MMS PHYSICIAN ASSISTANT
STUDENT HANDBOOK
2017
# Index

**Introduction**  
Mission, Vision, and Goals  
Accreditation Status  
Program Closure  

**Faculty and Staff**  

**Program Oversight and Committees**  

**University and School of Medicine Resources**  
SOM Office of Student Affairs and Education Coordinator  
- Academic Support  
- Career Advising  
- Wellness  
- Student Financial Counseling  
Office of Financial Aid and Scholarships  
Student Organizations  
Physician Assistant Student Association  
SOM Office of Diversity and Inclusion  
Discrimination, Harassment and Title IX  
Grievances  
Services for Students with Disabilities  
LGBTQIA Programs and Services  
Veterans Resource Center  
Counseling Center  
UMKC Student Health and Wellness  
Police Department and Safety Information  
Violence Prevention and Response Project  
Health Sciences Library  
Medical Education Media Center  
Clinical Training Facility  
Graduate Student Lounge and Lockers  
Lactation Room  

**General Information, Policies and Procedures**  
Background Checks  
Drug/Alcohol Screens  
Technical Standards  
Physical Exam Requirements  
Student Healthcare Providers  
Infectious/Communicable Disease Policy and Procedures  
- Immunization and Health Screening Requirements  
- Health Insurance  
- Infectious/Communicable Disease Training and Post-Exposure Protocol  
- Guidelines for Student Exposure to Infectious and Environmental Hazards  
- Medical Follow-Up & Clearance to Return to Clinical Activities  
- Financial Responsibility of Care for Exposures and Injuries  
- Effects of Exposure/Illness/Injury on Student Learning Activities  
Student Employment  
Appearance Policy
Academic Information, Policies and Procedures

UMKC Email and SSO
Tuition, Fees, and Other Program Costs
Pathway and Course Enrollment
Proof of Enrollment
Malpractice Coverage
Academic Advising
Program of Study
Advanced Placement
Remediation Policy
Grade Appeals for Graduate Courses
Videotaping/Recording Courses
Access to Student Records
Assessment Responsibilities
Project Concert
Student Research
Suspected Violations of Professional Standards
Attendance Policies
Extended Program Absence
Leave of Absence
Withdrawal from Program
Closing of Campus

Clinical Phase Policies and Procedures
Clinical Immunization, Background, and Drug Screening Requirements
HIPAA Compliance
OSHA Guidelines
Affiliation Agreements
Student-Initiated Clinical Experiences
Elective Clinical Experiences
Preceptors and Supervision
Program Responsibilities for Clinical Experiences
Student Responsibilities for Clinical Experiences
Clinical Role of the Student
Resolving Clinical Issues
Travel, Transportation, and Housing
Clinical Attendance Policy
Travel Time for Call-Back Days
Interview Time

*Italicized letters and numbers next to handbook sections reference Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA) standards. These indications throughout the handbook identify information/policies that assist the program in being compliant with the respective standard(s).

Attachments
Allied Health Committee on Progression Policies and Procedures
School of Medicine Standards of Professional Conduct
Procedures for Managing Suspected Violations of Standard Conduct and Professional Standards
MMSPA Program Technical Standards
Introduction
This student handbook has been compiled to acquaint students with the many resources and facilities available, and to provide information regarding the policies and procedures applicable to students in the Master of Medical Science Physician Assistant (MMSPA) program. This manual is not all inclusive, but contains detailed information for students in the program. Additional direction to access supplemental or more complete information when applicable is provided. Other important resources include the following:

MMSPA Program Website http://med.umkc.edu/pa/
School of Medicine Office of Student Affairs http://med.umkc.edu/sa/
UMKC Graduate Academic Regulations in the UMKC catalog http://catalog.umkc.edu/general-graduate-academic-regulations-information/
University of Missouri System Collected Rules and Regulations http://www.umsystem.edu/ums/rules/collected_rules/programs

UMKC School of Medicine Mission and Vision
The mission of the UMKC School of Medicine is to provide and foster excellence, innovation, and scholarship in education, research and medical care. The vision of the UMKC School of Medicine is to be a leader in academic medicine through innovative programs and vibrant community partnerships. http://med.umkc.edu/about_us/vision-goals/

Program Mission
The mission of the Master of Medical Science Physician Assistant program is to educate competent, compassionate, and culturally-aware Physician Assistants who are prepared to meet the healthcare needs of our community. Graduates will advance the Physician Assistant profession through clinical excellence, service, and dedication to professional stewardship.

Program Vision
The UMKC MMSPA Program will be a leader in PA education recognized by the quality of our graduates, community partnerships, and academic excellence.

Program Goals
1. To graduate competent Physician Assistants.
   Specific objectives:
   • Program PANCE pass rate equal to or above the national average
   • Graduates will meet the published Program graduate competencies and requirements

2. To advance the Physician Assistant profession
   Specific objectives:
   • To increase employment of PAs in the state of Missouri
   • To place graduates in both rural and urban underserved areas
   • Recruit a highly qualified and diverse faculty, staff and student body
   • Promote a culture of service among students and faculty

Accreditation Status (A3.14)
The ARC-PA has granted Accreditation-Provisional status to the University of Missouri-Kansas City Physician Assistant Program sponsored by the University of Missouri-Kansas City School of Medicine.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.
Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

Program Closure
In the event of closure or loss of accreditation of the Master of Medical Science Physician Assistant program, the UMKC School of Medicine will allow all enrolled students to complete their course of study.

Master of Medical Science Physician Assistant (MMSPA) Program Faculty and Staff

Program Administration
Program Director
Kathy Ervie, MPAS, PA-C
erviek@umkc.edu
816-235-1789

Medical Director
Beverly Graves, MD
gravesb@umkc.edu
816-235-6748

PA Principal Faculty
Michelle Eaton, PA-C
eatonmi@umkc.edu
816-235-1975

Cody Sasek, MPAS, PA-C, AT-C
sasekc@umkc.edu
816-235-1628

Heather Yates, MHS, PA-C
yatesh@umkc.edu
816-235-1924

School of Medicine Administrators
Assistant Dean, Allied Health & Graduate Studies
Chair of the SOM Graduate Council
Investigator for professional conduct issues
Julie Banderas, PharmD
banderasj@umkc.edu
816-235-5249

Allied Health Program Coordinator
Laura Begley, MA, MBA
begleyl@umkc.edu
816-235-5412

Allied Health Program Assistant II
Maria Young
youngmari@umkc.edu
816-235-1982

Graduate Studies Program Assistant
Roslyn Powell
powellro@umkc.edu
816-235-1863

Education Team Coordinator
Marge Weimer, MEd
weimerm@umkc.edu
816-235-1963

Associate Dean of Student Affairs
Brenda Rogers, MD
rogerb@umkc.edu
816-235-1782

Instructional Faculty
Anatomy
Paul Rupp, PhD

Biochemistry
Darla McCarthy, PhD

Cultural Competency & Health Disparities
Tim Hickman, MD, MEd, MPH

Immunology
Mingui Fu, PhD

Microbiology
Christopher Papasian, PhD

Pharmacology
Julie Banderas, PharmD
Paul Cuddy, PharmD
John Foxworth, PharmD
Nick Norgard, PharmD
James Wooten, PharmD

Physiology
Chad Touchberry, PhD
Michael Wacker, PhD
Program Oversight and Committees
Several committees and councils play important roles in student admission, progression, and graduation.

Advisory Committee
The purpose of the MMSPA Advisory Committee is to gather a diverse group of individuals committed to making a positive impact on health care by supporting, advising, and giving recommendations in the development, marketing and community outreach of the UMKC MMSPA program.

Admissions Committee
The purpose of this committee is to select and admit qualified applicants to the MMSPA Program. This committee is also responsible for determining admissions criteria and ensuring compliance with admissions policies and procedures. One student member serves on this committee.

Curriculum Committee
The purpose of the MMSPA Curriculum Committee is to support the program faculty in curriculum design, course selection and program evaluation. One student member serves on this committee.

Allied Health Committee on Progression
The responsibility of the Allied Health Committee on Progression (COP) is the development of policies and procedures for academic assessment of students in the Master of Science in Anesthesia and Master of Medical Science Physician Assistant programs regarding student progression, probation, separation and graduation. The Committee on Progression assesses the status of individual students in order to make recommendations for progression, probation, separation and graduation to the School of Medicine Graduate Council. Students should become familiar with the policies and procedures of this committee (included in handbook).

School of Medicine Graduate Council
This council oversees the academic aspects of the Graduate Programs at the School of Medicine (SOM). The council reviews and formulates appropriate recommendations relevant to policies regarding student admissions, curriculum, and student assessment, graduation, dismissal, and discipline of each program in order to assure quality, adherence to regulations of UMKC’s School of Graduate Studies, and appropriate consistency across programs. The Council makes final determinations regarding individual student academic progress. Student appeals regarding dismissal are made to the Graduate Council. Grade appeals, following communication with the course instructor and program, may also be reviewed by this council. Students should refer to the full grade appeal process provided later in the handbook for more details.

School of Graduate Studies
The minimum criteria for admission and progression/graduation are set by the Graduate Academic Regulations and Governing Councils of the UMKC School of Graduate Studies. Specific degree programs, i.e., the MSA and MMSPA programs, may define more stringent criteria.

Honor Council
The Honor Council is concerned with incidents of alleged violations of the School of Medicine’s Standards of Professional Conduct by UMKC School of Medicine students enrolled in the MD or graduate Professional programs (MSA and MMSPA). Whether such violations occur on the Volker campus, in classes or during clinical experiences at affiliated hospitals and clinics through the School of Medicine, they are reported to, investigated and evaluated by this Council. Further information can be found in the Standards of Professional Conduct.
University and School of Medicine Resources

SOM Office of Student Affairs (A1.05, A3.10, C3.03)
The Office of Student Affairs provides comprehensive student support and assistance from admission through graduation. Many services are available at the School of Medicine or through referral to other UMKC offices or external resources.

Student Affairs Location: School of Medicine, 4th floor Gold Unit
http://www.med.umkc.edu/sa
816-235-1900 (central number)

Education Coordinator- Students are encouraged to contact the program’s designated Education Coordinator, Marge Weimer, through the Office of Student Affairs. Ms. Weimer is available to discuss personal and/or professional matters that students may have.
Marge Weimer, MEd
Education Coordinator
M5-225 (Gold Unit)
816-235-1963

Academic Support- Learning resource specialist, study and organizational skills, supplemental needs
Stan Viebrock
Learning Resource Specialist, School of Medicine
Volker Campus: Atterbury Student Success Center, 116
816-235-8831
Career Counseling—Career advising and planning, resume/CV development
Connie Beachler, MA
Career Counselor
M4-205G
816-235-1811
beachlerc@umkc.edu

Wellness—Programs available that promote skills to achieve a healthy and balanced life, such as wellness planning and coaching, Fitbit checkout, sports equipment checkout, wellness library, and monthly workshops and events.
Niloo Far Shahmohammadi, MA
Wellness Program Coordinator
M4-205F
816-235-1862
shahmohammadin@umkc.edu

Student Financial Counseling—The financial literacy counselor is available for one-on-one counseling to review your individual finances, help you learn how to successfully create and work a budget, and discuss how to keep your loan debt as low as possible. Students will receive information about scholarships, financial resources in the community, and most importantly, students will gain a solid understanding of how the financial aid process works and what life in repayment may look like.

Once students have accepted job offers, it is helpful to meet with the Financial Literacy Counselor in order to create a budget. Knowing where the first job will be, the cost of living in that area, and the salary and loan repayment amount will help to create a solid financial plan. This is also a great opportunity to go over the different student loan repayment options and what will work best during a student’s first few years out of school.

Understanding how financial aid works, how to keep borrowing to a minimum and understanding the long term effects of taking on debt are important, so schedule a meeting with the SOM Financial Counselor to help determine what plan of action is best for you and how it will affect your future.

Robin Patterson, Financial Literacy Counselor
M4-205B
816-235-1807
pattersonrd@umkc.edu

UMKC Office of Financial Aid and Scholarships
Hospital Hill Office: Health Sciences Building
http://finaid.umkc.edu/health-professional/school-of-medicine/

The role of UMKC’s Financial Aid and Scholarships Office is to help secure funding to assist students in paying for college. This funding can be in the form of scholarships, grants, student loans and parent loans.

Topher Short, Coordinator—Hospital Hill
shortch@umkc.edu

Scott Guerrero, Assistant Director—Hospital Hill
guerreros@umkc.edu
Student Organizations
The School of Medicine has a wide range of student organizations. The School of Medicine student organizations are under the umbrella of the Medical Student Advisory Council (MSAC) and must follow their guidelines in order to receive funding through MSAC. All student organizations must be approved through the UMKC Student Life Office and should have a faculty and/or staff advisor. For more information about the approval process please consult the guidelines found at [http://www.umkc.edu/getinvolved/](http://www.umkc.edu/getinvolved/).

Many resources are made available to student organizations. Student groups are encouraged to take advantage of the available resources, but also to understand the policies and procedures involved in accessing them. Start well in advance of the anticipated need and consult with Office of Student Affairs and Office of Student Involvement staff to navigate the process. In addition to the access to student activity fees, recognized student organizations have access to:

- Use of space at the School of Medicine
- Advising support
- Inclusion of events in the Student Affairs Announcements
- Public relations support
- Bulletin board space
- Leadership training

Physician Assistant Student Association (PASA)
Affiliated with the Student Academy of the American Academy of Physician Assistants, PASA is an organization representing current and prospective Physician Assistant students enrolled at UMKC and is focused on education and outreach about the PA profession and service to the greater Kansas City community. Students enrolled in the MMSPA program are encouraged to join and participate as general members and/or elected officers. [https://roogroups.collegiatelink.net/organization/PASA-MMSPA](https://roogroups.collegiatelink.net/organization/PASA-MMSPA)

School of Medicine Office of Diversity and Inclusion (ODI)
School of Medicine, 1st floor, Office of the Dean

Samuel H. Turner, Sr., JD
turnersam@umkc.edu
816-235-1780

Cynthia Ginn, MBA
ginnc@umkc.edu
816-235-6251

The ODI serves as the School of Medicine’s primary division for diversity initiatives, including:

- Support for under-represented minority (URM) recruitment and retention efforts
- Support and advocacy in academic, financial and personal development matters for URM and other students
- Drawing attention to minority health issues
- Equal access and inclusion: emerging issues
- "Pipeline programs": Saturday Academy/Summer Scholars
- Shannon Lectureship addressing health disparities
- Community engagement/partnerships
- SOM contact for harassment/discrimination complaints and/or issues of learning environment

Statement on Discrimination, Intimidation, & Sexual Harassment
The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on
campus and at all times through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination.

Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated. Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately to the course/clerkship department chair, to Samuel Turner in the office of the Dean of the School of Medicine, and/or the Affirmative Action Office. The Affirmative Action Office, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 218A Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-1323. http://med.umkc.edu/odcp/

All formal complaints will be investigated and appropriate action taken.

**Title IX: Sex Discrimination, Harassment, and Assault (A3.11, A3.17d, A3.17g)**

Title IX of the Education Amendments of 1972 is a federal law that prohibits sex discrimination in education. It reads: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal Financial Assistance” -Title IX of the Education Amendments of 1972, and its implementing regulations at 34 C. F. R. Part 106.

Sex discrimination includes sexual harassment, assault, and/or violence. Title IX is often thought of as the law that applies to athletic programs, yet Title IX is much broader than Athletics and applies to many programs at UMKC. While compliance with the law is everyone’s responsibility at UMKC, you can find contact information for the Title IX Coordinator and Deputy Coordinators online who have primary responsibility for Title IX compliance. For additional information, please go to http://info.umkc.edu/title9/.

**Grievances (A3.11, A3.17d, A3.17g)**

It is the policy of the University of Missouri System to provide equal opportunity for all enrolled students and applicants for admission to the University on the basis of merit without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability or Vietnam-era veteran status. Sexual harassment shall be considered a form of discrimination. To ensure compliance with this policy, all prospective or enrolled students will have available to them this student-discrimination grievance procedure for resolving complaints and/or grievances regarding alleged discrimination.

This grievance procedure neither supersedes nor takes precedence over established university procedures of due process for any and all matters related to academic dishonesty, grade appeals, traffic appeals, disciplinary appeals or other specific campus procedures that are authorized by the Board of Curators and that deal with faculty and staff responsibilities. These proceedings may be terminated at any time by the mutual agreement of the parties involved.

Note: A grievance concerning specific incidents filed under this discrimination grievance procedure will not be processed on behalf of any student who elects to use another university grievance procedure. In addition, the filing of a grievance under these procedures precludes the subsequent use of other university grievance or appeals procedures for the same incident.

**Definition of Grievance**

A complaint is an informal claim of discriminatory treatment. A complaint may, but need not, constitute a grievance. Complaints are processed through informal procedures. A grievance is the written allegation of discrimination that is related to: recruitment and admission to UMKC; admission to, and treatment while enrolled in, an educational program; employment as a student employee on campus; or other matters of significance relating to campus living or student life, including, but not limited to: assignment of roommates in residence halls, actions of fraternities and sororities, memberships in or admission to clubs or organizations, student health services and financial aid awards.
A student with an informal complaint will be provided a copy of the appropriate policy and procedure on student complaints and grievances, and the vice chancellor for Student Affairs’ designee, the director of Student Life, and the Division of Diversity, Access and Equity will be available to help the student understand the opportunities afforded through such policies and procedures. The director of Student Life is located in room G-6 of the University Center. The Division of Diversity, Access and Equity Office is located in room 359 of the Administrative Center.

