).

**File an External Complaint**

If a student believes he or she has been subjected to unlawful discrimination, harassment, or retaliation as described in Emory University Policy 1.3, the student may file a complaint with the Equal Employment Opportunity Commission.

**Prohibition of Retaliation**

The School of Medicine prohibits retaliation against a student who, in good faith, complains about or participates in an investigation of student mistreatment. Any student who feels he or she has been retaliated against or threatened with retaliation should report the allegation immediately to the Executive Associate Dean for Medical Education and Student Affairs. The Executive Associate Dean for Medical Education and Student Affairs will investigate the alleged retaliation and make a report to the Dean of the School of Medicine, when possible, within 30 days of the filing of the complaint. The Dean, or his or her designee, will be responsible for deciding upon and imposing disciplinary action(s).

While mistreatment issues may be written in student evaluations of residents or faculty and evaluations of courses or clerkships, students should **NOT** rely on those mechanisms as the primary or sole means to report mistreatment. The reporting mechanisms described above have been established to produce a timely and effective resolution to any mistreatment concerns.

**Use of School of Medicine Buildings**
All student activities in the School of Medicine that require the reservation of space must be submitted via 25Live using the following steps:

1. Use 25Live with your University User ID and Password.
2. Login with your Emory NetID and password and request the space. If you do not have access to 25Live, notify Student Affairs somregi@emory.edu to request access. If time is a concern, let Student Affairs know the request has been placed in the system.
3. If your event requires staging (tables and chairs) requests, custodial services or if changes must be made to the space requested you will need to contact Campus services. (For changes to the space you can submit a diagram of the set-up for your event to the Staging Department in Campus Services. Campus Services will need it in order to set up and return the space to its original order.)
   Campus Services, Telephone: 404.727.7463, cscsc@emory.edu
4. All users of space in the School of Medicine must abide by the Use of School of Medicine Buildings policy. Failure to do so would prevent confirmed reservations in the future.

Students must use the on-line request procedures.

**Part V: Costs and Financial Aid**

**Section 1: Costs of the MD Program**

Medical school tuition covers a normal program of study for the Doctor of Medicine degree. In addition, students must pay the following mandatory fees each semester: Athletic Fee, Activity Fee, Immunization/Disability Fee, Health & Wellness Fee, Clinical Administrative Fee and Technology Fee. A one-time Transcript Fee is assessed to students for their first semester of a degree seeking program at Emory.

A portion of the Student Activities Fee is returned to the individual classes/organizations to cover funding of appropriate class activities. Tuition payments are divided, one-half to be paid at fall registration and one-half to be paid at the beginning of spring semester. In the case that certain federal funds are not appropriated in future years for the support of education in the School of Medicine, subsequent increases in tuition rates may be necessary. Tuition rates are subject to change and will affect all students unless otherwise specified.

The 2021-2022 tuition rate for the Doctor of Medicine program is $26,000 per semester.

The Doctor of Medicine program has two semesters of payment (Fall and Spring) per year.

**2021-2022 Fees for the Doctor of Medicine program**

- Athletic Fees Per Semester $150
- Activity Fees Per Semester $98
- Transcript Fee (Entering students only) one-time fee of $70
- Health and Wellness Fee Per Semester $94
- Clinical Administrative Fee Per Semester $75
- Student Immunization and Disability Fee Per Semester $125
- Technology Fee Per Semester $50

Each year the Financial Aid Office must estimate all normal expenses incurred by students in each academic program. This estimate is called the Cost of Attendance. In addition to tuition and fees, this estimate includes expenses for books, supplies, transportation, health insurance, food, rent, utilities, etc.
The estimated Cost of Attendance for the 2021-2022 academic year (Fall 2021/Spring 2022) is approximately $90,500. This covers a 12-month period.

How much should I expect to borrow for the entire MD program?

The average indebtedness for the MD students who graduated from the program in 2021 was approximately $180,000.

Are there programs that can reduce my indebtedness?

Yes, there are a number of employment arrangements in which students can reduce their indebtedness after they complete their degree. Some of these include the National Institutes of Health, the U.S. military and state health agencies. Also, some healthcare facilities will offer loan repayment incentives to potential employees. These arrangements often require the employee to commit to employment for a specific number of years. Also, students who work for a non-profit healthcare facility may qualify to have the balance of their loans forgiven after 10 years of repayment through the Public Service Loan Forgiveness Program.

Section 2: Applying for Financial Aid

Incoming MD students are encouraged to apply for financial aid as soon as possible. You do not have to be accepted to begin the financial aid process.

Students who wish to apply for need-based scholarships must complete both the Free Application for Federal Student Aid (FAFSA) and the CSS PROFILE. Parental income and assets must be included on the PROFILE regardless of the student’s age or marital status. The 2021-2022 FAFSA and PROFILE are based on 2019 income.

Students who wish to apply for federal loans only can complete just the FAFSA. Only the student (and spouse) information is required on the FAFSA.

View detailed instructions for applying for financial aid for the MD program

The FAFSA is available online. The school code for Emory is 001564. The PROFILE site school code is 0140.

The deadline to submit your financial aid documents is February 15, 2021 for incoming students. This is a target date and not a cut-off date, but students who complete their financial aid file later may miss out on some institutional funds. The deadline for returning students is May 1, 2021.

Once the university Office of Financial Aid receives your FAFSA information, they will begin to send you e-mails to let you know if other documents are required. Your financial aid file will be considered incomplete until all documents requested have been received.

The Office of Financial Aid will review your application and begin sending award letters to incoming students in April. The award letters will be electronic. Returning students will begin receiving their award letters in June.

By the time you are awarded, you will have access to Emory’s student information system OPUS. You will be able to review and accept your awards on-line, and you will be given instructions to complete promissory notes for any student loans that you accept.

Section 3: Types of Financial Aid

Veterans Benefits
The University Office of the Registrar is responsible for certifying the eligibility and enrollment for students receiving veteran’s educational benefits.

**Yellow Ribbon Program for Veterans**

The Yellow Ribbon Program is a provision of the Post-9/11 Veterans Educational Assistance Act of 2008. This program provides additional financial support for veterans who have 100% eligibility for Post-9/11 benefits. The dependents of such veterans can be eligible for Yellow Ribbon also.

Currently, one student in the MD program is awarded this funding annually in the amount of $7,000. The VA will match this amount in addition to providing any other benefits the veteran (or his/her dependent) is eligible to receive.

All veterans’ benefits are administered through the University’s Office of the Registrar. However, each school in the University has a specific contact for Yellow Ribbon. In the School of Medicine, the contact is the Associate Director of Financial Aid and Scholarships. Interested students should contact the director on June 15, 2021 for the 2021-2022 Yellow Ribbon Awards. Keep in mind that the funds are offered on a first-come, first-served basis for eligible applicants.

For detailed information about Veterans Benefits, including the Yellow Ribbon Program at Emory, please review the information on the Office of the Registrar’s website.

**Emory Payment Plan**

The Emory Payment Plan is available to qualified students who wish to divide tuition fees into scheduled payments. A $25 service fee is charged to participate in the Emory Payment Plan.

Instructions are given for deduction of loans and for University-administered scholarships in listing the amount due, which is to be paid in two, three or four installments each semester according to the Emory Payment Plan Schedule.