For the complete text of this policy, please see:
https://catalog.umkc.edu/special-notices/equal-opportunity-guidelines/discrimination-grievance-procedure-for-students/ OR
http://www.umsystem.edu/ums/rules/collected_rules/grievance/ch390/grievance_390.010

**Services for Students with Disabilities**
The Office of Services for Students with Disabilities is available to assist any UMKC student with a diagnosed disability that substantially limits the student in one or more major life areas. It is possible that a student may not have a diagnosed disability upon enrolling in a program at the SOM, but discover the disability when encountering difficulties while in our program. Because each person is unique, students are asked to contact this office for an appointment to discuss how they can best be of assistance.

Students in need of accommodations should contact the Office of Services for Students with Disabilities prior to the start of each semester to ensure there is adequate time for accommodations to be made.

Complete information is found at http://www.umkc.edu/disability/
Location: 5100 Rockhill Road 4825T #104
816.235.5612
disability@umkc.edu

**UMKC LGBTQIA Programs and Services**
5100 Cherry
Student Union, Suite 320
Jonathan T. Pryor, MEd, Coordinator
lgbtqia@umkc.edu
816-235-6556
http://info.umkc.edu/lgbt/

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Ally (LGBTQIA) Programs & Services provide the campus community with resources, support, education, and advocacy such that the University of Missouri-Kansas City and the community at large is a welcoming and inclusive environment for all people, regardless of sexual orientation, gender identity/expression, or sex. In support of this, we offer:

- Safe space and diversity trainings for individuals, departments, and organizations.
- A variety of educational and social events throughout the year, most of which are free of charge.
- Campus and community resources- including references for counseling services
- The Rainbow Lounge (Student Union, Suite 325) for relaxation, meetings, and studying.
- Computers with free printing, television and a large selection of LGBTQIA literature in our library.

**UMKC Veterans Resource Center**
Virtual Resource Center
http://www.umkc.edu/veterans/

Provides resources for student service members and veterans including information about campus resources and GI Bill Benefits. In addition, the UMKC Student Veterans Organization, an affiliate member of Student Veterans of America,
strives to provide veteran resources and support, opportunities for campus and community service, and opportunities for veterans and their families to socialize and network. Learn more about the Student Veterans Organization at https://roogroups.collegiatelink.net/organization/umkcsvo/about.

Student veterans can also visit the At Ease Zone in Room 239, Cherry Hall (Volker Campus) for resources, referrals and a place to connect with other student veterans.

**UMKC Counseling Center**
Volker Campus  
4825 Troost Ave, Suite 206  
Hospital Hill Campus (Tuesday afternoons with advance appointment)  
Dr. Rachel Pierce  
piercerac@umkc.edu  
816-235-5186  
http://www.umkc.edu/counselingcenter/default.asp

The Counseling Center mission is to foster the psychological well-being, personal development, and educational potential of our diverse student, faculty, staff, and campus community. Services include assessment, counseling crisis intervention, alcohol and substance abuse prevention, and much more. The UMKC Counseling Center is available to all students. Students are provided an introductory assessment and eight sessions as a part of student fees and sessions after the initial eight are available at a minimal cost. Session allotment renews on August 1 of each year. Students who feel they may be in need of services are encouraged to contact the Counseling Center.

**UMKC Student Health and Wellness**
4825 Troost, Room 115  
816-235-6133  
816-235-6103- Pharmacy  
http://info.umkc.edu/studenthealth/services/

UMKC Student Health and Wellness provides visits and assessments at no charge to UMKC students enrolled in the current semester. However, students will be charged for laboratory tests or other specialty services. Information regarding cost and hours is available online.

**UMKC Police Department and Safety Information (A1.03g)**
5005 Oak Street- Police Department  
24 hours a day, 7 days a week  
Dial 911 for emergencies  
816-235-1515 (Save to your cell phone!)  
816-235-2222- Students can report suspicious or threatening behavior or concerns about fellow students

Police officers and security guards patrol and are positioned across campus to provide safety services 24 hours a day, 7 days a week. Emergency phones are located beneath blue lights in parking and walking areas across campus. You can use these to ask for directions or to report a crime or accident.

Other police services include:
Motorist assistance- jumper cables  
Vehicle lockout assistance- attempt to unlock your vehicle if you lock your keys in while on campus  
Personal escort service to your vehicle or residence hall  
Bicycle registration  
Emergency notification- locator service  
Fingerprinting- charge $8 per card for UMKC student faculty or staff
Lost and found- check with information desk at 816-235-5555

Certain buildings, including the School of Medicine, use card swipe processes to limit access. Students must have their UMKC ID to enter the SOM outside of the hours 8 am to 6 pm Monday through Friday.

Students should sign up for UMKC Alert!, which provides emergency voicemail, text and email notices, including inclement weather information. The information is also posted on the website and gives notices to radio and television news media. Students can update UMKC Alert! information via Pathway or via the UMKC Alert! website, http://www.umkc.edu/umkalert/.

While at clinical rotation sites, students are provided the same safety services which are provided to the employees. Students should ask the preceptor for details regarding safety services.

**UMKC Violence Prevention and Response Project**
108 Haag Hall, Volker Campus
Michelle Kroner, Victim Services’ Adjudication Advisor
816-235-1652

Kacie Otto, Violence Prevention Coordinator
816-235-5560
http://info.umkc.edu/vpr/

The mission of the Violence Prevention and Response Project at the University of Missouri-Kansas City is to strengthen the University and community response to gender-based and sexual violence through victim support services, advocacy, training, education, and outreach to the campus and community.

The Violence Prevention and Response Project (VPR) is a comprehensive education and resource service for the UMKC community. With active prevention efforts, the VPR Project is committed to increasing awareness regarding interpersonal violence (IPV), sexual violence, and stalking, and decreasing the number of UMKC students whose lives are touched by these issues. Violence Prevention and Response services include basic crisis intervention and, if needed, ongoing case management and advocacy services, such as:

- **Legal Advocacy:** working with UMKC and KCPD law enforcement, and court systems, to ensure survivors are able to understand and pursue their desired legal options.
  - Ex Parte Order of Protection (“restraining order”) filing assistance or referral to most appropriate resource
  - Stalking log documentation and assistance available
- **Campus System Advocacy:** working with the Office of Student Affairs and Enrollment Management and/or the appropriate Title IX Coordinator to ensure survivors are able to understand and pursue their desired options through the University Student Code of Conduct process.
- **Mental Health/Health Advocacy:** providing referrals to UMKC Counseling Center and UMKC Student Health and Wellness Center, or outside agencies, if desired. Providing information regarding local hospitals and the role of SANE nurses.
- **Housing Advocacy:** working with the Office of Residential Life and/or off-campus housing authorities to help ensure survivor safety.
- **Academic Advocacy:** working with Deans of schools and colleges to help survivors stay academically successful during their time at UMKC.
- **Other:** assisting survivors, friends and/or family members with other types of assistance and resource referrals, as needed.

**Health Sciences Library (A1.10)**
M2-101
Peggy Mullaly-Quijas, PhD, AHIP
The Library has a group study room (available to reserve), as well as individual study carrels for quiet study. There are moveable tables and chairs for accommodating groups. Wireless access to the UMKC network is available, as well.

Resources
The Library has more than 30 computers available and provides access to research materials and databases for your use. Many of our current medical journals are available online and there is remote access off-campus to most of our resources. For help, see [http://library.umkc.edu/electronic-resources-remoteaccess](http://library.umkc.edu/electronic-resources-remoteaccess).

From the library’s website, students can:
- Learn to use Medline and CINAHL
- Borrow items from other libraries
- Renew books and reserve materials
- See Five Tips for searching PubMed
- Get assistance in finding medical articles, class links, evidence-based medicine links
- Use the “Quick Links” pull-down menu in the upper right corner of the web site to find the more useful options, such as connecting to Medline

**Medical Education Media Center (A1.10)**
M2-C04A
Amanda Worthington, MLS
Manager
816-235-1832
[http://med.umkc.edu/memc/](http://med.umkc.edu/memc/)

The Medical Education Media Center’s mission is to provide an instructional resource lab offering anatomical models, an audiovisual and computer-based learning collection and online test bank for a variety of levels including faculty, staff, and students. The collection of more than 3,000 items is in continual development based on the UMKC School of Medicine’s curriculum, as well as support for continuing medical education. The facility supports this activity with more than 25 computer and laser disk stations, open tables for model use, and a small group study room containing a variety of audiovisual and computer equipment.

**Clinical Training Facility (A1.09, A1.10)**
2429 Charlotte St.
Hospital Hill Parking Structure next to Health Sciences Bookstore
816-235-1845
[http://med.umkc.edu/ctf/](http://med.umkc.edu/ctf/)

Paul Ganss, MS, NRP, NCEE, CHSE
Manager, Clinical Training Facility
816-235-5355
ganssp@umkc.edu

Courtney McCain, BS, NRP
Coordinator, Standardized Patient Program
Phone: 816-235-1865
mccainc@umkc.edu
The Clinical Training Facility (CTF), a unit of Medical Education Support Services, provides skills and simulation experience for the UMKC School of Medicine and its affiliated programs. The CTF not only provides the facility and equipment for task training and simulation, but facilitates the educational process where needed. The CTF is the home of the School of Medicine’s Standardized Patient program, BLS (CPR) and ACLS training programs, and the Emergency Medical Services Education program. Available services include access to task trainers, high fidelity simulation, and assistance with curriculum/scenario design, integration, implementation, and presentation. Course schedule and syllabi will outline dates and times when the skills lab and classrooms are utilized for program requirements.

**Graduate Student Lounge and Lockers (A1.09, A1.10)**  
M3-C29

The Graduate Student Lounge is outfitted with tables, chairs, a microwave, and a refrigerator, and may be used as a study/group-meeting area for all SOM graduate students. The passcode to the door will be provided to SOM graduate students only, and should not be distributed to non-UMKC SOM graduate students. Students utilizing the lounge are asked to treat this area as an office/study space, as not to disturb others in nearby areas. It is the responsibility of students to maintain the general tidiness of the lounge, to include cleaning spills in the microwave and refrigerator should they occur.

Lockers are available to Allied Health students on a first-come-first-serve basis. These lockers are located near the north and east stairwells on the third floor of the medical school. Students utilizing lockers are encouraged to bring a combination lock to maintain the safety of personal items. Should students intend to reserve a locker for an entire semester, rather than on a daily basis, they can do so by reserving a specific locker with Maria Young (youngmari@umkc.edu). All lockers must be cleared and unlocked between each semester. Any locks remaining at the end of a semester will be cut off.

**Lactation Room**  
M2-309  
Access code made available through GME Office: 816-235-6627 or in M2-202

The lactation room for nursing mothers is available on the second floor of the School of Medicine to serve faculty, staff, residents and students. The area is approximately 68 square feet and has been outfitted with a comfortable chair, small refrigerator, sink and a combination access door handle. The room is also equipped with an “In Use” light.

**General Information, Policies, and Procedures (A3.01)**

Upon acceptance of admission, students have many responsibilities to maintain an active status in the program. These may seem overwhelming and repetitive at times, and may be associated with costs to the student; however, they are critical to a student’s ability to complete the program and become a certified professional. Students must become familiar with the university and program policies which govern student status in the program. Program policies apply to students during all phases of the program, regardless of whether the student is located on UMKC campus or at an affiliate clinical site. Students will be notified if they are assigned to a clinical site where the policies are different than, and supersede the program policies.

**Background Checks**

UMKC affiliated hospitals and clinics where students complete clinical rotation requirements require that background checks be conducted before placement. Background checks are required by these organizations to maintain their approved accreditation status with The Joint Commission. All students who accept an offer of admission must clear a background check before matriculation into the program. The cost of background checks are paid by the student. Additional screens may be required for certain rotations or based on changes in the program’s background screening requirements. Any additional screenings are the financial responsibility of the student. The results of background checks are forwarded to the Associate Dean of Student Affairs.
By completing a background check, the student authorizes UMKC to release the results of any background checks in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having been convicted of a crime or has any other unsatisfactory finding in the background check process, the affiliated institutions will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain background check results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics.

Should an incident occur after the initial background screen that may prohibit the student from successfully completing any part of the program, including a required clinical rotation, it is the responsibility of the student to report the incident to program administrators. Each incident will be handled on a case-by-case basis.

**Drug and Alcohol Screening**
All students who accept an offer of admission must complete a drug and alcohol screen prior to matriculation into the program. Drug and alcohol screenings are required annually for students and deadlines will be announced by the program. The cost of screens are paid by the student. Some UMKC affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted prior to student placement. In addition, sites may require additional screens that must be paid for by the student. Results of screens that are not “Negative” are forwarded to the Associate Dean for Student Affairs.

By completing a drug screen, the student authorizes UMKC to release the results of any drug screens in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having a drug screen that is not a negative status, which could be consistent with substance abuse behavior, the affiliated institution will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain drug screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics and/or may require the student to get more drug screenings at the cost of the student.

**Technical Standards**
When completing the MMSPA application, the applicant indicated s/he met certain technical standards necessary to carry out all activities required for completion of the PA education. If there is any change in a student’s technical standards status prior to matriculation or while completing the program of study, the student must notify the program director. Any student approved for a leave of absence must sign a new technical standards form before the leave and upon return from the leave. Technical standards a candidate for the MMSPA degree must possess are listed at: [http://med.umkc.edu/pa/technical-standards/](http://med.umkc.edu/pa/technical-standards/).

**Physical Exam Requirements**
Students are required to undergo an annual physical exam that assesses the ability to perform educational activities based on the program’s technical standards. A licensed healthcare provider (physician, physician assistant, or nurse practitioner) of no relation to the student must release the student to participate in program activities on the specified program form. The actual physical exam results or medical information should not be submitted to the program, only the release form. The first exam must be completed no sooner than six months prior to program matriculation and will be required annually. Deadlines for physical exams will be announced by the program.

**Student Healthcare Providers (A3.09)**
The MMSPA program or SOM faculty are not allowed to provide medical care to students. SOM faculty or clinical site preceptors may only provide health care for a student in an emergency situation; once stabilized, student care must be transferred to another health care provider. Students may continue to receive health care from their personal provider or the UMKC Student Health and Wellness staff can provide quality health care and health promotion to UMKC students. If a student’s healthcare needs cannot be met at Student Health, staff will assist the student in finding the appropriate health resources.
Infectious/Communicable Disease Policy and Procedures (A3.08)

Infectious/communicable diseases are common and may be a threat to students. During the performance of required clinical activities students act as healthcare workers (HCWs) and are at risk for contracting and transmitting infectious diseases as a result of patient contact. The outlined health and immunization requirements protect both the well-being of the students and that of their patients. The immunization and health screening requirements for the program are minimally based on both current recommendations for HCWs by the Centers for Disease Control and Prevention (CDC), as well as by UMKC affiliated hospitals and clinics.

During the performance of required clinical activities, students may have contact with patients with various infections such as blood borne transmitted disease (e.g., Hepatitis B [HBV], Hepatitis C [HCV], Human immuno-deficiency virus [HIV]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps) and contract transmitted disease (e.g., methicillin-resistant Staphylococcus aureus). This contact may expose the student to infectious agents, and may result in the student transmitting an infectious disease to other students, faculty, patients, and family members. During pregnancy, the fetus may also be at risk depending on the infection (e.g., Varicella).

To help protect the health and safety of its students, as well as that of patients, the School of Medicine requires students to adhere to, and provide documentation of:

- Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases,
- Training and education regarding environmental hazards and infectious exposures, and
- Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary.

Immunization and Health Screening Requirements (A3.07)

Procedures

- Specified immunizations and health screenings are required for all students unless medically contraindicated (health care provider documentation must be provided and based on CDC contraindication guidelines).
- Additional requirements may be required by a clinical affiliate. If so, students will be made aware of additional requirements and will need to ensure compliance with the additional requirements at their own cost, as necessary.
- Immunization and health screening requirements will be reviewed annually by the program to ensure they meet the most recent CDC recommendations and affiliate policies. Students will be notified of changes to the immunization policy and given direction on how to complete any additional requirements.
- Students must provide proof of certain immunizations and health screenings prior to matriculation and clinical placement. Students are required to use the Allied Health Immunization Form and required attachments to confirm initial compliance with the immunization and health screening requirements. The form must be signed by a qualified health care provider (physician, physician assistant, or nurse practitioner) who is not related to the student. After initial compliance is confirmed, laboratory results and other documents may be used to prove compliance of subsequent screenings and immunizations.
- If a student cannot meet the requirements, the student may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics.

Students must provide proof of the following:

Tuberculosis- TB screening procedures vary based on a student’s immunization/disease history.

1. Students who do not have a history of TB infection/disease or have not had positive TB test results in the past (regardless of BCG vaccination status) are required to have an initial TB skin test (TST) within six months of matriculation (completed by student) and one within the first month of the program (provided by school). (The second TST must be placed at least seven days after the first.) Annual testing is required thereafter.
2. Students who have a positive history of TB disease must provide documentation of positive TB skin test (TST) results and TB treatment, and must complete the program TB symptoms form upon matriculation. Students must
complete the symptoms form annually. Based on results of the symptoms form additional action may be required.