Contact Student Financial Services at (404)727-6095 or their website to sign up for a payment plan.

**Scholarships for Medical Students**

Over 90 named scholarships are available and awarded by the Office of Financial Aid based on eligibility as determined by the information students submit on the FAFSA and the PROFILE. In addition to need, there are scholarships based on merit and community service. No supplemental applications are required. For a list of scholarships, please refer to the financial aid website.

**Loan Programs**

**Direct Federal Unsubsidized Stafford Loan**

Not based on financial need; up to $47,167 per academic year; 5.28% interest rate; interest is assessed as soon as student receives full disbursement of loan but student can allow interest to accumulate and accumulated interest is added to loan amount when student begins repayment; up to 10 years to repay (may be extended up to 25 years depending on total indebtedness); no cosigner required.

**Direct Federal GradPLUS**
Not based on financial need; can borrow up to the Cost of Attendance (see above) minus any other aid student is receiving; 6.28% interest rate; repayment begins 60 days after student receives full disbursement of loan but student can request a deferment until 6 months after leaving school; interest accumulates if student defers payments while enrolled; up to 10 years to repay (may be extended up to 25 years depending on total indebtedness); student must pass a credit check or have a credit-worthy cosigner.

Institutional Loans

Based on financial need; $5,000 per academic year; 4.22% interest rate; repayment begins 6-months after leaving school; up to 10 years to repay. These include: Emory Clinic Medical Loan, Medical School Dean’s Loan, Martha W. Andrews Medical Loan; AMA-ERF Medical Loan; Georgia Pediatric Society Medical Loan; Richardson Medical Loan; and Ben Smithloff Medical Loan.

Private Loans

Students are encouraged to take advantage of all institutional and federal aid before turning to private loans, which may have higher interest rates and/or lack some of the other benefits of federal aid. However, students who have reached federal loan limits or fail to meet certain academic requirements may need to look to private loans for assistance. These loans are available from some banks that participated in federal loans previously. Borrowers must be credit-worthy or have a credit-worthy cosigner. Contact the Office of Financial Aid or refer to its website for more information.

Emergency Loans

Students in need of emergency loans should contact the Associate Director of Financial Aid and Scholarships. Short-term, interest-free loans up to $1500 are available to students for their living expenses. These emergency loans are available within 90 days of the next financial aid disbursement date. Any amount due on emergency loans will be deducted from the student’s next financial aid disbursement on the disbursement date. If the disbursement does not cover the emergency loan amount, the student must cover the remaining balance out of pocket. Finance charges will accrue monthly on any remaining balance.

Section 4: Maintaining Academic Eligibility for Financial Aid

An underlying requirement for all federal, state and institutional financial aid is the need for students to meet minimum academic standards. Students who do not meet these standards may lose their eligibility for financial aid (including loans) even if they meet all other requirements of the aid programs. Some students could lose their eligibility for financial aid even if their academic program allows them to continue with their studies. These minimum academic standards are part of the Financial Aid Satisfactory Academic Progress Policy. Please note that the Financial Aid Satisfactory Academic Progress Policy is distinct from the Satisfactory Academic Progress that governs progress and promotions.

Financial Aid Satisfactory Academic Progress Policy – MD Program

Federal regulations require that students receiving financial assistance maintain satisfactory academic progress. The Office of Financial Aid is required to monitor a student aid recipient’s academic progress. Aid recipients must meet certain quantitative and qualitative measures and complete their programs within a maximum time frame. All students who receive financial aid, whether from federal, state or Emory-funded sources, must be enrolled degree candidates in good standing to retain financial aid awards.

Academic records will be evaluated each semester as follows:
Grade point average (GPA), time to degree completion (maximum attempted units), and percentage of courses passed (completion rate) will be evaluated at the conclusion of each semester. Medical students must maintain a 2.0 current GPA each semester and an overall GPA to meet satisfactory academic progress standards.

Failure to maintain the minimum GPA for two successive semesters will result in disqualification from receiving financial aid. Any student who fails for two successive semesters to pass two-thirds of the hours, i.e., maintain a 66.66% completion rate, will also be disqualified from receiving financial aid.

All students are expected to complete their degree programs within a maximum time frame. The maximum time frame for graduate students is 150% of the hours required to complete their degree program. Time to degree completion is calculated for all credit hours for which the student enrolls or receives credit at Emory and any of the following grades are assigned: A, B, C, D, F, Satisfactory and Unsatisfactory. A course assigned an Incomplete, In Progress or Withdrawal is also counted toward attempted credits. Audited classes are not considered attempted credits. Medical students must complete the degree within 269 attempted units based on a 179 unit-degree requirement.

Students who exceed the maximum timeframe are disqualified from receiving financial aid.

**Monitoring Eligibility: Disqualification, Probation, Suspension and Conditions of Reinstatement**

Students whose academic records fall below the minimum standards stated above will be disqualified from receiving future financial aid payments. Disqualified students may be approved to receive financial aid after successfully appealing their case. Students who successfully appeal are placed on Financial Aid Probation. During the probationary period students remain eligible for financial aid. Students who, at the conclusion of the probationary period, are making satisfactory academic progress will have their financial aid reinstated unconditionally for the next award term.

Students on probation must receive a GPA of at least 2.0, and are not permitted to receive grades of F, U, W, WF, WU, I, IF, or IU. Students who receive aid on probation and fail to meet probationary conditions will be ineligible for future financial aid payments. Students who become ineligible for financial aid or fail to meet probationary terms can re-establish their eligibility by attending classes at their own expense or with the help of private resources from outside the University. Once minimum standards are met, financial aid funding may be reinstated.

An appeal for extenuating circumstances should be submitted by the first day of class for the semester one is appealing to ensure adequate time to prepare for any impact to the student account. Failure to submit a complete appeal by this date may result in the probationary term being postponed to a future semester.

A Satisfactory Academic Progress Appeal Form should be submitted with supporting documentation of any mitigating circumstances that negatively impacted academic progression. The financial aid advisor should be contacted for any questions.

Generally, the Office of Financial Aid will only approve one appeal per academic degree. This policy may be waived on a case-by-case basis where extenuating circumstances can be documented.

**Section 5: Financial Obligations for Graduation**

It is a requirement for graduation that all financial obligations to the University shall have been satisfied. Students with an unpaid balance on their student accounts may have a hold placed on their diploma and transcripts until the balance is paid in full.
Section 6: Tuition Refunds

Tuition refunds are partial. A student may cancel registration during the first week of the semester in which case only the deposit is forfeited (or twenty-five dollars if no deposit was required). After the first week of class, a student may voluntarily withdraw, and the tuition forfeiture increases progressively. Please refer to the Withdrawal Deadlines Schedule posted on the Student Financial Services webpage for the most current refund policy for complete withdrawals.

No refund is given after the fifth week of any semester. No refund is given if students drop only part of their coursework after the last day specified for approved schedule changes. No refund is given to a student who is dismissed.

Refunds for first-time Emory University students who are federal aid recipients (Title IV) will be prorated in accordance with the Higher Education Amendments of 1992 and any related regulations.

Readmission of students following withdrawal for medical reasons requires medical clearance by designated University health officials.

A student who withdraws may not continue to live in University housing or participate in student activities.