3. Students who have tested positive for TB infection (and not had the BCG vaccination) must provide documentation of positive TB skin test (TST) results, a negative two-view chest x-ray, and must complete the program TB symptoms form upon matriculation. Students must complete the symptoms form annually. Based on results of the symptoms form additional action may be required.

4. Students who have tested positive for TB infection and have had the BCG vaccination must provide documentation of positive TB skin test (TST) results and a negative TB blood test (IGRA). Students must complete the program symptoms form annually. Based on results of the symptoms form additional action may be required. If a student tests positive on the IGRA, a two-view chest x-ray is required and the student will complete the program symptoms form annually. Based on results of the symptoms form additional action may be required.

Influenza- Annual immunization with the current season influenza vaccine is required.

Tdap (Tetanus-Diphtheria-Pertussis)- Evidence of one dose of Tdap within 10 years of all program activities. If student has received Td only, then a one-time dose of Tdap must be received, then boost with Td every 10 years.

MMR (Measles, Mumps, & Rubella)- Students born after 1957 must show immunity through documentation of a series of two doses of MMR vaccine (must be administered at least one month apart) or laboratory evidence of immunity via positive antibody titer results. Students with negative or indeterminate antibody titer results will be required to complete vaccination series.

Varicella (chickenpox)- Evidence of immunity is documentation of two doses of varicella vaccine (administered at least 28 days apart with the last dose completed at least two weeks prior to clinical start date) or laboratory evidence of immunity via positive antibody titers. Students with negative or indeterminate antibody titer results will be required to complete vaccination series.

Hepatitis B- Evidence of immunity is documentation of three Hepatitis B vaccines (2nd injection administered at least 28 days after 1st injection and the 3rd injection must be administered 6 months after the 1st injection or 5 months after the 2nd injection) or laboratory evidence of immunity via positive antibody titer (titer must be obtained at least 30 days after the 3rd injection). Students with negative or indeterminate antibody titer results will be required to complete vaccination series and an antibody titer 1-2 months after the third dose of the series.

Polio- Series of four doses required.

References


Once matriculated, students may obtain these vaccines, tests, and exams through UMKC Student Health and Wellness or a health care provider of their choice. Annual requirements for the School of Medicine (TST screens and flu shots) will be provided at no cost when obtained through Concentra. Other services, including chest x-rays, are paid for by the student or their insurance company. To receive services covered by UMKC at Concentra, students must be approved, and follow the guidelines and instructions outlined by the program. Notification of approval to receive services from Concentra will be emailed to the student by the Program Coordinator. Students in Kansas City may only receive services at the Crossroads Concentra location at 200 Southwest Blvd, Kansas City, MO 64108. Students rotating at clinical sites outside of the Greater Kansas City area may access other Concentra locations, however, when the cost is to be covered by UMKC, services need to be coordinated through the Office of Allied Health.

Health Insurance
Students must maintain personal health insurance throughout the duration of the program. Proof of insurance will be verified by program administrators within the first month of the program and continuous coverage is the responsibility of the student. Health insurance is a requirement that protects the student. Students should carefully consider the type of coverage they select, as follow-up visits/treatments for any potential injury or exposure while in the program will likely be the financial responsibility of the student.
Student health insurance is an option available to UMKC students through Aetna Student Health. Information can be found at [http://info.umkc.edu/studenthealth/student-health-insurance/](http://info.umkc.edu/studenthealth/student-health-insurance/). Students are encouraged to research and consider other insurance options, as well.

Students found to not have continuous health care coverage may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics.

Students should always carry their health insurance card!

**Infectious/Communicable Disease Training and Post-Exposure Information (A3.08)**

Students who follow the recommendations developed by the Centers for Disease Control (CDC Universal Blood and Body Fluid Precautions) have minimal risk of contracting any infection in the course of their clinical practice activities. Training and education regarding environmental hazards and infectious exposures is provided during the didactic phase of the program. Students must demonstrate competency in the corresponding learning outcomes before they will be able to participate in educational activities that would put them at risk. Students are expected to consistently and appropriately implement Universal Precautions and other appropriate safety measures thereafter. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel. However, injuries and infectious exposures may occur during patient care activities and it is important that students understand the actions they need to take to protect themselves.

**Guidelines for Student Exposure to Infectious and Environmental Hazards (A3.08)**

**Blood and body fluid exposure (HIV, Hepatitis B, Hepatitis C)**

An “exposure incident” refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student’s clinical duties. Should a patient’s blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site- vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor, and follow established protocol for the site. **Site-specific exposure protocol is provided in each clinical site’s profile in Project Concert.**
3. If no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
   a. This should occur within 2 hours for a known HIV infected source and 4-6 hours for all other exposures.
   b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you many need to find the nearest Emergency Department. Students should review site-specific exposure protocol, located in each site’s profile in Project Concert, with each new clinical site assignment.
   c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV and other infectious agents.
   d. In the event that additional follow-up medical care is necessary, students will need to refer to site-specific protocol to discover whether this will continue to be provided by the initial site or if the student should arrange follow-up with their own health care provider.
5. Report the event to the program director within 24 hours of the event. Students are required to complete Part 1 of the Exposure or Injury Report and Clearance Form to report the event.
6. If expert advice is needed refer to the PEPline, 1-888-448-4911 or **PEP Quick Guide for Occupational Exposures** [http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/](http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/)
Other Exposures, Illness, or Injury (A3.08)

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. These may include, but are not limited to:

<table>
<thead>
<tr>
<th>Exposed to:</th>
<th>Ill with symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella zoster (chicken pox)</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td>Herpes zoster (shingles)</td>
<td>Diarrheal disease</td>
</tr>
<tr>
<td>Measles</td>
<td>Skin infection, rash</td>
</tr>
<tr>
<td>Certain bacterial meningitis (N meningitidis, H influenza)</td>
<td>Upper respiratory illness with fever</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>

In such cases, or in the event of an injury, the student should be evaluated by a health care provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site preceptor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own health care provider. Students must report such instances to the program director within 24 hours of the event and are required to complete and submit Part 1 of the Exposure or Injury Report and Clearance Form.

Medical Follow-up and Clearance to Return to Clinical Activities (A3.08)

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure incident/illness/injury will be determined by the student’s health care provider (in collaboration with the student) and other appropriate health care professionals. Students are required to use the Exposure or Injury Report and Clearance Form to report proof of clearance to return to the patient care setting (Part 2). The recommendation for clearance to return to patient care activities must be provided via signature of a qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable Occupational Health nurse), who is not related to the student on Part 2 of the Injury Report and Clearance Form. This form must be submitted to the program director before clinical activities may resume.

Financial Responsibility (A3.08)

Students are not employees of the hospital, clinic or practice where they are rotating, thus they are not covered under workman’s compensation if they suffer an accident, exposure, or injury. All students are required to carry medical insurance to cover the expense of such unlikely event and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student. Only a small number of clinical sites cover these costs. Detailed information about which costs the student is responsible for is provided in the site-specific exposure protocol located in each site’s profile in Project Concert.

Effects of Exposure/Illness/Injury on Student Learning Activities (A3.08)

Effects of infectious and environmental disease or disability from a clinical exposure may affect a student’s learning activities. The student will need to contact the program director to make arrangements regarding absences, make up of work and future action plan, as necessary. Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of infectious and environmental disease or disability. A student’s inability to complete a clinical rotation and/or program of study may delay a student’s graduation or qualify the student for separation from the program. Students should refer to the Committee on Progression policies regarding leaves of absence and criteria for separation.

Student Employment (A3.04, A3.05, A3.06, A3.14h)

Full or part-time employment is strongly discouraged while a student, but not prohibited. Due to the rigorous nature of the program, the demands placed on students are extremely high, particularly with respect to the clinical work schedule and associated study requirements. Non-program activities shall not interfere with academic or clinical requirements of the program.
Students are not required to work for the program. Students may not, by position or responsibility, be employed or function as instructional faculty or substitute for clinical or administrative staff during clinical rotations. UMKC employee policies do not apply to students while in the program. An MMSPA student, credentialed or licensed in other non-PA professions cannot function in that role while in the role of an MMSPA student. Students must not accept payment while on rotation for work at clinical sites. Rotation experiences are for educational purposes only.

**Appearance Policy**

Students should maintain a professional appearance and dress appropriately whenever they are representing UMKC and the PA profession in any setting. This includes the campus, clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies professionalism. Students should adhere to the following appearance policy:

**Business Casual:** Business casual attire is expected in didactic courses and at clinical experiences. Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut or expose the midsection or undergarments. Students are not to wear flip-flops, shorts, cut-offs, hats, jeans, clothing with rips/tears, sweat clothing, workout attire, short skirts/shorts, halter type tops or T-shirts.

**Scrubs:** Program scrubs are expected in the skills lab setting. Hospital-issued scrubs may be worn to clinical experiences with the permission of preceptor, but should not be worn home from the facility.

**Professional Attire:** A student-type, short white coat should be worn in clinical settings. No open-toed shoes in patient care settings.

**Nametags: (B3.01)** Proper identification as a PA student is mandatory at all times. UMKC SOM I.D./nametag must be worn while at clinical sites. Some sites also require wearing separate security I.D. badges; these badges will be arranged during orientation at the beginning of the rotation.

**Jewelry:** No excessive jewelry. No more than two earrings per ear, no dangling or oversized earrings. No other visible body piercing permitted unless demanded by religion/culture.

**Nails:** Fingernails should be kept trimmed and when in surgical settings or rotations without polish or artificial nails.

**Tattoos:** Tattoos that are perceived as offensive, hostile or diminish the effectiveness of the student as a role model for others must not be visible.

**Perfume/Aftershave:** No excessive or heavy perfumes or after-shave/colognes.

**Hair:** Hair should be clean and arranged so as not to interfere with providing patient care. Facial hair should be neatly trimmed.

**Exceptions:** Established dress codes at clinical rotation sites supersede those of the Program (except required UMKC SOM I.D. badges). All other exceptions will be considered on a case-by-case base by the program director.

Clinical supervisors, preceptors, or MMSPA faculty reserve the right to ask a student who is inappropriately dressed to leave the learning environment.
Academic Information, Policies, and Procedures

UMKC Email and Single Sign On (SSO)
UMKC email is the official means of communicating with students. Students are expected to check and read program related emails daily. Students must maintain their mailbox to be eligible to receive emails. Faculty will not rely on non-UMKC email addresses to communicate with students. Students must keep their single sign on and password active in order to access Blackboard and other course-related sites and resources.

Tuition, Fees, and Other Program Costs
Students are responsible for managing tuition and fee payments. Students with outstanding balances may be ineligible for course enrollment. Students are responsible for knowing the conditions for refund upon course withdrawal and the impacts of drop dates and financial aid. Policies and procedures are found on the Cashiers and Collections website: http://www.umkc.edu/adminfinance/finance/cashiers/policies3.asp

The Board of Curators has approved flat tuition rates to be charged per semester for the MMSPA program. Fees are capped at 12 credit hours for fall and spring semesters and at 8 credit hours for summer semester, with the exception of technology fees which are not capped. In the event a student receives a tuition discount or assistance from the School of Medicine, the discount may be reviewed each semester and is subject to change.

Additional costs for medical equipment, books, conference registration/travel and out of town rotation travel and living expenses are the responsibility of the student. An estimate of these costs is distributed to students prior to matriculation. These costs are considered when the Financial Aid Office is assessing student financial assistance needs.

Pathway and Course Enrollment
Although the Student Affairs education coordinator, Allied Health administrators, and faculty will assist students with enrollment reminders and grade assessment, it is the student’s responsibility to ensure these are accurate and up to date. Students are responsible for Pathway course enrollment, withdrawals and other functions. Students must register for courses on time for access to Blackboard (online course management system) and to process financial aid. Late registration may affect participation in clinical activities.

Proof of Enrollment
If students must verify their status as a student for instances such as obtaining loans they must obtain a certificate the national clearinghouse. The program cannot provide proof of student status for these purposes. Students can obtain an enrollment certificate online at https://www.umkc.edu/registrar/nsc/index.cfm.

Malpractice Coverage
Students are provided with medical malpractice coverage by the university while enrolled in the program. Affiliate hospitals and clinics will not allow placement of students without this coverage and the program will provide clinical sites with a statement of coverage. Students are not covered for malpractice if they are not registered for coursework in Pathway or if they are on a leave of absence. In addition, students who may participate in shadowing experiences not affiliated with UMKC MMSPA assigned curricular components, are not covered by their student malpractice.

Academic Advising (A3.10; C3.03)
Each student is assigned an academic advisor within the program. Advising appointments are required of students after the end of each semester. Record of the appointment will be kept by the advisor and documented in the student’s program record. Notes of advising sessions are not kept in the student’s academic record. The program director or advisor may refer a student to the Student Affairs Education Coordinator for further referral/recommendation regarding necessary services and resources for the student.

Program of Study (A3.14d, A3.17b, C3.04)
To earn the Master of Medical Science Physician Assistant degree, students must progress through the program of study as designed, and in accordance with the requirements set by the Allied Health Committee on Progression. Students must
demonstrate certain competencies and academic achievement at the end of the didactic phase in order to progress to
the clinical phase. To qualify for graduation, students must meet the requirements as outlined by the Allied Health
Committee on Progression. For information pertaining to the criteria for promotion, probation, separation, retained, and
graduation and the policies and procedures that apply to each, please refer to the Allied Health Committee policies and
procedures.

The outlined Program of Study may change during a student's progression through the program. Graduate students must
submit an approved program of study form prior to completing 60% of the academic program, per the UMKC Master’s
Degrees Academic Regulations. Program administrators will work with students to submit program of study forms.

**Advanced Placement (A3.15c)**

Course work in the MMSPA Program differs from most traditional graduate programs. Due to the content of each
semester building on the knowledge base from the previous semester, it is vital that all students of the UMKC MMSPA
program complete the required work in the prescribed sequence. No advanced placement within the MMSPA program
will be allowed for prior academic or clinical experience.

**Remediation Policy**

**Remediation in the Didactic Phase**

Remediation in the didactic phase will occur when a MMSPA student fails to successively pass a module exam or clinical
assessment/skill check off in the following courses: MEDPA 5531, MEDPA 5532, MEDPA 5533, and MEDPA 5534.

In the event that a student fails a module exam (<70%), the course director will notify the student. The student will then
meet with their advisor to formulate a remediation plan. The remediation plan will be tailored to the failed learning
outcomes and may consist of appropriate reading, other applicable learning activities, working with relevant instructional
faculty, and accessing SOM academic resources for assistance.

The student will have the opportunity to take a remediation exam and must earn a score ≥ 70% to pass. A student is
allowed only one attempt at the remediation exam. Regardless of the remediation exam score, the score equal to 70%
will be awarded. A student may not remediate more than 50% of the module exams in any one semester. Achieving less
than 70% on more than 50% of the module exams in a semester will result in failure of the course.

In the event a student fails a module clinical assessment or skills exam by scoring below the program set passing score,
the student will meet with their advisor to formulate a remediation plan. The student will have the opportunity to take a
remediation clinical assessment and/or skills exam and must score the program set expectation in order to pass. The
student is allowed only one attempt at the remediation exam. Regardless of the remediation clinical assessment or skill
exam score, the minimum passing score for the exam will be awarded.

Students must complete any and all remediation exams prior to the end of the course.

Students who fail to successfully complete a remediation plan and/or exam will be referred to the Allied Health
Committee on Progression for further determination.

**Remediation in the Clinical Phase**

Remediation in the clinical phase will occur when students fail to successfully pass the end of rotation exam (EOR) for the
following subjects: family medicine, internal medicine, women’s health, pediatrics, general surgery, psychiatry, and
emergency medicine.

Students must pass the EOR exam to pass the course. Failure to achieve the program-defined pass rate for the EOR exam
on the first attempt will result in the student enrolling in a study course immediately following the rotation in which the
EOR exam was not passed. Failure to pass the EOR exam at the end of the initial study course will result in a second
study course and a third attempt to pass the EOR exam. Failure to successfully pass the end of rotation exam on the third attempt will result in failure of the course.

Enrollment in a study course(s) will result in the extension of a student’s program of student to allow for the completion of required clinical rotations and may result in a delay of graduation. Financial costs associated with an extended program of student are the responsibility of the student.

Remediation of the Promotion & Summative Exam
Students who fail to meet the program set passing score for passage of the promotion and/or summative exam will be given one chance to remediate each exam. Students who fail to achieve a passing score will be notified by the Program Director. Students will then meet with the Program Director and the student’s academic advisor to formulate a remediation plan. The remediation plan may consist of appropriate reading and activities relative to subject areas of need, scheduled meetings with identified faculty and identification of SOM resources for assistance.

The time required to remediate either exam may result in a delay of program completion and graduation. Students who fail to successfully remediate the promotion and/or summative exam will appear before the Allied Health Committee on Progression for further determination.

Grade Appeals for Graduate Courses
Students are responsible for meeting the standards of academic performance established for each course in which enrolled. The establishment of the criteria for grades and the evaluation of student academic performance are the responsibilities of the instructor and should be included in the course syllabus. This grade appeal procedure is available only for the review of allegedly capricious grading, and not for review of the instructor's evaluation of the student's academic performance. Capricious grading, as that term is used here, comprises any of the following:

1. The assignment of a grade to a particular student on some basis other than the performance in the course.
2. The assignment of a grade to a particular graduate student according to more exacting or demanding standards than were applied to other graduate students in the course, or
3. The assignment of a grade by a substantial departure from the instructor's standards as detailed in the course syllabus.

Students will follow these steps to pursue a grade appeal:

Step 1
A student who charges that they were graded capriciously must initiate the grade appeal process by notifying the Assistant Dean for Graduate Studies in writing of their intent to do so. This dated correspondence must clarify how the student’s grade was assigned capriciously (as defined in 1-3 above), and it must identify the grade the student believes he/she should receive.

Step 2
The student should first discuss the course grade fully with the instructor of the course. This must be done within six weeks after the beginning of the succeeding regular academic semester. If the matter is resolved at the instructor level, the recommendation to accept the grade appeal is presented to the SOM Graduate Council for review and recommendation to the Dean.

Step 3
If the matter cannot be resolved by consultation with the instructor, the student should appeal, in writing, to the department chair or program director within fourteen (14) consecutive calendar days after notification of the decision of the instructor. If the instructor fails to respond to the student request to discuss the course grade within 14 days of the request, the student should appeal, in writing, to the department chair or program director. If the matter is resolved, the department chair’s or program director’s recommendation to accept the grade appeal is presented to the SOM Graduate Council for review and recommendation to the Dean.
Step 4
If the matter is not resolved at the department or program level, or if the course is multidisciplinary, the student may appeal, in person and writing, to the School of Medicine Dean through the following process. The student may appeal to the Assistant Dean for Graduate Studies within fourteen (14) consecutive calendar days after notification of the decision of the department chair or instructor, respectively. After the student’s appeal to the Assistant Dean, an ad-hoc committee to review the record and provide advice on the matter may be appointed by the Assistant Dean. The student may have additional input at this level by submitting written correspondence expressing his/her views concerning the grade appeal or by submitting other supporting documentation. The recommendation of the Assistant Dean (or ad-hoc committee if applicable) will be forwarded to the Graduate Council for a review and recommendation to the Dean of the School of Medicine for official determination. The final decision of the Dean will be communicated to the student, the instructor, and department chair or program director.

Step 5
If the matter is not resolved within the School of Medicine, the student may appeal to the Provost. This appeal must be made within ten (10) consecutive calendar days after notification of the decision of the Dean.

Step 6
The Provost or designated representative shall review the full record of the case and appeal documents. At this level, the Provost may appoint an ad-hoc academic appeals committee to review the record and provide advice on the matter. The decision of the Provost is final and will be communicated to the student, the instructor, the department chair and the dean of the School of Medicine.

Videotaping/Recording Courses
University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in Section 200.015 of the Collected Rules and Regulations. In this program, students may not make any audio or video recordings of course activity (including those recordings prepared by an instructor), except if permitted to record as an accommodation under Section 240.040 of the Collected Rules. All other students who record and/or distribute audio or video recordings of class activity are subject to discipline in accordance with provisions of Section 200.020 of the Collected Rules and Regulations of the University of Missouri pertaining to student conduct matters.

Those students who have written permission from the course instructor to record are not permitted to redistribute any audio or video recordings of statements or comments from a course to individuals who are not students in the course without the express permission of the faculty member and of any students who are recorded, including those recordings prepared by an instructor. Students found to have violated this policy are subject to discipline in accordance with provisions of Section 200.020 of the Collected Rules and Regulations of the University of Missouri pertaining to student conduct matters.

Students are videotaped in certain academic classes and clinical labs for teaching and learning purposes and will be made aware of these occurrences.

Access to Student Records (A3.20, A3.21)
All student educational records are protected by FERPA (Family Education Rights and Privacy Act) as described in the University Collected Rules and Regulations, Section 180.020 Student Records. If a student has questions or would like more information regarding this regulation and its implementation at UMKC, visit http://www.umkc.edu/registrar/records/ferpa_students.asp or http://www.umsystem.edu/ums/fa/ipsrc/student-information

The School of Medicine does not maintain student health records; immunization documentation, physicals ensuring compliance with technical standards, drug screen results and reports of injuries during training are not considered
student health records. These documents may be released to clinical affiliates and faculty members for educational purposes. Students authorize the release of these documents by signing the program agreement form.

The School of Medicine does maintain academic and disciplinary student records. A student may request access to his/her own academic and/or disciplinary records which are kept secure and separate. A student may not access other individual student records. Academic records include information concerning a student’s admission status and academic status (progression, probation, separation, dismissal, and graduation). Disciplinary records are kept separate from academic records, and would include information regarding the Standards of Professional conduct and investigations and recommendations made by the Honor Council. To gain access to records, a student must make an appointment with the Office of Evaluation, which is located on the First Floor of the School of Medicine. A student may not remove records, but may privately review them in the Office of Evaluation.

Financial records are maintained by the UMKC Cashiers and Collections and Office of Financial Aid. Transcripts are maintained by the UMKC Office of Registration and Records.

**Assessment Responsibilities**
The completion of course, instructor and program evaluations is a professional responsibility of students. Graduates are also requested to complete a program assessment post-graduation.

**Project Concert**
Project Concert is a web-based system designed specifically to track information for health professions training programs. UMKC Allied Health programs use Project Concert primarily for tracking information and evaluation of our students and faculty. Students will be issued a user name and training regarding use of the system and are required to use it for assessment, clinical experience tracking and to update their personal information, as indicated by the program. Specific policies for using Project Concert are provided to students in the Project Concert User Guide for Students and in respective syllabi, as necessary.

**Student Research**
While completing required coursework, including supervised clinical experiences (SCPEs), students must not substitute for individuals in the role of research staff or investigator. Research activities must not pre-empt the required student learning activities and minimum required clinical hours of clinical rotations. While on clinical rotations, assuming the preceding criteria are met, if time allows and the appropriate opportunity is present, students may observe or assist an investigator or research staff in the conduct of research; however, participation in such research opportunities must be approved in advance by the clinical coordinator.

**Suspected Violations of Professional Standards**
All students at UMKC are expected to abide by the Standard of Conduct as described in the University of Missouri System Collected Rules and Regulations, Chapter 200 Student Conduct, section 200.010 Standard of Conduct. In addition, students must abide by the School of Medicine Standards of Professional Conduct. The conduct code is designed to ensure social responsibility, academic integrity, and the safety of our community. Students found to be in violation of the Standard of Conduct may face formal sanction, ranging from warning to expulsion. Students have the right to a formal hearing. When academic dishonesty within a course is admitted by the student or confirmed by evidence, the faculty will assign the outcome described in the course syllabus (e.g., failing grade for an assignment, grade for exam or course, as appropriate). Additionally, the faculty may also refer the incident to the Assistant Dean for Graduate Studies, who will refer the incident to the School of Medicine Honor Council for investigation and recommendation. Recommendations may include no action, warning, probation, suspension or dismissal. For more information students should read the School of Medicine Standards of Professional Conduct and the Procedures for Managing Suspected Violations of Standard Conduct and Professional Standards.
Attendance Policies and Daily Short-Term Absences

Didactic Course Attendance
Attendance at all instructional periods is expected. Students shall provide a written report to the program director and course instructor regarding the reason for an absence a minimum of 24 hours prior to the absence, unless not possible due to the circumstance of the absence. Students requesting an absence from a didactic class will be responsible for the material presented in class and must make arrangements to complete missed assignments or exams. Any assignments or exams missed must be made up at the discretion of the instructor. If an absence is determined to be unexcused by the program or course director the ability to complete missed assignments is not guaranteed. If a pattern of absences appears to surface, a student will be referred to the AH Committee on Progression. Examples of excused absences may be:

- Illness or healthcare appointments for acute matters. An absence of three or more consecutive days due to illness requires a written excuse from a health care provider of no relation to the student on official letterhead. Letter should be submitted to the Program Director.
- Special Circumstances- Unusual circumstances resulting in an absence, e.g. bereavement leave, jury duty

Jury Duty- Students summoned to serve jury duty should act immediately once the summons is received. Many jurisdictions allow postponements for currently enrolled students, but the student must research and request this in a timely matter. If necessary/desired, the program can provide the student a letter detailing the nature of the program to include with the postponement request. Students registered in the Jackson County, MO jurisdiction can find out more online, http://www.16thcircuit.org/qualifications-excuses-postponements.

Clinical Experience Attendance
See UMKC MMSPA Program Clinical Policies for clinical rotation attendance and absence reporting policies.

Extended Program Absence
An extended program absence for Allied Health students is defined as a period of absence from the didactic phase for at least six consecutive weekdays, but no more than 14 consecutive days or an absence from the clinical phase for at least six consecutive weekdays, but no more than 21 consecutive days. Extended program absences must be approved by the Program Director. Refer to the Allied Health Committee on Progression for specific process and procedures.

Leave of Absence
A leave of absence may be granted for the following reasons:
- Personal
- Medical
- Emergency
- Administrative

Refer to the Allied Health Committee on Progression for Leave of Absence definition and process and procedure.

Withdrawal from Program
Refer to the Allied Health Committee on Progression for withdrawal process and procedure.

Closing of Campus (including Inclement Weather)
The Chancellor, at his/her sole discretion, shall determine whether the condition is such a nature as to require cancellation of classes and/or closure of the University. Example events which may prompt such a decision include severe weather, natural disasters, act of terrorism, workplace violence, or significant utility outages.

Didactic Phase and Clinical Phase Students Rotating in Kansas City Area- Should the Chancellor determine that classes are to be cancelled and/or the University closed due to inclement weather, the following steps shall be implemented for courses and rotations by the program:
If UMKC Volker campus has closed, there will be no School of Medicine course activities that day. This includes regularly scheduled lectures, laboratories and learning activities.

Clinical activities will also be suspended in the following way:
1. If notification occurs by 5:30 a.m. using the UMKCAalert! System students are excused from clinical duties. Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.
2. If notification occurs during the day or before 3:00 p.m. for evening events and classes, the UMKC SOM will communicate an announcement from the Dean's office to UMKC faculty and staff when this has occurred. Specific information regarding the weather status at the School of Medicine will be placed on the SOM website and SOM primary telephone number (816-235-1808) to reflect the same weather closure information on the UMKC primary website. Students should be excused immediately from clinical duties in order to return home safely. The program will also make efforts to communicate to faculty and to students on their rotation by email when clinical duties are suspended. Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

Non-inclement weather closure of campus- Should campus be closed for a reason other than inclement weather, clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.

Clinical Phase Students Rotating Outside of Kansas City Area- Students are not expected to put themselves in dangerous situations. If a student feels as though road conditions are too difficult for to drive, then he/she should report the absence to the clinical coordinator. If a clinical coordinator cancels a clinic day due to inclement weather, it is does not need to be made up, but should be reported to the clinical coordinator. Students should strive to still meet the minimum required hours for the rotation. If this is not possible, the student should contact the clinical coordinator immediately to discuss.
Clinical Policies and Procedures
The following clinical policies are to be adhered to in relation to the academic work required of the following courses with clinical experiences:

5511 Clinical Practicum I
5512 Clinical Practicum II
5513 Clinical Practicum III
5514 Clinical Practicum IV
5610 Family Medicine I
5611 Family Medicine II
5620 Internal Medicine I
5621 Internal Medicine II
5630 Emergency Medicine
5640 Women’s Health
5650 Pediatrics
5660 General Surgery
5670 Behavioral Medicine
5680 Geriatrics
5690 Elective rotations and other elective rotations in previously mentioned specialties

Policies specific to clinical practicums or rotations will be specified, as necessary. These policies may require modification at any time. Students will be made aware of any changes in policies as they are made.

Clinical Immunization, Background, and Drug Screening Requirements
Students are required to comply with the UMKC Immunization, Physical, Background Check, Employment Verification and Drug Screen policies during their program of study. Some clinical facilities may have additional requirements for students rotating at their facility, including but not limited to additional paperwork, drug/alcohol/background screenings, immunization requirements, etc. When applicable, these additional requirements are the responsibility of the student.

HIPAA Compliance
Prior to clinical experiences, all students are required to be trained in the Health Insurance Portability Accountability Act (HIPAA) medical privacy regulations. Students must demonstrate continuous compliance with these regulations throughout the program.

OSHA Guidelines (A1.03d, A3.08)
Safety is an important objective for students and patients. Prior to starting clinical experiences, students receive training in accordance with the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and are provided information regarding the appropriate methods of handling blood, tissues and bodily fluids, as well as dealing with the management of communicable diseases. Each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Students should refer to the General Information, Policies and Procedures section of the student handbook for specifics on Infectious/Communicable Disease Policy and Procedures.

Affiliation Agreements (A1.02)
Affiliation agreements must be established between all clinical sites/preceptors and the University of Missouri-Kansas City School of Medicine before students can enter the clinical site as a student. Affiliation agreements are legal documents that address liability, malpractice and issues pertinent to the site location and practice type. The UMKC MMSPA program has affiliation agreements in place with physicians, physician assistants, and healthcare institutions allowing for a complete curriculum of clinical experiences to be set up for each student.

Student-Initiated Clinical Experiences (A3.03)
Students are not required to arrange their own clinical experiences, but may suggest potential opportunities to the Clinical Coordinator. The program is committed to developing new relationships with preceptors and clinical sites and must approve any and all requests to do so. Students should recognize that it may take months to arrange such an
experience or that the request might not be completed/approved. To suggest a clinical experience, students must observe the following:

1. Students should allow at least four months for the necessary paperwork to be completed.
2. The student is prohibited from contacting the clinical site without first obtaining written permission from the Clinical Coordinator via submission and approval of a Clinical Site Request Form.
3. Using information from the Clinical Site Request Form, the Clinical Committee will evaluate the potential site/preceptor to determine if they meet program expectations and accreditation standards.

**Elective Clinical Rotation Experiences**

Elective clinical experiences are rotations beyond those required by the program. These experiences may be selected by the student, but the Program reserves the right to assign the student a specific elective to meet expected program clinical expectations and learning competencies. The experience is chosen, either from a site in the program’s database or from a site the student suggests, but must be approved by the Clinical Committee. The elective clinical experience can be an opportunity for students to enhance an area of interest and/or a potential location for future clinical practice.

**Preceptors and Supervision** *(A2.15, A2.17)*

The student will be assigned a primary preceptor for each clinical location. Students can access contact information for the primary preceptor through his/her respective site profile in Project Concert. That preceptor is responsible for providing ongoing and timely feedback regarding clinical performance, knowledge base and critical thinking skills, based on the student’s level of training and the respective course’s learning objectives. During a student’s time at the facility, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. The primary preceptor may not be with a student during every shift, but students will be assigned to another MD, DO, PA, or NP who will serve as the student’s preceptor for any given time interval. Although students may interact with and be supervised by resident physicians, the program does not rely primarily on resident physicians for didactic or clinical instruction. Having more than one clinical preceptor offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available by a physician, PA or NP, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. On each rotation, it is the student’s responsibility to ensure that the supervising preceptor also sees all of the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increasing autonomy in accordance with the PA student’s demonstrated level of expertise. However, every patient must be seen and every procedure evaluated by the supervisor prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

**Program Responsibilities for Clinical Experiences**

- The program is responsible for coordinating (identifying, contacting, and evaluating) and assigning all student clinical experiences. Student preferences for clinical assignments may be taken into consideration, but cannot be guaranteed. *(A3.03)*
- Clinical assignments are given at least 30 days in advance, however the program reserves the right to alter assignments during the semester using the student’s schedule and available times as a reference.
- The program will provide specific practicum/rotation learning objectives to preceptors and students.
- The program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment not conducive to learning.
- The program will withdraw any student from a clinical experience at the request of the preceptor when it is deemed that the student’s work, conduct, or health is considered unsafe or detrimental to patients or the practice site.
• The program will withdraw any student from a rotation if there is a significant conflict between the student and preceptor that would deter from the learning experience.
• The program will evaluate the suitability of the clinical site and preceptor, and will use these evaluations as an opportunity to assess student progress and address any preceptor and/or student issues.
• The program will determine the final grades for students.

Student Responsibilities for Clinical Experiences
• The student will adhere to the regulations and policies of UMKC School of Medicine and the MMSPA Program.
• The student will conduct him/herself in a courteous, respectful, and professional manner at all times.
• The student will identify themselves as a UMKC Physician Assistant student and wear appropriate identification during all clinical experiences. *(B3.01)*
• The student will be conscientious and accountable.
• The student will be responsible for taking an active role in his/her clinical education.
• The student will demonstrate awareness of professional limitations and will only perform activities assigned by, and under the supervision of, their preceptor. Students should communicate with the preceptor if they do not feel comfortable completing a clinical activity based on their level of training.
• The student must provide current address, phone number, and emergency contact information to the MMSPA Program. Any changes to this information must be reported to the program immediately. The student will give their preceptors and/or site (office) direct and current contact number and get a direct number for both the preceptor and site (office).
• The student is responsible for the completion of necessary paperwork and/or actions required for clinical rotations.
• On the first day at a new clinical site, the student will inform the preceptor of his/her educational goals; this includes sharing with the preceptor the level of competence and knowledge in specific clinical requirements and clinical skills, as well as the goals the student would like to achieve during the rotation. He/she will review course objectives and evaluation form with the preceptor.
• The student will request information and orientation on issues specific to safety at each assigned site.
• The student will follow the rules and regulations of the hospital or other institutions in which he/she works and agrees to complete any additional training and/or testing required by the facilities.
• The student will make all reasonable efforts to maintain good relationships at all times with patients, staff, and preceptors.
• The student will complete all assignments and assessments in accordance with course requirements.
• Students in clinical rotations are required to keep a clinical log, as specified by program instructions, of each patient encounter and the number of clinical training hours. These records are maintained by the student and monitored by the program.
• The student shall handle all confidential information in a professional and ethical manner and in accordance with all applicable federal and state, including HIPAA laws and regulations.
• If a student is removed from a clinical experience, either by the Program or at the request of a preceptor, the student must appear in person to meet with the Clinical Coordinator and Committee on Progression.