Tuition refunds will apply as follows:

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<tr>
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<th>Charge</th>
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<td>Second 5 class days</td>
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Section 7: Financial Aid Resources and Helpful Links

Emory has created a 4-year program to provide students with up to date knowledge regarding debt management and personal finances during school and after. Workshops and classes on financial management and individual coaching sessions are provided during your medical school career. This is a component of the EUSOM “Debt Management Initiative”.

Other helpful resources include:

- Emory University Office of Financial Aid - Detailed instructions and information regarding the financial aid application process
- Emory University Student Financial Services – This is the student accounts office. They send bills, accept payment for tuition and fees, and process refunds.
- Free Application for Federal Student Aid (FAFSA)
- CSS PROFILE
- Department of Education – Official information on federal financial aid programs, including eligibility requirements and options for loan repayment.
- Association of American Medical Colleges (AAMC) – A wealth of information regarding financing your medical education as well as tools for financial literacy.

Part VI: Student Wellness, Health and Other Resources
Section 1: Student Health

The health and well-being of Emory students is a top priority and essential to student success. While we encourage self-care, health promotion and prevention, medical students are not exempt from having physical and/or mental illness.

All students are expected to take responsibility for maintaining personal wellness by utilizing the multiple resources at Emory outlined below and notifying the dean’s office when personal health becomes a concern.

The mission of Emory University Student Health Services and Counseling and Psychological Services (CAPS) is to empower students to take responsibility for their health and to complement the academic mission of the university by providing unified medical, counseling and health promotion services that result in a healthy campus culture. Student Health Services and CAPS are committed to providing caring professional clinical services to a diverse student body and to reducing the stigma associated with seeking mental health services. Emory University Student Health Services is very proud to be fully accredited by the Accreditation Association for Ambulatory Healthcare, Inc. (AAAHC). The Emory Counseling and Psychological Services’ (CAPS) Psychologist Training Program is fully accredited by the American Psychological Association (APA).

Student Health Services (SHS)

Emory University Student Health Services is located in the 1525 Clifton Road Building on the Emory Campus and provides comprehensive outpatient medical care for enrolled students. Services available are outpatient primary medical care, physical examinations, confidential HIV testing, STI testing, dermatology, contraception, IUD insertion and colposcopy, psychiatry, PrEP, transgender care, preventive medicine, sports medicine, allergy injections, immunizations, PPD tuberculin skin tests, referrals to specialists, health education, international travel information and immunizations, nutrition counseling, and alcohol, tobacco and substance abuse counseling.

An after-hours medical call center is available for telephone consultation with provider backup when the office is closed and can be contacted by calling 404-727-7551, option 0.

Professional fees for primary care visits to Emory Student Health Services during regular hours are covered by Emory tuition. Other services, such as laboratory tests, x-rays, immunizations and allergy injections are not covered by tuition and must be paid for by the student or their insurance. Charges incurred at EUSHs are covered 100% by the Aetna Student Health Insurance Policy. The Emory Student Health Services (EUSHS) is a member of over 43 national PPO networks, including most major insurance carriers. The EUSHS will provide the necessary paperwork to submit for reimbursement. Most other insurance carriers will be billed directly. Students will be responsible for any outstanding charges that are not covered by insurance. Payment options are available by calling the front office at 404-727-7551 and discussing with the billing office.

The Student Health Student "Patient Portal" is a 24-hour Internet communication tool for Emory students. By using this system, Emory students are able to communicate online with Student Health Services in a private, confidential and secure manner that meets federal HIPAA/FERPA privacy standards. Your Patient Portal can be used to schedule appointments, request prescription refills, view recent billing statements and request medical records releases.

Appointments

The Emory University Student Health Services (EUSHS) operates on an APPOINTMENT ONLY system, including same day/urgent care appointments. Appointments are scheduled by calling (404) 727-7551 (press 1) during office hours, or you can schedule your own appointment through the on-line appointment system (Student Patient Portal). You will be scheduled as follows:
For routine care, appointments are scheduled up to two weeks in advance.

For urgent conditions, an appointment or urgent consultation can be arranged for the same day.

For most acute, but not urgent needs, you may get an appointment in 24-48 hours. The only patient visits that will be handled on a work-in basis will be urgent care.

Due to the impact of COVID, we have added Telemedicine visits for those living in Georgia. We have COVID and non-COVID related in person appointments available. If you develop symptoms of COVID, send a message in the patient portal to the “COVID Assessment Provider” and a provider will call you to develop next steps. Student Health has the availability of point of care COVID-19 PCR testing which result in 30 minutes for those experiencing symptoms of COVID-19 or have a significant exposure. For non-COVID related appointments, call the front office at 404-727-7551 or access an appointment through the patient portal as they are made available.

Student Health Services will continue to provide, via our HIPAA-compliant Zoom platform telehealth, options for psychiatry and primary care for those students in Georgia. In addition, TimelyMD (a.k.a. TimelyCare) which is a third party telehealth company is also available to supplement access to care, especially for those who are not currently in Georgia or during after-hours and weekends.

If you cannot keep your appointment, please call and cancel at least two (2) hours before the scheduled appointment time or 24 hours in advance before specialty clinics. Charges do apply for not showing up (No Show) for a scheduled appointment.

**Emory University Student Health Services:** 404-727-7551 Sharon Rabinovitz, MD, Executive Director

**Student Health Immunization Nurse:** Send a message on the patient portal to “Immunization Compliance” or email to immunizations-shs@emory.edu.

**Student Counseling and Psychological Services (CAPS)**

The Emory University Student Counseling & Psychological Services (CAPS) is located in the 1462 Clifton Road Building, Suite 235. CAPS provides free, confidential individual, group, and couples counseling for enrolled undergraduate, graduate and professional students at Emory University. CAPS staff also provides consultations to students, faculty, or staff who are concerned about an Emory student. In addition, CAPS provides outreach and educational workshops on a variety of topics. Telemental health visits are available for those living in Georgia as an option for care.

Services are provided by competent, caring psychologists, social workers, and psychology and social work trainees. Services at CAPS are covered by the Mental Health & Counseling Fee. CAPS also provides referrals to other agencies on campus, low-cost services in the community, or private practitioners in the community when necessary and/or requested.

An Emory student interested in arranging an appointment can call (404) 727-7450 or come to CAPS between 8:30 am and 5:00 pm, Monday through Friday. Same day crisis triage appointments are available between 8:30 am and 3:30 pm. Psychiatric services are available at Student Health Services at 1525 Clifton Road, phone (404) 727-7551.

Telemental health visits through CAPS are available for those living in Georgia as an option for care. Emory University has also contracted with a 3rd party vendor, TimelyMD (timely.md/emory), to provide 24/7 mental health support. This support includes scheduled counseling visits (12/year) and 24/7 access to emotional support with their TalkNow program. TalkNow is also available to international students. CAPS also offers consultation, support/discussion groups (e.g., International support group, Black graduate student support), and various types of
helpful workshops (e.g., stress & mindfulness programming) via our HIPAA-compliant Zoom platform that are available to all students, regardless of where they are located.

Learn more information about CAPS services.

Other after hours’ resources include:

- TimelyMD’s TalkNow services: https://www.timely.md/emory
- Crisis Text Line – free, 24/7, confidential text message service for those in crisis – text HOME to 741741 or text STEVE to 741741 (to reach a person of color) crisistextline.org
- Suicide Prevention Lifeline: (800) 273-8255
- Transgender Crisis Hotline: (877) 656-8860
- LGBTQ+ Hotline: (866) 488-7386
- Graduate Student Helpline: (800) 472-3457
- Veterans Helpline: (800) 838-2838
- SAMHSA Disaster Distress Helpline: (800) 985-5990
- Georgia Crisis & Access Line (GCAL) at 1-800-715-4225, available 24/7

In case of an emergency the Police should be called by dialing 911.

The Respect Program

The Emory University Respect Program’s mission is to engage the Emory community to prevent and respond to sexual assault and relationship violence. To learn more about the program please contact the Respect Advocate at 404.727.1514. Assistance is always available on the Respect Hotline at 470-270-5360 or visit: the RESPECT Program website.

Section 2: Student Insurance

Mandatory Health Insurance

Student Health insurance coverage for sickness, accidents and hospitalization is required of all Emory students. See Emory Mandatory Student Insurance Policy 8.7. All new and continuing degree-seeking and international Emory University students are required to have health insurance. Coverage must be continuous from the date of matriculation until the date of graduation and must meet University minimum coverage requirements.

The Emory University Student Health Insurance Plan (EUSHIP) provides care for enrolled Emory students. View an overview of the Emory University Student Health Insurance Plan.

All students are automatically enrolled and charged for the Emory University Student Health Insurance Plan. The charge will appear on students’ tuition statements.

Students who have health insurance coverage through another carrier must complete an online waiver in OPUS confirming they have health insurance coverage that is comparable and meets Emory University waiver criteria. The Health Insurance Waiver site opens every spring (April or May) prior to matriculation. After the online waiver has been completed and approved through the online audit process, the charge for the Emory University Student Health Insurance Plan will reverse on the student’s university account.
Incoming MD students (including MD/PhD students starting in July) must complete the waiver by the August date only, as July starts the fall term for the MD program. Beginning with students’ second year, the waiver process must be completed annually for EACH year they are enrolled at Emory.

Maintaining health insurance coverage is a requirement for continued enrollment. Students are responsible for informing themselves of the current policy.

As a result of national healthcare reform, students may be eligible to remain on a parent’s insurance plan until age 26. Contact your insurance carrier if you have questions about current federal or state law.

View more information regarding the mandatory health insurance waiver process.

Disability Insurance

All students enrolled full-time in the Emory University School of Medicine are provided with group long-term disability insurance coverage. For the 2021-2022 academic year this coverage is provided by The Guardian Insurance Co., Inc. A summary of the plan and an electronic copy of the benefit booklet is distributed to students annually. Additional information concerning the plan is available by calling the plan administrator, Ms. Susan Gelber of InsMed Insurance Agency, Inc., 1-800-214-7039. Seniors will be given 30 days after graduation to extend the policy if desired. Ms. Gelber, is also available by phone to discuss the options available to graduating seniors.

Liability Insurance

Students are covered by professional medical liability insurance any time they are enrolled in a clinical course for credit, observing or assisting in the provision of care under the supervision of Emory faculty, or under the supervision of faculty at other institutions as part of their Emory educational program.

This would include:

- activities that are an official component of the curriculum, including required and elective courses
- clinical activities that students may participate in, at the invitation of faculty, but which are not required as part of that faculty member’s SOM clinical duties
- volunteer clinical activities supervised by Emory faculty

At all times, students must be under supervision of faculty in performing clinical service, and the performance of such services must be within the scope of the supervisor’s training and certification.

Students who provide medical services outside the scope of the School of Medicine curriculum or with non-Emory faculty physicians are NOT covered by University liability insurance. Students are advised not to engage in such activities unless other liability coverage is provided for them.

Section 3: Wellness and Well-Being

Emory University School of Medicine is committed to the wellness and well-being of learners, faculty, and staff from diverse backgrounds. This is facilitated through multiple domains which is longitudinal and begins at the start of medical student and extends to graduation. These faculty and student-driven initiatives are in alignment with the EUSOM’s goal on wellness which is to “facilitate system-wide cultural changes to maximize the success and well-being of our patients, learners, and teachers”.

While not an exhaustive list, EUSOM supports student wellness including mental and physical health, and financial, environmental, and social well-being. Well-being resources include:
1. **Relationships and Community**: Emory organizes society social events, and other offerings that help promote a healthy learning environment and a sense of belonging within the community for students.

2. **Purpose**: EUSOM helps students develop their professional identity and find meaning within their medical school experience. EUSOM embraces the value of diversity and personal growth, and encourages students to pursue their passions (via Discovery, elective and other opportunities).

3. **Mental and physical health**: Emory provides counseling and psychological (CAPS) and student health services (SHS) for all medical students. EUSOM encourages the practice of meditation, supports the enhancement of the physical environment (such as the Healthy Emory Sustainable initiatives) and strives to ensure students build their resiliency. EUSOM provides support systems and encourages healthy habits such as allowing students time to go to their doctor’s appointments. In addition, Emory is a Tobacco Free Campus. EUSOM provides suggestions to enhance how students organize and manage their lifestyle which can be found in the manual “Academic Success in Emory Medical School”.

4. **Security**: EUSOM promotes student safety through policies and procedures regarding student mistreatment, harassment, and equal opportunity, and by ensuring a safe environment with the help of Emory’s Public Safety Departments. EUSOM helps promote financial security by organizing workshops on debt management and finances throughout the curriculum.

5. **Wellness Half-Days**: During the clerkships, students are required to take half-days off with “no questions asked” to engage in any preventative wellness activity. The number of wellness half-days depends on the length of the clerkship.

Other resources include your Small Group Advisors, Deans and access to the SOM Wellness and Well-being Committee through your student representative.

**Section 4: Infection Control Protocols**

**Needle Sticks and Other Blood/Body Fluid Exposures**

1. Learn and always observe Standard Precautions (Universal Precautions).

2. If you have an exposure to blood or other body fluids (e.g., needle stick, cut), immediately clean the wound with soap and water.

3. Exposed oral and nasal mucosa should be decontaminated by vigorously flushing with water. Exposed eyes should be irrigated with clean water or sterile saline. Eyewash facilities can be accessed quickly in the emergency department for each hospital.

4. Follow the protocol of the hospital in which the incident occurred to the fullest including all follow-up (through the hospital’s Employee Health Service). It is especially important that you report your exposure to the hospital’s Employee Health Service as soon as possible so that a timely evaluation can be performed. Additionally, your exposure may guide future preventive efforts (e.g., education, training, selection of devices). If prophylactic medications are indicated, it is recommended they be initiated as soon as possible after the exposure, ideally within two hours.

5. If you are uncertain of the procedures for reporting and obtaining care at the facility where your exposure occurred, call the Woodruff Health Sciences Center (WHSC) Needle stick Hotline for assistance at 404-727-4736.

6. Acute serology should be drawn to establish one’s baseline antibody titers to hepatitis B virus (if you have not previously been determined to be HBsAb positive [immune to Hepatitis B]) and, if indicated, to HIV and/or Hepatitis C Virus [HCV] (if the source patient is HIV-positive or HCV-positive).

7. Depending on the results of one’s serology and the baseline serology of the patient (from which the incident occurred), you may need follow-up serologies as per the hospital protocol where the injury occurred.