Clinical Role of the Student *(A3.06)*
Clinical experiences should be educational for the PA student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where an individual is asked to perform in a role other than that of student or to substitute for a staff member, the student should contact the program immediately for guidance.

The following are some “guidelines” regarding what a PA student may be permitted to do by the preceptor. The judgment of the preceptor regarding how much responsibility a student is ready to assume should be the determining factor of which tasks are assigned and how much supervision is needed. All students should exhibit a baseline of medical knowledge and clinical skills. A course syllabus will be provided to the preceptor outlining the rotation objectives the student must meet.
Typical tasks assigned to PA students include:

- Taking histories and performing physical examinations
- Assessing common medical problems and recommending appropriate management
- Performing and assisting in diagnostic and therapeutic procedures
- Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor as allowed by the facility
- Following protocols (verbal or standing orders) of the preceptor
- Presenting patient cases orally and in a written problem-oriented format
- Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation
- Completing assigned readings and preparing presentations as requested by clinical preceptor and/or program faculty
- Attending all teaching rounds and conferences
- Following the assigned on-call schedule
- Discussing/recommending treatment approach, medication, and follow-up care

Resolving Clinical Issues

A student who has any clinical rotation concerns should address them in a professional manner. Problems during rotations can occur, be they academic, professional, or personal in nature. Students should use the following guidelines in dealing with problems:

- Attempt to resolve problems with the appropriate individual directly.
- If the preceding is not possible, discuss the situation with the clinical preceptor.
- If unable to resolve the problem, contact the Clinical Coordinator.

Do not allow small problems to turn into large problems. Address issues immediately so the issue can be resolved quickly.

As previously mentioned in the handbook, harassment and discrimination of any kind is not tolerated. Any student who feels they have been harassed or discriminated against should refer to the policies and procedures for reporting this type of behavior outlined in the University and School of Medicine Resources section. Students should contact the clinical coordinator, program director, or another individual, per the reporting policy that they feel comfortable speaking with about the matter.

Travel, Transportation, and Housing

Housing and transportation for all clinical experiences are the responsibility of the student. See Clinical attendance policies for information on travel time.

Clinical Attendance Policy

Practicum students: Students are expected to attend practicum assignments as outlined in the course syllabus. Students should see the respective course syllabus for clinical attendance policy. Expectations for certain experiences may include weekend responsibilities. It is unacceptable for students to adjust their practicum schedule for personal and/or study purposes. The program may occasionally make unannounced phone calls to clinical sites to verify student attendance.

Clinical rotation students: The student is expected to be in attendance daily, and as requested, to fulfill the preceptor’s schedule availability, which may include evenings, night, shift-type work and/or weekends. Time for arrival and departure will be determined by each site and preceptor. During clinical rotations students will follow the schedule of their specific clinical rotation site and/or preceptor and are expected to obtain a minimum of 36 contact hours and a maximum of 60 hours per week. Completion of the minimum required time does not imply the student should stop seeking clinical experiences. The program may occasionally make unannounced phone calls to clinical sites to verify student attendance.

- Students are allowed five (5) daily absences during their entire clinical rotations.
• The student must notify their preceptor and the Clinical Coordinator via email or phone prior to any absence. All daily absences must be approved by the clinical coordinator on a case-by-case basis.
• An absence of three or more consecutive days due to illness requires a written excuse from a health care provider on official letterhead.
• Students must meet the minimum hour requirement for each rotation. Should an absence deter the student from meeting this requirement, make-up time and/or assignments may be required and will be determined by the preceptor and/or the program.

Travel Time for Call-Back Days
Students will be given an extra travel day (the last Wednesday of the rotation) for travel if any clinical rotation site that is greater than 250 miles from UMKC. Students in this situation should contact the clinical coordinator for approval of a travel day. It is the student’s responsibility to notify the preceptor at their clinical site that they will be leaving a day early for travel. Students should strive to still meet the minimum required hours for the rotation. If this is not possible, the student should contact the clinical coordinator immediately to discuss.

Interview Time
The program is aware that during the clinical phase students may need time to attend job interviews. Absences due to job interviews must be approved by the clinical coordinator at least one week prior to the interview, or the earliest possible date. It is also the responsibility of the student to inform the preceptor at the clinical site of the pending absence. The program does not individually contact each site to report absences. No more than two days per interview request will be granted and a maximum of 3 (2 day) interviews will be granted per student. If a student requires more than 3 interview sessions, students must take a daily absence. Interview days will not be granted after the student has formally accepted a job offer. Students should strive to still meet the minimum required hours for the rotation. If this is not possible, the student should contact the clinical coordinator immediately to discuss.
UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE  
ALLIED HEALTH PROGRAMS  
COMMITTEE ON PROGRESSION  
Approved 12.19.16

PREFACE
This manual describes policies and procedures for determining a student's status in the University of Missouri-Kansas City (UMKC) School of Medicine Allied Health programs. Allied Health students are defined as students enrolled in the UMKC School of Medicine Master of Science in Anesthesia (MSA) or Master of Medical Science Physician Assistant (MMSPA) program. Students should become thoroughly familiar with this information and assume responsibility for knowing and complying with these guidelines. All statements in these guidelines concerning policies, procedures, and regulations by the University of Missouri-Kansas City School of Medicine are subject to change. They are not offers to contract. The UMKC Catalog is an additional source of information regarding overall University policies. In several instances, noted subsequently in this manual, School of Medicine policies differ from, and supersede university policies.

Students are responsible for knowing their academic status by referring to their official permanent academic record on file at the School of Medicine and with the UMKC Registration and Records Office, and through official transcripts. Additional unofficial information, such as scheduling and evaluations are also accessible through Pathway and program tracking systems.

The responsibilities of the Allied Health Committee on Progression (COP) are the development and application of policies and procedures regarding student progression towards graduation. This committee makes recommendations to the School of Medicine (SOM) Graduate Council. Recommendations made by the COP are designed to ensure the positive progression of students who clearly demonstrate growth in knowledge, skills, and abilities resulting in evidence-based competencies consistent with the student’s level of training and professional scope of practice expectations.

The COP is scheduled to meet monthly to evaluate student progression and to determine eligibility for graduation and promotion. The committee may meet by email to conduct business when deemed appropriate by the committee chair. The meeting may be cancelled when there is no business to conduct.

STATEMENT OF HUMAN RIGHTS
The Board of Curators and UMKC are committed to the policy of equal opportunity, regardless of race, color, religion, sex, sexual orientation, national origin, age, disability and status as a Vietnam era veteran. The Equal Opportunity and Affirmative Action Office, 223 Administrative Center, 5115 Oak St., is responsible for all relevant programs.

STATEMENT ON DISCRIMINATION, INTIMIDATION AND SEXUAL HARRASSMENT
The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination. Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated.
Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately to the course director, department chair, Associate Dean for Diversity and Community Partnership (office M1-109 of the office of the Dean of the School of Medicine), and/or the Affirmative Action Office. The Affirmative Action Office, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 218A Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-1323. All formal complaints will be investigated and appropriate action taken.

Under the University of Missouri’s Title IX policy, discrimination, violence and harassment based on sex, gender, and gender identity are subject to the same kinds of accountability and support applied to offenses based on other protected characteristics such as race, color, ethnic or national origin, sexual orientation, religion, age, ancestry, disability, military status, and veteran status. If you or someone you know has been harassed or assaulted, you can find the appropriate resources by visiting UMKC’s Title IX Office webpage (http://info.umkc.edu/title9/) or contacting UMKC’s Title IX Coordinator, Mikah K. Thompson (816.235.6910 or thompsonmikah@umkc.edu). Additionally, you can file a complaint using UMKC’s online discrimination complaint form, which is located at http://info.umkc.edu/title9/reporting/report-online/.

STUDENT RECORDS

Official student records in the School of Medicine are permanently kept in the Office of Council on Evaluation. Students with proper photo identification are encouraged to review their student files any time during regular office hours. All records are strictly confidential. Access to a student file, other than to the student, is limited to authorized personnel. Unofficial information, such as scheduling, grades, and evaluations are also accessible through Pathway and program tracking systems.

The School of Medicine follows and adheres to the Policy on Student Records as adopted by the Board of Curators. The purpose of this policy is to set forth the guidelines governing the protection of the privacy of student records and to implement The Family Education Rights and Privacy Act of 1974, also known as FERPA.

If a student wishes to have any person other than authorized personnel review his/her official record, a FERPA Release of Confidential Information form authorizing release of information to that person must be submitted and maintained in the student's file. Each FERPA Release form is valid for 90 days.

POLICY APPLICABILITY

The Allied Health Committee on Progression policies and procedures apply to all School of Medicine Allied Health students, except where otherwise noted. In addition to the policies outlined in this manual, students should seek advisement regarding curriculum requirements from the Program Director, academic advisor and/or Education Coordinator.

POLICY and STUDENT RESPONSIBILITY

Policies and procedures are adopted by the COP that explicitly define criteria for maintaining a student in good academic standing while enrolled in a School of Medicine Allied Health Program, including, but not limited to required competencies and associated timelines necessary to justify progression. These policies are minimally consistent with the UMKC Graduate Academic Regulations as outlined in the UMKC course catalog. Additionally, each Allied Health program has its own criteria for promotion, probation, separation, retention and graduation. The process and procedure for enforcing all criteria is the same for all Allied Health programs. Students are responsible for keeping apprised of their academic status by referring to term grades and their
permanent academic record, which is maintained by UMKC Registration and Records and can be accessed via Pathway.

**CRITERIA FOR PROMOTION, PROBATION, SEPARATION, RETENTION and GRADUATION:**

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**

The COP’s recommendation for promotion, probation, separation, retention, and graduation for the MSA program are governed by the following criteria:

1. **Promotion**- progression from didactic phase (semesters 1-3) to clinical phase (semesters 4-7).
   
   MSA students meet criteria for promotion if the following are achieved:
   
   a. Cumulative program GPA of 2.700 or higher and
   b. No individual course grade of C- or below and
   c. Student achieved no more than one grade of a B- or below in clinical coursework (ANES 5561, 5563, and 5565)
   d. All first year or didactic phase students must complete a minimum of 300 clinical hours for promotion to the clinical phase. Students are responsible for documenting these hours via the UMKC MSA program clinical tracking system.

2. **Probation**- a period of “academic warning”. Students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of “official” notification from an Education or Program Coordinator, or other School of Medicine program official(s).

   MSA students meet criteria for placement on probation for any one of the following reasons:
   
   a. Cumulative **program** GPA falls below a 3.000
      
      i. While on probation the student must achieve a 3.000 **term** GPA, and
      ii. Student must raise **cumulative program** GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.
      iii. The graduate student on probation will be restored to good standing when the **cumulative program** GPA of at least 3.000 is achieved.
   b. Clinical course grade (ANES 5561, 5563, 5565, 5567, 5569, and 5571) of a B- or lower
      
      i. While on probation the student must achieve a 3.000 **term** GPA
      ii. Student will return to good standing if the clinical grade in the subsequent semester clinical course (ANES 5563, 5565, 5567, 5569, 5571 or 5573), based on the student’s Program of Study, is a grade of B or higher.
   c. Achieving two or more grades of C in any one semester
      
      i. While on probation the student must achieve a 3.000 **term** GPA
      ii. Student will return to good standing if a 3.000 **term** GPA is achieved in the semester following the term in which the student qualified for probation.
   d. Any student retained (avoiding separation) in the program regardless of current GPA.
      
      i. While on probation the student must achieve a 3.000 **term** GPA
      ii. Duration of probation and return to good standing will be outlined by COP.

3. **Separation**- dismissal from program. A student may meet criteria for separation without having previously demonstrated academic difficulty or professional misconduct. A student who meets criteria for separation is invited to appear before the COP to present reasons why s/he should be retained within the program.
MSA Students meet criteria for separation if any of the following occur:

a. Failure to successfully complete the courses outlined in the Program of Study for semesters 1-3 in consecutive order
b. Failure to meet requirements for promotion
c. Failure to meet probationary stipulations or violation of probationary stipulations
d. Achieving course grade of C- or lower for any MSA course
e. Achieving two or more course grades of B- or lower in clinical coursework (ANES 5561, 5563, 5565, 5567, 5569, 5571, 5573)
f. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions
g. Falsification of patient or clinical contact hours/experiences required for promotion or graduation
h. Non-adherence to MSA program, School of Medicine, and/or university policies
i. Failure to return to the program from an extended program absence or leave of absence

4. Retained- A student who has met criteria for separation, but has been retained in the program may be placed in the category of retention at the recommendation of the COP.
   a. Any student placed in the retention category during their first year in the program must repeat the didactic phase (semesters 1-3) of the program and
      i. At minimum, students must repeat all didactic phase clinical and simulation coursework (ANES 5561, 5563, 5585, 5565, and 5586) for the new matriculation year program of study
   b. Students in the clinical phase (semester 4-7) not promoted may be recommended for the following actions by the COP:
      i. Repetition of the academic program
      ii. Deceleration of the academic program
      iii. Other actions as deemed appropriate by the COP
   c. Repeat coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless a petition is approved by the UMKC Dean of Graduate Studies, and
d. Coursework deemed necessary by the COP must be completed at the student’s expense, and
e. Any student placed in “retention” status will automatically be placed on probation

5. Graduation- A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.
   MSA students meet the recommendations for graduation if the following are achieved:
   a. Cumulative program GPA of 3.000 or higher, and
   b. 80% of program of study hours completed with a 3.0 (B) or higher, and
   c. No individual course grade of C- or lower, and
d. Completion of the required program of study, and
e. Completion of a minimum of 2000 clinical hours. Students are responsible for documenting clinical hours via the MSA Program clinical tracking system, and
f. Completion of the skills and case requirements as described in the applicable student handbook; this applies to all students who matriculate spring semester 2017 or later. Students are responsible for documenting required cases and skills via the MSA Program clinical tracking system.
Completing MSA degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.
MASTER OF MEDICAL SCIENCE PHYSICIAN ASSISTANT PROGRAM

The COP’s recommendation for promotion, probation, separation, retention, and graduation for the MMSPA program are governed by the following criteria:

1. **Promotion**- progression from didactic phase (semester 1 through semester 4 didactic courses) to the clinical phase (Supervised Clinical Practice Experiences). Didactic courses include MEDPA 5501, 5502, 5503, 5504, 5505, 5511, 5512, 5513, 5514, 5521, 5522, 5523, 5524, 5531, 5532, 5533, 5534.

MMSPA students meet criteria for promotion if the following are achieved:
   a. Cumulative program GPA of 2.700 or higher in the didactic phase
   b. No individual course grade of C- or below and
   c. Passing score/grade on clinical promotion OSCE

2. **Probation**- a period of “academic warning”. Students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of “official” notification from an Education or Program Coordinator, or other School of Medicine program official(s).

MMSPA students meet criteria for placement on probation for any one of the following reasons:
   a. Cumulative program GPA falls below a 3.000
      i. While on probation the student must achieve a 3.000 term GPA, and
      ii. Student must raise cumulative program GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.
      iii. The graduate student on probation will be restored to good standing when the cumulative program GPA of at least 3.000 is achieved.
   b. Individual course grade of C+ or below
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Student will return to good standing if a 3.000 term GPA is achieved in the semester following the term in which the student qualified for probation.
   c. Any student retained (avoiding separation) in the program regardless of current GPA.
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Duration of probation and return to good standing will be outlined by COP
   d. Failure of two end of rotation exams (first attempt)
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Duration of probation and return to good standing will be outlined by COP

3. **Separation**- dismissal from program. A student may meet criteria for separation without having previously demonstrated academic deficiencies. A student who meets criteria for separation will be invited to appear before the COP to present reasons why s/he should be retained within the program.

MMSPA students meet criteria for separation if any of the following occur:
   a. Failure to successfully complete the courses outlined in the Program of Study for semesters 1-4 in consecutive order
   b. Failure to meet requirements for promotion
   c. Achieving a grade of C- or less in any course
   d. Achieving two or more grades of C+ or C in clinical rotations
e. Failure to meet probationary stipulations or violation of probationary stipulations. Non-adherence to MMSPA program, School of Medicine, and/or university policies
f. Failure to pass the Summative Exam
g. Failure to return to the program from an extended program leave or leave of absence
h. Failure of three end of rotation exams (first attempt)
i. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions

4. Retained- A student who has met criteria for separation, but has been retained in the program may be placed in the category of “retained” by the recommendation of the COP.
   a. Students not promoted may be recommended for the following actions by the COP:
      i. Repetition of the academic program
      ii. Deceleration of the academic program
      iii. Other actions as deemed appropriate by the COP
   b. Coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless approved by the UMKC Dean of Graduate Studies, and
   c. Coursework deemed necessary by the COP must be completed at the student’s expense
   d. Any student placed in “retained” will automatically be placed on probation

5. Graduation- A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.
   MMSPA students meet the criteria for graduation if the following are achieved:
   a. Cumulative program GPA of 3.00 or higher, and
   b. 80% of program of study hours completed with a 3.0 (B) or higher, and
   c. No individual course grade of C- or lower, and
   d. Completion of the required program of study, and
   e. Satisfactorily pass the summative examination

Completing MMSPA degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.