8. If the source patient is HIV-infected, the administration of post-exposure prophylaxis (PEP or “prophylactic” antiretroviral medications) to decrease the risk of patient-to-healthcare worker transmission should be strongly considered. Medications may be initiated pending results of HIV serology on the source patient. If used, these medications should be taken as soon as possible after the needle stick injury. Each hospital has a protocol and
will counsel you and give advice as needed. PEP regimens are complicated; therefore, be sure that the individual who manages your exposure consults with the Hospital Epidemiologist (see list below).

9. Again, call the WHSC Needle Stick Hotline 404-727-4736 if you have any questions about management of the needle stick or other occupational exposure.

10. If you are exposed to blood or other body fluids at another facility follow their guidelines and follow-up instructions. If you are unsure of the reporting procedures or have difficulty obtaining immediate care, call the WHSC Needle Stick Hotline for assistance at 404-727-4736.

The following list of specific areas and/or individuals should be contacted at the facility in which the exposure occurs:

**Contacts for Infection Control Protocol**

**Grady Memorial Hospital and Affiliated Sites**

- Healthcare worker goes directly to the Employee Health and Wellness (EHW) Center (now located on the ground floor). An EHW nurse will facilitate post-exposure care in collaboration with an EHW doctor. EHW staff will arrange for source patient testing
- EHW staff may call the ID attending on call for needle sticks/other body fluid exposures for consultation as needed.

**After hours and on weekends:**

Healthcare worker should NOT go to the emergency room unless they need an emergency eye wash. Healthcare worker calls STIX Hotline (**404-616-STIX**) and follow directions:

- Press 4: to be connected directly to the cell phone of the Health System Administrator HSA (who is physically present in the hospital). This cell number is: **404-319-7367**
- Press 5: to leave a voicemail message for the Health System Administrator. This message will be delivered immediately to their cell phone and they will return the call promptly.

HCW may also call the WHSC Needle Stick Hotline and the Grady ID attending on-call for blood and/or body fluids (BBF) exposures will be paged. The attending will inform the HCW of reporting procedures and assist them. HSA will personally arrange for source patient testing. Rapid HIV test results should be back within the 4-hour time frame for starting ART PEP.

If source patient is known to be HIV positive or the rapid test returns positive, the HSA will escort the HCW to the Emergency Department where they will receive care from an ED attending with consultation from the ID attending on call for BBF exposures. The HSA will contact the ID attending on call for BBF exposures. The ID attending will discuss the exposure with the ED attending (and the HCW) and make recommendations for ART PEP. The first dose of PEP will be given in the ED. Additional doses needed to last until the next business day will also be provided directly to the HCW.

If the source patient tests HIV negative, the HCW will be instructed to report to EHS on the next business day to get final lab results on the source patient (hep C, hep B sAg) and determine if additional follow-up is needed.

**Other contacts at Grady:**

- Employee Health Nurse on call (from home): 404-809-7470
- Susan Ray, MD cell: 404-536-8233 or PIC 17255

**VA Medical Center**
• Report incident directly to VA Occupational Health Injury Management
  o Location: 1B 170
  o Email: VHAATGOccupationalHealth1@va.gov
  o Phone number: extensions: 20-5400 (x5400) and 20-1521 (x1521) (main number is 404-321-6111)

After hours and on weekends:

• Contact the nurse supervisor on call (physically present in the hospital): Call hospital operator and ask for the “AOD” on call.
• The HCW is seen in Emergency Room for Treatment with follow-up in VA Occupational Health the next business day. This is important for OH to forward BBPE information to Emory for further follow-up

Other contacts at VAMC:

• Lauren Epstein, MD, Hospital Epidemiologist – cell: 202-255-3672
• Alton Greene, MD, VA Occupational Health Director – x5400
• If you are unable to reach any of the above individuals, call the WHSC Needle Stick Hotline 404-727-4736.

Emory University Hospital - Midtown

• Daytime hours, Monday thru Friday (7 am to 4 pm)
• Occupation Injury Management (OIM) 404-686-2352

After hours, and on weekends:

• Healthcare worker calls Occupation Injury Management (PIC 50464) or calls the WHSC Needle Stick Hotline (404-727-4PEM).
• If WHSC Needle Stick Hotline called, the on-call OIM nurse practitioner will be paged (PIC 50464). The Occupational Injury Management (OIM) nurse practitioner will facilitate immediate post-exposure care. Healthcare worker should go to OIM during the next business day to have baseline labs drawn.

Other contacts at Midtown:

• Hospital epidemiology pager: 51427

If you are unable to reach any of the above individuals, call the WHSC Needle Stick Hotline 404-727-4736.

Emory University Hospital

• Daytime hours, Monday thru Friday (7 am to 4 pm) Employee Health/Occupational Injury Management Office 1364 Clifton Road, Room D219
• Occupational Injury Management (Worker's Compensation) 404-686-8587
• Employee Health Services 404-686-8589

After hours and on weekends:

• Healthcare worker calls Occupational Injury Management (OIM) (PIC 50464) or calls the WHSC Needle Stick Hotline (404-727-4PEM)
• If WHSC Needle Stick Hotline called, the on-call OIM nurse practitioner will be paged (PIC 50464). The OIM nurse practitioner will facilitate immediate post-exposure care.
• Healthcare workers should go to OIM during the next business day to have baseline labs drawn.
Other contacts at EUH:

- Hospital epidemiology pager: 51090

If you are unable to reach any of the above individuals, call the WHSC Needle Stick Hotline 404-727-4736.

Children's Healthcare of Atlanta (CHOA) (Egleston, Scottish Rite, or Hughes Spalding)

- Any needle sticks or blood borne pathogen exposure is referred to the 24/7 hotline 404-785-7777. This is staffed by an employee health nurse who will provide guidance to students.
- Employee Health Digital Pager 1-800-682-4549 or Needle Stick Hotline (ext. 4444 at Egleston and ext. 824444 at Scottish Rite)

Other contacts at CHOA (if students cannot reach employee health nurse via hotline or pager)

- Andi Shane, MD – cell: 404-354-7692 or office 404-727-9880
- Infectious Disease Service Team on Call – pager: 404-785-7778 and ask for the ID Service Team on Call

If you are unable to contact any of the above individuals, call the WHSC Needle Stick Hotline 404-727-4736.

Financial considerations of accidental needle sticks

The cost of the follow-up and necessary medications may be borne by Emory University Affiliated Hospitals or may need to be submitted through the student’s health insurance. Any uncovered costs will be covered through the Office of Medical Education & Student Affairs if the procedures outlined above are followed.

For medical students and students in the health professions, initial evaluation of the exposure should be as explained above. Following this initial evaluation, all incidents and follow-up for exposures occurring at a hospital should be reported by the student within 4 days to the Registrar, Ms. Mary Kaye Garcia 404-712-9921.

Conversions

PPD tuberculin skin tests will be performed every year (at a minimum) or at the time of exposure for medical students. Those with PPD conversions will be referred to an appropriate physician in the University Health Services for follow-up. Expense of drugs, x-rays, and laboratory testing will be covered as long as protocol is followed.

Students Infected with HIV, Hepatitis B, Hepatitis C

Emory University School of Medicine requires any student who is infected with Human Immune Deficiency Virus (HIV), Hepatitis B virus “e” antigen positive, or Hepatitis C virus to notify the Executive Associate Dean for Medical Education and Student Affairs of his/her positive status so that the School may help to define any limitations necessary on clinical rotations and make such accommodations as may be reasonable to permit the student’s continued matriculation.