PROCESS AND PROCEDURE
Academic Separation (Dismissal) Process
When a graduate student meets criteria for separation (dismissal), including students who have not been in previous academic difficulty, s/he:
1. Shall be notified that s/he met criteria for separation from the program. This notification will come from the Committee on Progression by email or in written form (letter) as necessary. Notification will be sent to the Education Coordinator, Program Director, Faculty Advisor, and Associate Dean for Student Affairs.
2. Will be invited to attend the Committee on Progression meeting to show cause for retention in the program.
3. May have additional input into the Committee on Progression discussion by:
a. Submitting a personal statement to the Committee on Progression expressing his/her views. Acceptable personal statements are no more than two single-spaced typed pages with standard 1-inch margins, 12 point font and original signature.

b. Submitting supporting documents from others, e.g., the student’s Education Coordinator, Faculty Advisor and/or peers. Original supporting documentation on official letterhead from outside sources (i.e. treating physician) should be mailed or faxed directly to the Committee on Progression via the Office of the Council on Evaluation.

The Committee on Progression reviews the student's performance and the additional input when applicable, and after thorough discussion and careful consideration, makes its recommendation for either retention or dismissal. If the recommendation of the Committee on Progression is for retention, the recommendation is forwarded to the Graduate Council for approval. If the recommendation of the Committee on Progression is for dismissal, the student is notified that the recommendation will be reviewed at the next scheduled Graduate Council meeting and should the recommendation for dismissal be upheld, the student’s opportunity to appeal the decision would occur at that same meeting. The student will need to inform the Graduate Council whether or not s/he wishes to appeal the recommendation. The student is informed an appeal should include new information or mitigating circumstances to cause the Graduate Council to overturn the Committee on Progression recommendation.

At the first scheduled Graduate Council meeting following the Committee on Progression meeting the Graduate Council reviews the recommendation from the Committee on Progression and determines whether to overturn or sustain the recommendation from the Committee on Progression. If the Graduate Council makes a determination to overturn the recommendation for dismissal from the Committee on Progression, the student is retained on probation with stipulations specified by the Graduate Council or remanded back to the Committee on Progression. No personal appearance by either the student or any of the witnesses is necessary. If the Graduate Council makes a determination to sustain the recommendation for dismissal from the Committee on Progression, the student may:

1. Choose to forfeit his/her right to appeal, or
2. Immediately exercise his/her right to appeal to the determination to the Graduate Council

If the student chooses to forfeit his/her right to appeal, the Committee on Progression recommendation for dismissal remains upheld by the Graduate Council and is final.

If the student chooses to appeal, then s/he has the right to:
1. Submit a written statement of appeal to the Graduate Council in lieu of appearing personally.
2. Appear personally before the Graduate Council at the same meeting.
3. Request more time for appeals preparation and a postponement of personal appearance.
   a. Such request must be submitted to the Graduate Council no later than twenty-four hours before the next meeting of the Graduate Council (when time permits).
   b. The student may postpone his/her appearance before the Graduate Council only until the meeting following the immediate next meeting of the Graduate Council.
4. Bring witnesses with him/her to testify on his/her behalf. Such witnesses might include other students, faculty members, family members, friends or legal counsel. At such a hearing, the student is permitted to
present his/her statement and supporting witnesses are also permitted to present statements in support of why the student should be retained in the program. Acceptable personal statements are no more than two single-spaced typed pages with standard 1-inch margins, 12 point font and original signature. Proceedings of these appeals hearings are digitally recorded, and a copy of the recording is provided to the student upon request.

5. Neither the student nor any witnesses who accompany the student, including any legal counsel, are permitted to cross examine members of the Graduate Council or other witnesses who testify. The advisor/counselor may only be present to advise the student during the proceedings.

Students appealing a Committee on Progression recommendation will be required to submit to the Graduate Council Coordinator, 1 day prior to the hearing date, a complete and final list of all persons who have agreed to be present at the hearing on his/her behalf. The Graduate Council may accept late student submissions when lateness is necessitated by the close proximity of the scheduled meetings. This list must provide the names, professions (e.g., physician, attorney, etc.) and the specific purpose for their attendance (e.g., as witness, advisor, etc.) at the hearing. A signed FERPA release by the students will be required at the time of the hearing.

After hearing the student and accompanying witnesses, the Graduate Council excuses these individuals from its meeting, holds deliberations on the appeal, and subsequently determines anew whether to overturn or sustain the recommendation from the Committee on Progression. If the Graduate Council makes a determination to overturn the recommendation for dismissal from the Committee on Progression and its own earlier determination to sustain said recommendation, the student is retained on probation with stipulations specified by the Graduate Council or remanded back to the Committee on Progression. If the Graduate Council makes a determination to sustain the recommendation for dismissal from the Committee on Progression and its own earlier determination to sustain said recommendation, then the Graduate Council decision is final. No further appeals will be accepted. The student will be referred to the University Counseling and Testing Center for support and career guidance.

The Graduate Council will notify the student of the final decision by email or in written form (letter) as necessary. Notification will be sent to the Education Coordinator, Program Director, Faculty Advisor, and Associate Dean for Student Affairs and UMKC Registrar.

**NON-ACADEMIC/DISCIPLINARY SEPARATION (DISMISSAL) PROCESS**

The procedures to be followed with regard to actions taken against students based upon non-academic/disciplinary grounds are set forth in the Standards of Professional Conduct.

**APPEAL PROCESS FOR NON-DISMISSAL/RETAINED (NON-STATUS REVIEW) CASES AND PETITIONS**

Students are permitted to appeal non-status review cases and petitions that have been denied by the Committee on Progression to the Graduate Council in writing. This will be the final appeal and the appeal process ends with the final action by the Graduate Council.

**PROGRAM ABSENCES**

Students are responsible for all content, assignments, exams, and other course requirements missed during any type of absence. Extended program absences and/or leaves of absence should not be undertaken without considerable thought, planning and communication with school and university staff and advisors, as they may affect financial aid and may extend a student’s program of study.
**Daily Short-Term Absence**
A short-term absence is considered an absence from the program of five consecutive weekdays or less. Short-term absences are defined as excused and non-excused based on the policy of each Allied Health program. Refer to the respective Allied Health program handbook regarding daily short-term absences from the program. Should a student need to take more time away from the program after being approved for a daily short-term absence, he/she may need to complete the process for an extended program absence.

**Extended Program Absence**
An extended program absence for Allied Health students is defined as a period of absence from the didactic phase for at least six consecutive weekdays, but no more than 14 consecutive days or an absence from the clinical phase for at least six consecutive weekdays, but no more than 21 consecutive days. Permission should be obtained before the leave if at all possible. It is understood that the nature of an emergency leave may not allow the student time to request leave before taking it. It is incumbent upon the student however, to notify the Program Director or his/her designee of the emergency at the earliest possible time. Should a student need to take more time away from the program after being approved for an extended program absence, he/she may need to complete the process for a Leave of Absence.

The Allied Health Committee on Progression allows for extended program absences for the following reasons:
1. Personal
2. Medical

Dependent on the reason for the absence, different paperwork may be required to request an extended program absence.

**Extended Program Absence Process**
A student requesting an extended program absence must complete the Allied Health Extended Program Absence Form and the student’s program-specific Technical Standards form. If the absence is for medical reasons, a Provider Certification for Medical Leave must also be submitted. Extended program absences must be approved by a student’s respective Program Director. Extended program absences will only be granted if the leave does not necessitate an extension of the program of study. The student’s program director may only approve one extended program absence per student per academic year. Subsequent requests for an extended program absence by a student within an academic year must be reviewed and approved by the Committee on Progression. Should a request for an extended program absence not be approved by the program director, it will be forwarded for recommendation to the Committee on Progression.

Retroactive extended program absences are granted only in emergency situations. Any student who does not return to an Allied Health program when an extended program absence has expired will meet criteria for separation from the program. A student who leaves an Allied Health program without following the procedures outlined in this policy will meet criteria for separation from the program.

The Allied Health Committee on Progression allows for extended program absences for the following reasons:
1. Personal
2. Medical

Dependent on the reason for the absence, different paperwork may be required.
Procedure for Requesting an Extended Program Absence

1. The student completes the Allied Health Request for Extended Program Absence and obtains signatures and approval from current faculty/course directors and the program director.
2. The student reads and completes the program-specific Technical Standards form.
3. The student submits the completed Request for Extended Program Absence and program-specific Technical Standards form to the Program Director.
4. If the absence is for medical purposes, the student must also complete the top of the Provider Certification for Medical Leave form and submit it to the treating physician/therapist, along with the program-specific Technical Standards document. Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student’s need for medical absence.
5. Upon receipt of all required documents by the program director, a decision for approval or denial of the extended program absence will be rendered. If the student has already been granted at least one extended program absence during the same academic year, the decision for approval or denial will be made by the Committee on Progression.
6. Any denials of extended program absence will be forwarded to the Committee on Progression for recommendation.
7. Any student who does not return to the program when the extended program leave has expired will meet criteria for separation from the program.
8. A student who leaves an Allied Health program without following the procedures outlined in this policy will meet criteria for separation from the program.

Procedure for Returning from an Extended Program Absence

1. The student completes the COP Request for Return from Leave form.
2. The student reads and completes the program-specific Technical Standards form.
3. The student submits the completed Request for Return from Leave and program-specific Technical Standards form to the Program Director.
4. If the absence is for medical purposes, the student must also complete the top of the Provider Certification for Return from Medical Leave form and submit it to the treating physician/therapist, along with the program-specific Technical Standards document. Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student’s need for medical absence. The provider then submits the completed form to the Program Director.
5. Once the program director receives the required documents and any necessary supporting documentation, the program director will review the paperwork and render a decision upon the request. If the student has already been granted at least one extended program absence during the same academic year, the decision for approval or denial will be made by the Committee on Progression.
6. If the request for return from leave is approved, the program director will alert the student to the decision.
7. If the request for return from leave is not approved, the request will be forwarded to the Committee on Progression for recommendation. No student is permitted to return to the program or coursework without permission from the school.

Leave of Absence

A leave of absence is a period of time that is not eligible for or approved as a daily short or extended program absence. During a leave of absence, a student is not participating in the requirements of his/her program. A student might request a leave due to an emergency, because of medical or psychiatric illness or due to
personal reasons. The school might also place a student on leave in accordance with specific academic policies. Any leave will have academic and/or financial repercussions, and should therefore not be undertaken without considerable thought, planning and communication with school and university staff and advisors.

It is inappropriate to request a leave of absence for any of the following reasons:
- The request is made in an attempt to avoid receiving undesirable grades in one or more courses
- The request is made in an attempt to gain additional time to prepare for coursework or examinations
- The request is made in an attempt to avoid meeting criteria for separation

**Didactic Phase**
All students must complete the didactic phase in a consecutive manner, as outlined in the Program of Study. If a leave of absence is requested during the didactic phase, granting leave will be done with the following stipulations based on the student’s current status within the program:
1. Student will not continue with requirements of the program and has approval to join the next matriculating class or
2. Student will not continue with requirements of the program and has approval to re-apply to the program and compete for a class seat with other applicants in accordance with the program’s admissions policies and procedures.

**Clinical Phase**
Any leave of absence will require the student to make up all course and program requirements and will be granted with one the following stipulations:
1. Student returns to his/her program of study which may require extended time to complete at the student’s expense.
2. Student will not continue with requirements of the program has approval to join the next matriculating class or
3. Student will not continue with requirements of the program and has approval to re-apply to the program and compete for a class seat with other applicants in accordance with the program’s admissions policies and procedures.

Retroactive leaves of absence are granted only in emergency situations. Any student who does not return to an Allied Health program when a leave of absence has expired will meet criteria for separation from the program. A student who leaves an Allied Health program without following the procedures outlined in this policy will meet criteria for separation from the program.

The Allied Health Committee on Progression allows for the following types of leave:
- Personal
- Medical
- Emergency
- Administrative

**Personal Leave**
A personal leave of absence is defined as a period of time during which a student is granted permission to be away from the program in order to attend to familial or personal obligations which interfere with the student’s ability to adhere to the program’s Technical Standards. Personal leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.
Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation. A student requesting personal leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Once granted, personal leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of personal leave by submitting updated required forms and supporting documentation for review by the Committee Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for personal leave are not permitted. Students on personal leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by either his/her respective curriculum committee, program director or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from personal leave when s/he is prepared to adhere to the School of Medicine Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from personal leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

Procedure for Requesting Personal Leave
1. The student completes the COP Request for Leave of Absence form and obtains signatures from his/her Student Affairs Education Coordinator and Program Director.
2. The student reads and completes his/her respective program’s Technical Standards document.
3. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Leave of Absence, Program Technical Standards document and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated leave start date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student’s university email account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
7. If the request for personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, a student is required to monitor his/her UMKC email address and keep in contact with his/her Education Coordinator and Program Director.

Procedure for Returning from Personal Leave
1. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
2. The student reads and completes a new program-specific Technical Standards document.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Return from Personal Leave, program-specific Technical Standards document and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior, or as soon as possible to the anticipated leave return date.

5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.

6. If the request for return from personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student’s university account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.

7. If the request for return from personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. No student is permitted to return to the program or coursework without permission from the school.

Medical Leave
A medical leave of absence is defined as a period of time during which a student is medically unable, as certified by a treating physician or therapist who is not a family member or relative of the student, to fully participate in the program as required by the student’s program-specific Technical Standards. Medical leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation. A student requesting medical leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Once granted, medical leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of medical leave by submitting updated required forms and supporting documentation for review by the Committee Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for medical leave are not permitted. Students on medical leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by either his/her respective curriculum committee or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from medical leave when the treating physician or therapist identified in the original request for leave certifies that the student is ready to enter with full-time participation in the program as required by the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from medical leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

Conditions for a Medical Leave of Absence
A medical leave of absence may be granted when a student has a verified medical condition, including psychiatric illness, which prohibits full participation in the program as defined by the student’s program-specific Technical Standards.
Procedure for Requesting Medical Leave

1. The student completes the top of the COP Provider Certification for Medical Leave of Absence form and reads and completes the program-specific Technical Standards form and submits both to the treating physician/therapist. Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student’s need for medical leave.

2. The student completes the COP Request for Leave of Absence form and obtains the Student Affairs Education Coordinator and Program Director signatures.

3. The student completes the campus UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.

4. The student submits the completed COP Request for Leave of Absence and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated start of the leave.

5. Once the COP Provider Certification for Medical Leave of Absence form, program-specific Technical Standards document and supporting documentation is submitted to the Council on Evaluation by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.

6. If the request for medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.

7. If the request for medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.

8. During any approved leave, a student is required to monitor his/her UMKC email address and keep in contact with his/her Student Affairs Education Coordinator and Program Director.

Procedure for Returning from Medical Leave

1. To prepare for returning from leave, the student must complete the top of the COP Provider Certification for Return from Medical Leave of Absence form and read and complete the program-specific Technical Standards Document and submits both to the same treating physician/therapist who originally certified the leave.

2. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.

3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.

4. The student submits the completed COP Request for Return from Leave and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior to the anticipated return from leave.

5. Once the COP Provider Certification for Return from Medical Leave of Absence form, program-specific Technical Standards document and any supporting documentation is submitted to the Council on Evaluation by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.

6. If the request for return from medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
If the request for return from medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. **No student is permitted to return to the program or coursework without permission from the school.**

**Emergency Leave**

An emergency leave of absence is defined as a period of time during which a student is medically unable to fully participate in the program as required by the student’s program-specific Technical Standards as the result of an emergent or potentially life-threatening medical or psychiatric illness. An emergency leave of absence may be granted when a student or immediate family member has an emergent or life-threatening medical condition, including psychiatric illness, which prohibits the student’s full participation in the program as defined by the student’s program-specific Technical Standards. Emergency Leave is determined by the Associate Dean for Student Affairs or Assistant Dean for Graduate Studies, working in conjunction with the Committee on Progression.

A student seeking emergency leave must, when able, follow the procedure outlined in this policy. School of Medicine staff will assist in the completion of any required paperwork for Emergency Leave in the event a student is unable to participate in the process. Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation.

Any student seeking emergency leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system **when able**. Emergency leave should coincide with the start of the acute illness and is granted for a period not to exceed 30 days. Emergency leave may be counted as an entire month away from the program, dependent on the curriculum requirements of the student. A student may not request an extension of emergency leave but can, if necessary, request medical leave by submitting all required forms and supporting documentation for Medical Leave to the Committee on Progression. Retroactive requests for emergency leave are not permitted. Enrollment in any coursework, at any institution, while on emergency leave is strictly prohibited. Students on emergency leave are also ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations.

A student must return from emergency leave when a treating physician or therapist who is not a family member or relative of the student certifies that the student is ready to fully participate in the program as required by the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from emergency leave by submitting emergency leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

**Procedure for Obtaining Emergency Leave**

1. The student, if able, completes the COP Request for Leave of Absence form and submits it to their respective Program Director. The Program Directors will provide the information to the Associate Dean for Student Affairs or Assistant Dean for Graduate Studies, who will render a decision regarding the request and forward it on to the Council on Evaluation.

2. The student, if physically able, completes the program-specific Technical Standards document and campus UMKC Request for Leave of Absence form and obtains all necessary Step 2 signatures.
3. The student submits the completed UMKC Request for Leave of Absence form and program-specific Technical Standards document to the Council on Evaluation office no later than 48 hours following the submission of the COP Request for Leave of Absence form.