The Executive Associate Dean for Medical Education and Student Affairs, or his/her designee, will make recommendations for students continued education on a case-by-case basis, utilizing the best currently available scientific knowledge and any established recommendations from the U.S. Centers for Disease Control and Prevention and other applicable governmental guidelines regarding what, if any, limitations need to be applied to clinical activity for persons with the given condition. In conducting this evaluation and making such recommendations, the Executive Associate Dean will consult with the student, the student’s personal physician, student affairs deans and others,
including faculty of the School of Medicine, as determined appropriate to assist in this individualized judgment. Within the parameters of existing law, the student’s confidentiality will be maintained during this process.

Reasonable efforts to assist the student in completing the requirements for an MD degree will be made by the School of Medicine. In addition, the student will be offered counseling concerning the options for the future selection of a career pathway in the profession of medicine.

More Specific Guidelines on Students Infected with Blood-Borne Pathogens

Students should be allowed to complete the MD degree if at all possible with an effort by all to maintain confidentiality to the degree that it is possible.

In such instances, the clinical department chairs need not be notified of the name of an individual student involved or the type of blood-borne pathogen involved. However, the Clerkship Director for the Departments of Surgery, Obstetrics/Gynecology, Emergency Medicine and any other Clerkship Directors (if indicated) will be informed of the name of the individual student so that any special assignments can be made if indicated.

Students will be carefully counseled concerning their potential risk to patients and their risk to themselves. They will be instructed to be punctilious in the use of universal precautions and up-to-date hospital infection control techniques. They will be referred to appropriate physician caregivers for optimal follow-up and therapy.

Students with blood-borne pathogen infections (HIV, Hepatitis B, Hepatitis C) will be advised on a case-by-case basis. There are now therapies for HIV, Hepatitis B and Hepatitis C which are able to effectively suppress viral loads (HIV and Hep B) and even eradicate infection (Hepatitis C). Students who are on antiviral therapy and achieve effective suppression of HIV and/or Hepatitis B (HIV undetectable, HBV load <= 1000 IU) and undetectable Hepatitis C (sustained viral response (SVR)) should not have any restrictions on their patient care activities.

For students who do not have effective treatment (viral tests above the thresholds detailed above), there should be a careful review by an oversight panel (chosen by the Deans) to determine whether/which “exposure prone” procedures the student may assist with or participate in during their training. “The oversight panel should determine the precise procedures for which permission is sought, the historical risks for HCP-to-patient bloodborne pathogen transmission associated with these procedures in the literature and as reported in their facility, the HCP’s experience with such procedures, and the likelihood of patient exposure to HCP blood during these procedures. Thus, the list of exposure-prone procedures may be best determined for each practitioner in conjunction with the oversight panel. The panel should also gather evidence regarding the HCP’s skills, practices, and adherence to infection prevention procedures (particularly with respect to standard precautions) while making every effort to assure privacy and confidentiality. Also, with the HCP, the panel should investigate and discuss the availability of safer devices that may mitigate the risk for patient exposures.” (source: SHEA White Paper - Management of healthcare personnel living with hepatitis B, hepatitis C, or human immunodeficiency virus in US healthcare institutions; ICHE 2020 doi:10.1017/ice.2020.458)

The student will be allowed to withdraw without penalty from any clinical setting that the student feels might present a risk for infectivity.

The student’s condition will be re-evaluated at least annually by the Executive Associate Dean for Medical Education and Student Affairs to determine if any additional limitations are indicated. The student’s clinical status as well as the regimen of anti-retroviral therapy that is being employed can be useful in assisting in any decision making by the medical school if the student will allow the Executive Associate Dean to discuss the results with his/her healthcare provider.

Students who fail to show a response to Hepatitis B vaccination by serologic means will be counseled to see a physician to determine their Hepatitis B viral load. They will be encouraged to report this finding to the Office of the Executive Associate Dean, Medical Education & Student Affairs and then to be followed as per protocol.
Section 5: Academic Assistance

Academic Counseling

All students will need to maintain grades of “Satisfactory” or “C” or better in all courses and clerkships throughout medical school. If a student is having academic difficulty, academic counseling or tutoring may be suggested. It is always advisable for students to seek academic assistance from instructors/course directors immediately during a course or clerkship - rather than waiting until examinations or final grades are issued.

Despite the self-discipline and good study habits that students developed, which has gotten them into medical school, there are many occasions when students may need assistance for the first time in their career. In addition, guidance is necessary to help students make up for work lost because due to an illness (or any other unforeseen event).

Students are requested to make an appointment with their Small Group Advisor or an Associate/Assistant Dean for counsel and advice concerning academic problems unresolved by discussions with course/clerkship directors. All students select faculty advisors during the Application Phase. These advisors assist primarily in residency planning and preparation of the senior year schedule.

Resources

Students are provided with a handbook that addresses many issues which confront students in medical school, including effective study methods and time management. Students will meet regularly with an academic Dean to review their progress throughout medical school. In addition, special information sessions are held throughout the curriculum to advise students on topics such as preparation for USMLE examinations and residency applications.

Academic Counseling and Tutoring

In addition to their Small Group Advisor or an Associate/Assistant Dean, students in academic difficulty have the opportunity for counseling and assessment through a partnership between the school and an outside entity.

Students who are in academic difficulty in the first or second year of medical school, as defined by the Student Progress and Promotions Committee, may request tutoring. Course Directors will work in concert with the Dean’s office to develop a tutoring plan.

Section 6: Career Advising

Choosing a career path is one of the most significant decisions a medical student will make. At Emory, the career planning begins at matriculation and continues throughout medical school.

Career planning is part of every academic year’s Orientations, and specific Career counseling sessions occur throughout the curriculum. Small Group Advisors are trained to provide guidance on this important issue, and are able to advise medical students where to seek specialty-specific information and counselors.

Career planning at Emory includes:

Resources

- Emory Development of Career Specialty (DOCS) website – (information regarding career planning, advisors, match results, and related resources)
• Association of American Medical Colleges Careers in Medicine (CiM) website (career planning program designed to help medical students choose a specialty and residency program, successfully land a residency position, and plan their physician career)

Career Counseling

• Small Group Advisors offering career guidance and facilitating networking within and outside Emory
• Scheduled career advice and planning sessions throughout the curriculum
• One-on-one meetings with an Associate or Assistant Dean for Clinical Education and Student Affairs for career counseling
• Department-designated medical student advisors chosen to counsel students regarding their specialty (on EmoryDOCS website)
• Choosing advisors, both informally for career advice, and formally to help students plan and schedule their Translation Phase of medical school
• Easily accessible deans, faculty, recent Emory graduates, and staff to contact for career advising

Activities

• Planned curricular activities to aid in making a career choice
• Exposure to a wide variety of specialties and careers through the Foundations, Application and Translation Phases (required clerkships and electives)
• Research opportunities through the Discovery Phase

Three class meetings during the Translation Phase to discuss:

• Advice and counseling for students who are still undecided after completing the Application Phase
• Early preparation for residency applications
• Timeline for applying to residency programs
• Information about early match programs
• The residency application and matching process
• Exploring residency options – panel discussions with residency program directors
• Where to access detailed information about specific residency programs
• Applying for highly competitive programs
• How to prepare for and interview effectively
• Mock residency interviews

For additional information and/or questions:

Mary Dolan, MD, MPH
Director, Emory DOCS
mdolan@emory.edu

Shikina Harrison, MS
Program Coordinator
Career Advising and Student Affairs
shikina.harrison@emory.edu
404-727-4335

Section 7: Other Resources

Parking and Transportation

Emory Campus Parking
Parking on the Emory Campus requires the display of a valid permit. Only permits issued by Emory Transportation and Parking Services are valid. Permits are the property of Emory University.

Permits are non-transferrable and are for use by the permit holder.

Any permit purchased requires submission of vehicle information for all vehicles which will be used with the permit. Vehicle information includes the make, model, color, style, and state issued license plate number. Failure to maintain current vehicle information with Parking Services will result in a fine.

Permits can be requested in person at the Parking Office or online.

Acceptance of a permit indicates acknowledgement and agreement to abide by the Transportation and Parking Services Rules and Regulations.

Parking privileges be suspended or revoked for violation of the Rules and Regulations.

Permit ownership is nontransferable.

Falsifying information in order to obtain a permit is a violation of parking regulations.

There is a replacement cost of a lost or stolen permit which is nonrefundable.

All vehicles that belong to the immediate family of a student, whether registered with Emory or not, will be considered the responsibility of that individual. Any parking violations charged against that vehicle will be the responsibility of the individual.

Permit owners are responsible for maintaining current vehicle information with Parking Services.

Unregistered vehicles with outstanding citations will be identified through the vehicle plate information obtained from the U.S. state registration system. An additional fine will be applied if a vehicle is not registered with Parking Services.

Individuals with outstanding fines will not be allowed to purchase new permits until the fines are paid in full. Outstanding fines can also result in loss of parking access, immobilization of vehicle, or the vehicle being towed.

Cars are not to be parked in the loading dock areas unless a special tag is given and are subject to towing and fines.

**Emory Parking Permit Costs**

View information about annual and other parking permit costs.

**Parking at Affiliated Hospitals**

- **Emory Midtown** – No charge for parking. Arrangements for MD students are made by Barbara Bingham in the Office of Clinical Education at Grady.
- **CHOA** – Emory students use Emory parking office arrangements; visiting students arrange parking through CHOA security office.
- **VAMC** – Students should park in the back of the hospital. No sticker/pass or charge for parking.
- **Grady** – Students purchase through Grady parking office. They do not prorate the parking pass fee. Students must have a Grady ID badge prior to arranging for parking.
Shuttle Services

Emory Transportation Services offer shuttles on campus, for commuters, between major affiliated hospitals and other routes such as Georgia Tech, Oxford and shopping facilities. In addition, late-night service and SafeRide are available.

View [Cliff routes & schedules](#).

Contact Information

Contact a Transportation Services representative or visit the Transportation Services Offices in the Clairmont Campus Parking Deck (1945 Starvine Way, Atlanta, 30322). Office Hours: Mon-Fri, 7:30 am - 4:30 pm

To report shuttle delays or problems, call 404-727-1829 or email shuttles@emory.edu.

Safety and Security

Emory University School of Medicine is enriched by the legacy and energy of Atlanta, but the location also means that urban crime or violence are possible.

Every effort is made by the Emory University School of Medicine and Emory University to provide a safe and secure environment for our students at all sites (campuses, healthcare facilities, etc.). Emory maintains its own police department that manages law enforcement, fire safety and emergency medical services as well as advising schools and individuals on public safety matters. The Emory University School of Medicine is made aware of all public safety matters and acts on them accordingly. Grady and the VA have their own security departments and we work in conjunction with them to maintain a safe environment for all students.

The James P. Williams School of Medicine building provides 24-hour study space for School of Medicine students and a security guard is on duty after hours. The entire building can be accessed outside of business hours only by using an Emory ID card. The security guard checks student ID cards to limit after hours use to registered School of Medicine students only.

We encourage students to request a security escort to or from the parking decks. Each campus also provides motorist assistance. Contact information for security escorts at each site:

- Emory Main Campus – 404-727-7555
- Emory Midtown – 404-686-2597
- Grady – 404-616-4025
- Veterans Hospital – 404-728-7641 or 404-321-6111 (ext. 4911)
- Children’s Healthcare of Atlanta – Egleston – Call the Emory Main Campus escort if your car is parked on Emory’s campus or call 404-785-6142 if your car is parked in the ED parking at Egleston
- Children’s Healthcare of Atlanta – Hughes Spalding – Call Grady Escort above

Emergency "blue light" phones located throughout campus link callers directly to the Emory Police Department in order to report emergencies and request security escorts.

Although parking decks have restricted access, the possibility still exists for break-ins. Please remove all valuables from your vehicle and either store them in locked storage spaces provided at each site or leave them at home.

Emory University Office of Critical Event Preparedness and Response (CEPAR) coordinates campus-wide activities related to unusual events. CEPAR uses Emory website bulletins, cell phone text messages, emails and other means to notify community members about precautions and plans.
Emory University-affiliated Hospitals Public Safety Departments

Officers are on duty twenty-four hours each day. Students are encouraged to notify the Public Safety Departments concerning any activity which may compromise an individual student's safety and/or the safety of any other students, physicians, residents, hospital employees, patients, or visitors.

- Emory University Hospital - 404.712.5598
- Emory University Midtown Hospital - 404.686.2597
- Grady Hospital - 404.616.4024
- Veterans Hospital - 404-321-6111 (ext. 4911) or 404-728-7641
- Other important numbers to have include the following:
  - Emory Police Department – 404-727-6111
  - DeKalb County Police – emergency 911 number

Student Life

Campus Life

Emory University’s Division of Campus Life cultivates a welcoming and dynamic community that is committed to developing skills necessary for lifelong success and positive transformation in the world.

In addition to the over 500 organizations officially recognized by the Emory Student Government Association, Campus Life provides numerous resources to assist you with social and intellectual advancement, including public safety, spiritual and religious life, recreation and wellness, mail services, and bookstores.

Housing

Emory’s graduate housing is available at Campus Crossings Briarcliff (operated by Campus Apartments). [View a complete listing of all nearby housing](#).

Each year in June, the Office of Admissions and the rising second year class host a Housing Weekend for the incoming medical students. This event is designed to showcase the variety of housing options available in the Emory area and surrounding neighborhoods.

Student Government

The students of Emory University are governed by the Graduate Student Government Association (GSGA) and all student organization charters must be approved by the GSGA.

The Medical Student Senate (MSS) approves all applications for medical student groups seeking charter with the SGA. To submit an application to the MSS:

Starting a Student Organization

Students are encouraged to charter new organizations when there is interest. Funding for guest speakers, teaching forums, and other education events are available for chartered organizations.

For more information about chartering a student organization, please visit the [Medical Student Senate website](#).
Medical Student Class Officers

Each medical school class will elect officers annually, including Medical Student Senators. These elections are run in accordance with the SGA Code of Elections. The current list of officers for each class can be found on the Student Portal.

Other Medical Student Positions

There are numerous opportunities for medical students to serve on various committees and organizations. Such opportunities, like student representatives for Honor Council, Wellness, individual courses and clerkships, the Executive Curriculum Committee, are introduced and discussed at various meetings throughout the year. A list of these can be found on the Student Portal.