4. Once the COP Request for Leave of Absence, the program-specific Technical Standards document and the UMKC Request for Leave of Absence forms are submitted to the Council on Evaluation, the Committee staff will review the paperwork for completeness and note the decision of the Associate Dean for Student Affairs or Assistant Dean for Graduate Studies.

5. If the request for emergency leave is approved by the Associate Dean or Assistant Dean, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student, if physically able, must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.

6. If the request for emergency leave is denied by the Associate Dean or Assistant Dean, Council on Evaluation staff will notify the student and/or request any additional information necessary.

7. During emergency leave, students who are physically able must monitor his/her UMKC email address and keep in contact with his/her Student Affairs Education Coordinator and Program Director.

Procedure for Returning from Emergency Leave
1. To prepare for returning from an emergency medical leave, the student must complete the top of the COP Provider Certification for Return from Emergency Medical Leave of Absence form and submit it to the treating physician/therapist who treated the student during the leave, along with the program-specific Technical Standards document. The student must also complete the forms listed below. Students granted emergency leave for non-medical reasons need to complete steps 2 – 7 below only.

2. The student completes the program-specific Technical Standards document and COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.

3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary Step 2 signatures.

4. The student submits the completed COP Request for Return from Emergency Leave, program-specific Technical Standards and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 7 days prior to the anticipated return from leave.

5. Once the COP Provider Certification for Return from Leave of Absence form (where applicable) and all other non-medical emergency leave return forms are submitted to the Council on Evaluation, the COP Chair will review the paperwork and render a decision upon the request.

6. If the request for return from emergency leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.

7. If the request for return from emergency leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. No student is permitted to return to the program or coursework without permission from the school.

Administrative Leave
An administrative leave of absence is defined as a period of time during which a student is not permitted to participate in the program due to academic performance, eligibility for separation based on COP policies or as the result of an appeal for retention. Administrative leave is determined by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.
Any student placed on administrative leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Administrative leave coincides either with the start of the month or academic term or with the date of a School of Medicine Graduate Council meeting. Administrative leaves conclude at the end of a month or academic term. Administrative leave is counted in whole months away from the program and may extend a student in the program an equivalent amount of time to the leave. A student may not request an extension of administrative leave but can, if appropriate, request personal leave by submitting all required forms and supporting documentation for Personal Leave to the Committee on Progression. Students on administrative leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on administrative leave.

A student must return from administrative leave when he/she is prepared to adhere to the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from administrative leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

Procedure for Placement on Administrative Leave
1. The student receives notification from the Committee on Progression that s/he meets criteria for placement on Administrative Leave.
2. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 3 days following the original notification from the Committee on Progression.
4. Office of Evaluation staff will forward the leave information to the Registrar’s Office for final processing and send an email notification to the student’s university email account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
5. During administrative leave, the student is required to monitor his/her UMKC email address and keep in contact with his/her Student Affairs Education Coordinator and Program Director.

Procedure for Returning from Administrative Leave
1. The student completes the program-specific Technical Standards document and the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
2. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed program-specific Technical Standards document, the COP Request for Return from Leave and the UMKC Request for Return from Leave forms to the Office of Evaluation no later than 10 days prior to the anticipated leave return date.
4. The Committee Chair will review the paperwork and render a decision upon the request.
5. If the request for return from personal leave is approved by the Chair, Office of Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student’s university account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
6. If the request for return from personal leave is denied by the Chair, Office of Evaluation staff will notify the student and/or request any additional information necessary. No student is permitted to return to the program or coursework without permission from the school.

WITHDRAWAL FROM ALLIED HEALTH PROGRAMS/SCHOOL OF MEDICINE
A student withdrawing from an Allied Health Program within the School of Medicine must:
1. Submit a letter of withdrawal (with rationale influencing the decision) to the COP, meet with the respective Program Director, and will have an opportunity to meet with the Assistant Dean of Allied Health or his/her designee.
2. Complete and submit the School of Medicine Program Withdrawal Form. Students who fail to submit the form within 30 days after receipt of a letter of request from the School of Medicine will be considered separated from the program. Students who notify the School of Medicine of their intent to withdraw in another format (e.g., verbal, email, note) from the program and fail to submit the Withdrawal Form within 30 days after receipt of a letter of request from the School of Medicine will be separated from the program.
3. Meet with the education coordinator to initiate official steps to withdraw from all current course work and from the University. A student is not considered withdrawn from a program until all the withdrawal procedures for the University have been completed. The date the University finalizes a student’s withdrawal is the date that the Cashier’s office will use for tuition reimbursement.

Once the University has finalized a student’s withdrawal it may not be rescinded.

GRADUATION

Graduation Process
1. The process for graduation begins with the student, who is responsible for completing an application for graduation.
2. Each semester the student’s academic progress is monitored, programs of study are updated, and eligibility for graduation is checked.
3. For students meeting graduation criteria, the Committee on Progression will make a recommendation for graduation to the Graduate Council.
4. To participate in the graduation ceremony a student must meet the graduation criteria.

Graduation Procedure
1. The Program Director, Program Coordinator, and Coordinator in the Office of Evaluation will monitor the students’ programs of study and eligibility for graduation.
2. At the beginning of the student’s final semester, the program coordinator and education coordinator will prompt eligible students to complete the graduation application.
3. The completed application and updated plan of study will be forwarded to the Registrar by the Program Coordinator.
4. The UMKC Office of Registration and Records will audit the students’ program of study forms for the degree requirements and graduate academic regulations.
5. Students must resolve any administrative holds, which may prevent release of their diploma.
6. Upon completion of the final semester, there will be a final confirmation that the student met all graduation criteria and the Chair of Graduate Council will provide a list of student names who met graduation requirements to the UMKC Office of Registration and Records.
7. The Office of Registration and Records will release diplomas accordingly.
8. Students who do not meet all of the graduation criteria, but want to participate in the graduation ceremony, may submit a request for exception. Only students who are near completion of the program (e.g., will achieve required clinical hours within the following month, have just one clinical rotation to complete) make such a request. The request for permission to participate in the graduation ceremony must be submitted to the Chair of Graduate Council at the same time graduation applications are due. The request should be written (email counts) and include the following details:
   a. Student name
   b. Program
   c. graduation criteria met and criteria pending
   d. anticipated completion date
   e. student’s rationale and justification for the request

Appendices

Appendix 1 – Student Resources
Appendix 2a,b,c – MSA Program of Study forms
Appendix 3a,b,c – MMSPA Program of Study forms
Appendix 1

STUDENT RESOURCES
Office of Student Affairs
Dr. Brenda Rogers, Associate Dean: (816) 235-1782
Ms. Cary Chelladurai, Manager: (816) 235-1951
Ms. Connie Beachler, Career Advisor: (816) 235-1811
Academic Counseling/Referral Services (816) 235 1344

University Counseling and Testing Center: (816) 235-1635
Professional counseling, individual or small group
Vocational and career testing, planning and counseling
Marital and family counseling
Adult student development
Student Disabilities Services: (816) 235-5696

Office of Diversity and Community Partnership
Dr. Sam Turner, Associate Dean (816) 235-1780
Serves as the school’s central division for diversity initiatives, including community engagement, recruitment, facilitation of entry, and retention. Provides support in academic, administrative, financial and personal matters for underrepresented minorities in the medical school. Is a resource for assisting students with concerns regarding harassment and functions as the confidential referral for students with personal issues that could impede academic success.

Health Science Library
General Information: (816) 235-1880
Medical Education Media Center: (816) 235-1832/1864

Also, in addition to personal consultation with Program and Medical Directors Program and Education Coordinators, students are invited to talk with Assistant and Associate Deans in the following offices:

Dr. Paul Cuddy, Senior Associate Dean, Chair for the Coordinating Committee (816) 235-1803
Dr. Julie Banderas, Assistant Dean for Graduate Studies and Allied Health (816) 235-5249
Name: _____________________________________ Student ID: _____________________________________

Current Address: ___________________________________________________________________________________
Number & Street, City, State, Zip Code

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Semester</th>
<th>Credit Hrs</th>
<th>Grade</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 5505</td>
<td>Anatomy for Anesthesiologist Assistants</td>
<td>Spring 15</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5518</td>
<td>Professionalism for Anesthesiologist Assistants I</td>
<td>Spring 15</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5540</td>
<td>Patient Monitoring and Instrumentation</td>
<td>Spring 15</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5560</td>
<td>Physiology for Anesthesiologist Assistants I</td>
<td>Spring 15</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5561</td>
<td>Orientation to Anesthesia</td>
<td>Spring 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5575</td>
<td>Pharmacology for Anesthesiologist Assistants I</td>
<td>Spring 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5503</td>
<td>Research Applications in Medicine</td>
<td>Spring 15</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5528</td>
<td>Professionalism for the Anesthesiologist Assistant</td>
<td>Summer 15</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5541</td>
<td>Methods of Anesthesia I</td>
<td>Summer 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5557</td>
<td>Physiology for Anesthesiologist Assistants II</td>
<td>Summer 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5558</td>
<td>Anesthesia and Coexisting Disease I</td>
<td>Summer 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5563</td>
<td>Anesthesia Clinical Experience I</td>
<td>Summer 15</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5585</td>
<td>Physiological Model-based Simulation I</td>
<td>Summer 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5538</td>
<td>Professionalism for the Anesthesiologist Assistant</td>
<td>Fall 15</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5559</td>
<td>Anesthesia and Coexisting Disease II</td>
<td>Fall 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5562</td>
<td>Anesthesia Clinical Correlation I</td>
<td>Fall 15</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5565</td>
<td>Anesthesia Clinical Experience II</td>
<td>Fall 15</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5576</td>
<td>Pharmacology for Anesthesiologist Assistants II</td>
<td>Fall 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5577</td>
<td>Methods of Anesthesia II</td>
<td>Fall 15</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5586</td>
<td>Physiological Model-based Simulation II</td>
<td>Fall 15</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5564</td>
<td>Anesthesia Clinical Correlation II</td>
<td>Spring 16</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5567</td>
<td>Anesthesia Clinical Experience III</td>
<td>Spring 16</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5568</td>
<td>Anesthesia Clinical Correlation III</td>
<td>Summer 16</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5569</td>
<td>Anesthesia Clinical Experience IV</td>
<td>Summer 16</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5570</td>
<td>Anesthesia Clinical Correlation IV</td>
<td>Fall 16</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5571</td>
<td>Anesthesia Clinical Experience V</td>
<td>Fall 16</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5573</td>
<td>Anesthesia Clinical Experience VI</td>
<td>Spring 17</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5548</td>
<td>Senior Seminar</td>
<td>Spring 17</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Credit Hours**: **114.5**

Student Signature

Date

Program Director Signature

Date

Asst Dean Graduate Studies, School of Medicine

Date
# Master of Science in Anesthesia Program of Study (graduate 2018)

**Date** __________  
**Student Name** _______________________________________  
**UMKC ID** _________________________________________  

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade</th>
<th>Changes, notes, GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 5590</td>
<td>Special Topics: Anatomy for Anesth Assistants I</td>
<td>1</td>
<td>Spring I</td>
<td></td>
<td>substituted for ANES 5505</td>
</tr>
<tr>
<td>ANES 5518</td>
<td>Professionalism for Anesthesiologist Assistants I</td>
<td>0.5</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5540</td>
<td>Patient Monitoring and Instrumentation</td>
<td>3</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5556</td>
<td>Physiology for Anesthesiologist Assistants I</td>
<td>3</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5560</td>
<td>Introduction to Anesthesia</td>
<td>2</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5561</td>
<td>Orientation to Simulation &amp; Clinical Experience</td>
<td>5</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5575</td>
<td>Pharmacology for Anesthesiologist Assistants I</td>
<td>2</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5503</td>
<td>Research Applications in Medicine</td>
<td>1</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5528</td>
<td>Professionalism for the Anesthesiologist Assistant</td>
<td>0.5</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5541</td>
<td>Methods of Anesthesia I</td>
<td>2</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5557</td>
<td>Physiology for Anesthesiologist Assistants II</td>
<td>2</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5558</td>
<td>Anesthesia and Coexisting Disease I</td>
<td>2</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5563</td>
<td>Anesthesia Clinical Experience I</td>
<td>4</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5585</td>
<td>Physiological Model-based Simulation I</td>
<td>2</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5506</td>
<td>Anatomy for Anesthesiologist Assistants II</td>
<td>1</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5538</td>
<td>Professionalism for the Anesthesiologist Assistant</td>
<td>0.5</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5559</td>
<td>Anesthesia and Coexisting Disease II</td>
<td>2</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5562</td>
<td>Anesthesia Clinical Correlation I</td>
<td>1</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5565</td>
<td>Anesthesia Clinical Experience II</td>
<td>8</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5576</td>
<td>Pharmacology for Anesthesiologist Assistants II</td>
<td>2</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5577</td>
<td>Methods of Anesthesia II</td>
<td>3</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5586</td>
<td>Physiological Model-based Simulation II</td>
<td>2</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5564</td>
<td>Anesthesia Clinical Correlation II</td>
<td>1</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5567</td>
<td>Anesthesia Clinical Experience III</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5568</td>
<td>Anesthesia Clinical Correlation III</td>
<td>1</td>
<td>Summer II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5569</td>
<td>Anesthesia Clinical Experience IV</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5570</td>
<td>Anesthesia Clinical Correlation IV</td>
<td>1</td>
<td>Fall II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5571</td>
<td>Anesthesia Clinical Experience V</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5573</td>
<td>Anesthesia Clinical Experience VI</td>
<td>16</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5548</td>
<td>Senior Seminar</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Credit Hours</strong></td>
<td></td>
<td><strong>113</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Signature**  
**Date**

**Approvals:**

**Program Director Signature**  
**Date**

**Graduate Officer**  
**Date**
### Master of Science in Anesthesia Program of Study (graduate 2019)

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Title</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade</th>
<th>Changes, notes, GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 5505</td>
<td>Anatomy for Anesthesiologist Assistants I</td>
<td>1</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5518</td>
<td>Professionalism for Anesthesiologist Assistants I</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5540</td>
<td>Patient Monitoring and Instrumentation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5556</td>
<td>Physiology for Anesthesiologist Assistants I</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5560</td>
<td>Introduction to Anesthesia</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5561</td>
<td>Orientation to Simulation &amp; Clinical Experience</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5575</td>
<td>Pharmacology for Anesthesiologist Assistants I</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5503</td>
<td>Research Applications in Medicine</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5528</td>
<td>Professionalism for the Anesthesiologist Assistant</td>
<td>0.5</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5541</td>
<td>Methods of Anesthesia I</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5557</td>
<td>Physiology for Anesthesiologist Assistants II</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5558</td>
<td>Anesthesia and Coexisting Disease I</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5563</td>
<td>Anesthesia Clinical Experience I</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5585</td>
<td>Physiological Model-based Simulation I</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5506</td>
<td>Anatomy for Anesthesiologist Assistants II</td>
<td>1</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5538</td>
<td>Professionalism for the Anesthesiologist Assistant</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5559</td>
<td>Anesthesia and Coexisting Disease II</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5565</td>
<td>Anesthesia Clinical Experience II</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5576</td>
<td>Pharmacology for Anesthesiologist Assistants II</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5577</td>
<td>Methods of Anesthesia II</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5586</td>
<td>Physiological Model-based Simulation II</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5564</td>
<td>Anesthesia Clinical Correlation II</td>
<td>1</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5567</td>
<td>Anesthesia Clinical Experience III</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5568</td>
<td>Anesthesia Clinical Correlation III</td>
<td>1</td>
<td>Summer II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5569</td>
<td>Anesthesia Clinical Experience IV</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5570</td>
<td>Anesthesia Clinical Correlation IV</td>
<td>1</td>
<td>Fall II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5571</td>
<td>Anesthesia Clinical Experience V</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5573</td>
<td>Anesthesia Clinical Experience VI</td>
<td>16</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANES 5548</td>
<td>Senior Seminar</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Credit Hours**: 112

---

**Approvals:**

Student Signature ___________________________ Date __________

Program Director Signature __________________ Date __________

Graduate Officer ____________________________ Date __________
## Master of Medical Science Physician Assistant Program of Study (2015 matriculation)

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Credits</th>
<th>Semester</th>
<th>Grade</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDPA 5501 Anatomy for the PA</td>
<td>3</td>
<td>Spring 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5502 Foundations of Basic Medical Science</td>
<td>3</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5503 Research Applications in Medicine</td>
<td>1</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5504 Ethics Law and Policy</td>
<td>1</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5505 Clinical Assessment for the PA</td>
<td>2</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5511 Clinical Practicum I</td>
<td>1</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5521 PA Professions I</td>
<td>1</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5531 Science and Practice of Medicine I</td>
<td>9</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5512 Clinical Practicum II</td>
<td>1</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5523 PA Professions III</td>
<td>1</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5532 Science and Practice of Medicine II</td>
<td>12</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5513 Clinical Practicum III</td>
<td>1</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5522 PA Professions II</td>
<td>1</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5533 Science and Practice of Medicine III</td>
<td>20</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5514 Clinical Practicum IV</td>
<td>1</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5524 PA Professions IV</td>
<td>1</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5534 Science and Practice of Medicine IV</td>
<td>19</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion Exam (pass / fail)</td>
<td>n/a</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5580 Senior Seminar</td>
<td>1</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>1</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5595 Capstone</td>
<td>1</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summative Exam (pass / fail)</td>
<td>n/a</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Required Clinical Rotations (SS II through SP III)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5610 Family Medicine I</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5611 Family Medicine II</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5620 Internal Medicine I</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5621 Internal Medicine II</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5630 Emergency Medicine</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5640 Women’s Health</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5650 Pediatrics</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5660 General Surgery</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5670 Behavioral Medicine</td>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5680 Geriatrics</td>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total program hours</strong></td>
<td>129</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Student**
______________________________  ______________
Date