Section 8: Video Lecture Capture

SOM will caption any audiovisual content captured in Echo360. If you have a verified need for this service, please contact Ms. Sherice Allen Henry, Assistant Director of Medical Education, to make arrangements:

- Email: sahenry@emory.edu
- Phone: 404-712-7967

In your request, please be sure to include the name and date of the lecture to be captioned.
Part VII: Library and Information Technology

Section 1: Information Technology Conditions of Use

As a student who is issued an Emory NetID computer account, it is important for you to know the policy that apply to connecting to the Emory network and Emory IT resources. View Policy 5.1

Section 2: School of Medicine Information Technology Services (SOMITS)

The School of Medicine’s Information Technology Services Department collaborates with OMESA in the delivery of student support services. Information Technology Services’ primary objective is to manage and maintain technology utilized for the delivery of the School of Medicine’s curriculum.

For help with Emory University School of Medicine’s IT Resources: Student Computing, Equipment Checkout, Public Printing, SOM Computer Labs, Mobile Video Conferencing, Audio / Visual Assistance, Classroom Podiums, Classroom Audio / Visual Training, and SOM Event Consultation.

- Phone: 404-72-SOMITS (7-6648)
- Web: https://emory.sharepoint.com/sites/SOMITS
- Email: meded-help@emory.edu
- Hours: Monday - Friday, 8 am - 5 pm.*Excludes Emory Observed Holidays

Tom Quinn
Director, SOMITS (Operations)
404-727-9805
tdquinn@emory.edu

Jess Bowling
IT Manager, Curricular Support
jbowlin@emory.edu
404-712-8824

Jon Hamilton
Manager, Audio Visual
jon.hamilton@emory.edu
404-712-1563

Section 3: Smart Device Security

The Emory Smart Device Security Policy applies to any smart device, either Emory owned or privately owned, that accesses Emory Exchange e-mail, and/or stores sensitive Emory data.

Section 4: Student Portal

The Student Portal Website provides a real time calendar on curricular and event information. The Portal includes a link to the most current version of this student handbook as well as to other valuable resources or references. Be sure to bookmark it as a favorite to get up to the minute information. Updates or additions to the portal can be submitted to Mary Kaye Garcia who will forward to the appropriate Student Portal Editor.
Section 5: Woodruff Health Sciences Center Library

The Woodruff Health Sciences Center Library (WHSC Library) supports medical education, biomedical research, and clinical care through a wide range of services and programs.

We offer services such as:
- Personalized consultation and customizable group training for research, knowledge management, and evidence-based projects
- Instruction on how to use different databases and information resources for problem solving, biomedical imaging, and access to data sets.
- Assistance with publication analysis and research impact reporting, and expert support for systematic reviews

Main Campus Library:

1462 Clifton Road, Atlanta, GA 30322, Location & Directions
Call the Information Desk: 404-727-8727

Please use the Ask A Librarian form to submit questions or requests. Questions are usually answered within one business day.

Schedule a Research Consultation with an Informationist.
Book a Study Room appointment.

HOURS OF OPERATION:

Please note: Hours and policies may change; please check the WHSC Library’s website for any updates.

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Monday - Thursday</td>
<td>7:30 AM – 11:00 PM</td>
</tr>
<tr>
<td>Friday</td>
<td>7:30 AM - 9:00 PM</td>
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<tr>
<td>Saturday</td>
<td>9:00 AM - 7:00 PM</td>
</tr>
<tr>
<td>Sunday</td>
<td>9:00 AM – 11:00 PM</td>
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</tbody>
</table>

INFORMATION ABOUT THE HOSPITAL LIBRARY BRANCHES

<table>
<thead>
<tr>
<th>EUH Branch Library, 1364 Clifton Road, Atlanta, GA 30322 Emory University Hospital, Room H-140</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 24/7 card access available to students on rotations with activated ID card.</td>
</tr>
<tr>
<td>• To have your ID badge programmed, take your schedule to Public Safety, Room HB43.</td>
</tr>
<tr>
<td>For assistance: EUH Branch Clinical Informationist: 404-727-5192</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EUH Midtown Branch Library, 550 Peachtree St. NE, Atlanta, GA 30308, Davis-Fischer Building, 1st Floor, Room 1312</th>
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<tbody>
<tr>
<td>• 24/7 card access available to students on rotations with activated ID card.</td>
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</tbody>
</table>
- To have your ID badge programmed, take your schedule to Security Services, Orr Building.
  For assistance: EUHM Branch Clinical Informationist: 404-686-1978

Grady Branch Library, 69 Jesse Hill, Jr. Drive, Atlanta, GA 30303
- Hours: Monday, Thursday, and Friday: 8:00 AM - 5:00 PM (By appointment)
  For assistance: Grady Branch Desk: 404-251-8777

HOW TO USE LIBRARY RESOURCES & SERVICES

Always start at the Woodruff Health Sciences Center Library page.
  - Login with your network ID and password when prompted.

Looking for a book or journal?
  - Search our online library catalog, discoverE, to locate print and electronic collections of books and journals.

Course Reserves:
  - Instructors make materials such as links to full-text articles, e-books, streaming media, and physical books available via Course Reserves.
  - Students access their course materials directly through Canvas by clicking on the Library Course Reserves link within a course.

FREQUENTLY USED LINKS

<table>
<thead>
<tr>
<th>PubMed</th>
<th>Bookmark this link for quick access to Emory’s full-text articles: <a href="https://pubmed.ncbi.nlm.nih.gov/?otool=emorylib">https://pubmed.ncbi.nlm.nih.gov/?otool=emorylib</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Databases</td>
<td>CINAHL, Embase, Scopus, and Web of Science. (For more info, visit A-Z Databases.)</td>
</tr>
<tr>
<td>eJournals</td>
<td>Searchable A-Z List of Emory’s eJournals</td>
</tr>
<tr>
<td>eBook Collections</td>
<td>AccessMedicine, AccessEmergency Medicine, AccessSurgery, ClinicalKey</td>
</tr>
<tr>
<td>Current Awareness</td>
<td>Visually explore Emory libraries' journal collections. Fill &quot;My Bookshelf&quot; with favorite titles and alerts for new content with BrowZine.</td>
</tr>
<tr>
<td>eTools</td>
<td>For access to EndNote, SPSS, and others, please visit Emory’s Software Express.</td>
</tr>
<tr>
<td>Clinical Resources</td>
<td>AccessMedicine, ClinicalKey, Cochrane Library, and DynaMed and other point-of-care and patient care support resources</td>
</tr>
</tbody>
</table>

Remember: When searching Emory databases, look for the button. Click to view full-text availability and other options. If full text or print is unavailable, click on “Request via ILLiad.”

Other Resources:
Go to the WHSC Library’s [Medical Students’ Resources](#) or the [Services for Students](#).

Need materials not available at Emory? Request via [Interlibrary Loan](#).

Any other questions, suggestions, or concerns? Please send to [Ask a Librarian](#).

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**Submit Questions, Suggestions, Corrections, Additions**

Questions, suggestions, corrections or additions regarding the information contained in the Student Handbook should be sent to [ebrownf@emory.edu](mailto:ebrownf@emory.edu).