**Signature of Program Director**
______________________________  ______________
Date

**Signature of School of Medicine**
______________________________  ______________
Date

Assistant Dean Graduate Studies

---
# Master of Medical Science Physician Assistant Program of Study (2016 matriculation)

Date _______ Student Name__________________________________ UMKC ID __________________

## Required Courses

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade</th>
<th>Changes, notes, GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDPA 5501 Anatomy for the PA</td>
<td>3</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5502 Foundations of Basic Medical Science</td>
<td>4</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5503 Research Applications in Medicine</td>
<td>1</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5504 Ethics Law and Policy</td>
<td>1</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5505 Clinical Assessment for the PA</td>
<td>2</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5511 Clinical Practicum I</td>
<td>1</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5521 PA Professions I</td>
<td>1</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5531 Science and Practice of Medicine I</td>
<td>9</td>
<td>SP 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5512 Clinical Practicum II</td>
<td>1</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5522 PA Professions II</td>
<td>1</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5532 Science and Practice of Medicine II</td>
<td>12</td>
<td>SS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5513 Clinical Practicum III</td>
<td>1</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5523 PA Professions III</td>
<td>1</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5533 Science and Practice of Medicine III</td>
<td>20</td>
<td>FS 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5514 Clinical Practicum IV</td>
<td>1</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5524 PA Professions IV</td>
<td>1</td>
<td>SP 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5534 Science and Practice of Medicine IV</td>
<td>19</td>
<td>SP 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion Exam (pass / fail)</td>
<td>n/a</td>
<td>SP 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>0.5</td>
<td>SS 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>0.5</td>
<td>FS 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5580 Senior Seminar</td>
<td>1</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>0.5</td>
<td>SP 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5595 Capstone</td>
<td>1</td>
<td>SP 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summative Exam (pass / fail)</td>
<td>n/a</td>
<td>SP 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Clinical Rotations (May to April – SP II, SS II, FS II, SP III)

Directions for rotations: enter semester/year and # credits (2 to 4); total should be 48

<table>
<thead>
<tr>
<th>Rotation Description</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDPA 5610 Family Medicine I</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5611 Family Medicine II</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5620 Internal Medicine I</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5621 Internal Medicine II</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5630 Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5640 Women’s Health</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5650 Pediatrics</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5660 General Surgery</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5670 Behavioral Medicine</td>
<td>4</td>
</tr>
<tr>
<td>MEDPA 5680 Geriatrics</td>
<td>4</td>
</tr>
<tr>
<td>Elective Rotation</td>
<td>2-4</td>
</tr>
<tr>
<td>Elective Rotation</td>
<td>2-4</td>
</tr>
</tbody>
</table>

**Total program hours**: 130.5

---

Student Signature ____________________ Date ___________ School of Medicine Graduate Officer ____________________ Date ___________

Program Director Signature ____________________ Date ___________
# Master of Medical Science Physician Assistant Program of Study (2017 matriculation)

Date _______ Student Name__________________________________ UMKC ID __________________

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Credit</th>
<th>Semester</th>
<th>Grade</th>
<th>Changes, notes, GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDPA 5501 Anatomy for the PA</td>
<td>3</td>
<td>Spring I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5502 Foundations of Basic Medical Science</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5503 Research Applications in Medicine</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5504 Ethics Law and Policy</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5505 Clinical Assessment for the PA</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5511 Clinical Practicum I</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5521 PA Professions I</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5531 Science and Practice of Medicine I</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5512 Clinical Practicum II</td>
<td>1</td>
<td>Summer I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5522 PA Professions II</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5532 Science and Practice of Medicine II</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5513 Clinical Practicum III</td>
<td>1</td>
<td>Fall I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5523 PA Professions III</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5533 Science and Practice of Medicine III</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5514 Clinical Practicum IV</td>
<td>1</td>
<td>Spring II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5524 PA Professions IV</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5534 Science and Practice of Medicine IV</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion Exam (pass / fail)</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>0.5</td>
<td>Summer II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>0.5</td>
<td>Fall II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5580 Senior Seminar</td>
<td>1</td>
<td>Spring III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5581 Professional Development for the PA</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5595 Capstone</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summative Exam (pass / fail)</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Rotations (May to April – SP II, SS II, FS II, SP III)** Directions for rotations: enter semester/year and # credits (2 to 4); subtotal should be 48

<table>
<thead>
<tr>
<th>Clinical Rotations</th>
<th>Credit</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDPA 5610 Family Medicine I</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5611 Family Medicine II</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5620 Internal Medicine I</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5621 Internal Medicine II</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5630 Emergency Medicine</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5640 Women’s Health</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5650 Pediatrics</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5660 General Surgery</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5670 Behavioral Medicine</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDPA 5680 Geriatrics</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective Rotation</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective Rotation</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total program hours</strong></td>
<td><strong>130.5</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

____________________________________________________   ______________________________________________
Student Signature    Date    School of Medicine Graduate Officer        Date

_____________________________________________________ Program Director Signature   Date

26 | Page
University of Missouri-Kansas City School of Medicine
Standards of Professional Conduct and Honor Council Procedures

STANDARDS OF PROFESSIONAL CONDUCT
Approved by the University of Missouri Board of Curators: December 1994, Revised January 31, 2013

I. Preamble
Patient care professionals are characterized by 1) a prolonged specialized training in a body of knowledge and skills; 2) ethical principles; 3) a service orientation; and 4) judgment. These professions determine their own standards of education, training, licensure, and practice and have long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a potential future member of these professions, a student must recognize responsibility and an obligation not only to patients, but also to society, other health professionals, and self to behave in a manner compatible with the medical profession's standards of conduct.

One of the goals of a medical school is to educate a student during the transition to a professional life. The University of Missouri-Kansas City School of Medicine has an obligation to evaluate our students pursuing the M.D. and other patient care related degrees administered by the School of Medicine as thoroughly as possible for their cognitive abilities, their academic and professional knowledge and skills, their integrity, and their suitability for the practice of medicine. Accordingly, the Standards of Professional Conduct detailed in this document have been developed to guide the pre-professional behavior of students in patient care degree programs of the University of Missouri-Kansas City School of Medicine and to prepare the students to meet the ethical standards of these medical professions.

II. Standards of Professional Conduct
A. Professional Integrity
   1. Honesty
      A student shall deal honestly with people including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team. Students are expected to demonstrate honesty and integrity in all aspects of their interaction with patients and staff — particularly in assuring accuracy and completeness of their part of the medical record. The student shall be willing to admit errors and must not mislead others or promote himself/herself at the patient’s expense. The student shall strive to report, by utilizing the Honor Council Procedures for Violations of the Standards of Professional Conduct, those students deficient in character or competence, or who engage in fraud or deception.

      The basic principle underlying all research is honesty. Scientists and students who participate in research have a responsibility to provide research results of the highest quality; to gather facts meticulously; to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be sufficiently acquainted with the work of their co-workers that they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself.

      In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Chair of the Honor Council.

Examples of academic dishonesty include, but are not limited to, the following:
   Cheating — 1) use of any unauthorized assistance in taking quizzes, tests, or examinations; 2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; or 3) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; 4) in any way giving assistance to others who are participating in any of the three preceding types of behavior; or, 5) falsifying attendance records or other official documents.

   Plagiarism — 1) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; 2) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or 3) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators.
The detection may involve the use of commercially available software.

**Sabotage** — unauthorized interference with, modification of, or destruction of the work or intellectual property of another member of the University community.

Examples of dishonesty related to clinical practice include, but are not limited to, the following:

**Falsification of Patient's Medical Record** — writing progress notes regarding the patient’s status, including, but not limited to, clinical observations or results in the patient’s chart when the student has not seen or evaluated the patient, or using incorrect times of data entry.

**Falsification of Patient's Medical Information** — reporting medical information such as physical examination findings, lab values, test results, and any other relevant patient information to other students, residents, attending physicians, the patient, the patient’s family, or other relevant medical personnel that has been fabricated by the student.

2. **Responsibility**

A student must acquire competencies with the appropriate concepts, knowledge, and skills which the faculty determine to be essential. These competencies shall be utilized to care for the sick and to promote the health and welfare of society. A student shall recognize a responsibility to participate in activities contributing to an improved community.

Students in the care of patients must not be harmful, dangerous, or negligent to the mental or physical health of a patient or the public. Negligent means the failure to use that degree of skill and learning ordinarily used under the same or similar circumstances by other students.

Students must pay tuition and other University fees, such as the medical equipment or disability fees, on time. Students must complete required forms of evaluation, degree forms, examination applications, etc. on time.

Students must be familiar with and follow the rules and regulations of the School of Medicine, the University, and related professional organizations.

B. **Medical Professional Behavior**

1. **Nondiscrimination**

A student shall be dedicated to providing supervised competent medical service with compassion, respect for human dignity, and without discrimination.

It is against University regulations to discriminate on the race, color, religion, sex, sexual orientation, national origin, age, disability and status as a Vietnam era veteran. The University has an AIDS policy statement consistent with state law that prohibits discrimination against persons with AIDS or who are HIV positive.

2. **Representation**

A student shall accurately represent himself/herself to others including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team.

Examples of misrepresentation include, but are not limited to, the following:

(a) A student shall never use the title of “Doctor” or M.D., as this clearly misrepresents the student’s position, knowledge, and authority.

(b) Use of fraud, deception, lies, or bribery in securing any certificate of registration or authority, diploma, permit or license issued, or in obtaining permission to take any examinations.

(c) Impersonation of any person holding a certificate of registration or authority, permit, license or allowing any person to use his/her certificate of registration or authority, permit, license, or diploma from any school.

(d) Forgery, alteration, or misuse of a patient's medical records or knowingly furnishing false information to the medical team and/or professional organizations.

3. **Confidentiality**

A student shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences within the constraints of the law. The patient’s right to confidentiality in regard to his/her medical record, which includes confidentiality of personal and social history, is a fundamental tenet to medical care.

The discussion in public of the problems of an identified patient, without the patient's permission, by professional staff (including students) violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution. Photocopying of the entire record is never permitted for presentations or rounds; students are permitted to extract information, but not copy “wholesale” parts of the chart. Names of patients should be omitted from any documents used for these presentations.
4. Disclosure
While the student is a member of the medical team and under faculty supervision, a student shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

Sharing of medical information appropriately with a patient and colleagues involved in the care of the patient is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision making shall be presented in terms the patient can understand. If, for some reason, the patient is unable to comprehend, there shall be disclosure to the patient’s authorized representative.

Failure of a student to share medical information relevant to a patient with the patient and colleagues involved in the care of the patient is unethical. Providing inaccurate information with these individuals is also unacceptable.

5. Assessment of Personal Competence (Self-Evaluation)
Students shall seek consultation and supervision whenever their ability to play their role in the care for a patient is inadequate because of lack of knowledge or experience.

Students are expected to respond to constructive criticism by appropriate modification of behavior.

It is unacceptable for a student to attempt procedures or to prescribe therapies without supervision.

6. Professional Demeanor
The student is expected to be thoughtful and professional when interacting with patients and their families, attending physicians, supervising residents, and other students, and whenever his/her behavior may influence adversely the judgments of others about the professional school or University.

Students shall maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient populations served.

Inappropriate behavior includes, but is not limited to, the use of offensive language, gestures, or remarks. Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation is not appropriate.

7. Informed Consent
Students are to understand the physician’s obligation to obtain informed consent from patients, but are not responsible for obtaining it for a physician. Simply, it is the physician’s responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient’s medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The patient’s or surrogate’s concurrence must be obtained without coercion.

8. Conflict of Interests
If a conflict of interest arises, the moral principle is clear — the welfare of the patient must be, at all times, paramount. For example, gifts, hospitality, or subsidies offered by manufacturers and distributors of medical and pharmaceutical equipment/goods shall not be accepted if acceptance would influence the objectivity of clinical judgment.

9. Misconduct with Patients
The student will not engage in romantic, sexual, or other non-professional behaviors with a patient — even upon the apparent request of a patient — while the student is involved with the patient’s care.

10. Impairment
The student will not use alcohol or drugs in ways that impair his/her ability to perform the work of the profession or results in compromised patient care. It is the responsibility of every student to strive to protect the public from an impaired colleague and to assist that colleague whose capability is impaired because of alcohol or drug use.

11. Criticism of Colleagues
Professional relations among all members of the medical community shall be marked by civility. Scholarly contributions shall be acknowledged and each person shall recognize and facilitate the contributions of others to this community; slanderous comments and acts are not acceptable. Students shall deal with professional, staff, and peer members of the health team in a considerate manner and with a spirit of cooperation.
It is unethical and harmful for a student to disparage, without sufficient evidence, the professional competence, knowledge, qualifications, or services of a colleague to anyone. It is also unethical to imply without reliable evidence — by word, gesture, or deed — that a patient has been poorly managed or mistreated by a colleague.

12. Teaching
The word “doctor” (for the Latin “docere” — to teach) implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

III. The University of Missouri Student Conduct Code
In addition to the conduct detailed in the preceding sections, a student is subject to the University of Missouri Student Conduct Code, as administered by the Office of the Vice Chancellor for Student Affairs, except for provisions dealing with academic dishonesty, in Section 200.010 B.1. of the Collected Rules and Regulations of the University (http://www.umsystem.edu/ums/rules/collected_rules/programs/ch200/200.010_standard_of_conduct).

As of the date of this document, such conduct falls into the following categories, and is provided for the convenience of patient care professional students at the University of Missouri School of Medicine:

1. **Forgery, alteration, or misuse** of University documents, records or identification, or knowingly furnishing false information to the University.
2. **Obstruction or disruption** of teaching, research, administration, conduct proceedings, or other University activities, including its public service functions on or off campus.
3. **Physical abuse, threats of violence**, or other conduct which threatens or endangers the health or safety of any person.
4. **Nonconsensual sexual behavior** including but not limited to rape; sexual assault; nonconsensual sexual touching of the genitals, breast or anus of another person or the touching of another with one’s own genitals whether directly or through the clothing; or exposing one’s genitals to another under circumstances in which he or she should reasonably know that his or her conduct is likely to cause affront or alarm, or sexual harassment.
5. **Stalking** another by following or engaging in a course of conduct with no legitimate purpose that puts another person reasonably in fear for his or her safety or would cause a reasonable person under the circumstances to be frightened, intimidated or emotionally distressed.
6. **Harassment** by engaging in a course of conduct directed at a specific person that serves no legitimate purpose that would cause a reasonable person under the circumstances to be frightened, intimidated, or emotionally distressed.
7. **Invasion of privacy** by photographing or recording (using electronic or other means) another person in a state of full or partial nudity in a place where one would have a reasonable expectation of privacy without that person’s consent, and distributing or transmitting that image without that person’s consent.
8. **Participating in attempted or actual theft** of, damage to, or possession without permission of property of the University or of a member of the University community or of a campus visitor.
9. **Unauthorized possession**, duplication or use of keys to any University facilities or unauthorized entry to or use of University facilities.
10. **Violation of University policies**, rules or regulations or of campus regulations including, but not limited to, those governing residence in University-provided housing, or the use of University facilities, or the time, place and manner of public expression.
11. **Manufacture, use, possession, sale or distribution of alcoholic beverages** or any controlled substance without proper prescription or required license or as expressly permitted by law or University regulations, including operating a vehicle on University property, or on streets or roadways adjacent to and abutting a campus, under the influence of alcohol or a controlled substance as prohibited by law of the state of Missouri.
12. **Disruptive or disorderly conduct** or lewd, indecent, or obscene conduct or expression.
13. **Failure to comply** with directions of University officials acting in the performance of their duties.
14. **The illegal or unauthorized possession or use of firearms**, explosives, other weapons, or hazardous chemicals.
15. **Misuse in accordance with University policy of computing resources**, including but not limited to:
   a. Actual or attempted theft or other abuse.
   b. Unauthorized entry into a file to use, read, or change the contents, or for any other purpose.
   c. Unauthorized transfer of a file.
   d. Unauthorized use of another individual’s identification and password.
   e. Use of computing facilities to interfere with the work of another student, faculty member, or University official.
   f. Use of computing facilities to interfere with normal operation of the University computing system.
   g. Knowingly causing a computer virus to become installed in a computer system or file.
I. Jurisdiction of the Honor Council
The Honor Council shall be concerned with incidents of alleged violations by University of Missouri-Kansas City School of Medicine students enrolled in either the M.D. or graduate Professional programs involving direct patient care at the UMKC School of Medicine of the School's Standards of Professional Conduct, Sections II.A and II.B., whether such violations occur on the Volker campus or in classes or clinical experiences at affiliated hospitals and clinics through the UMKC Medical School. Violations of Section III will be referred to the Office of the Vice Chancellor for Student Affairs. The standards identify areas of conduct which are judged unacceptable for individuals either who are in or aspire to the profession of medicine. The Standards of Professional Conduct and Honor Council Procedures is a published document of the School of Medicine. It is distributed to all newly accepted students during orientation. When a student has been charged with one or more acts of misconduct according to these standards, the Honor Council shall adhere to the following procedures detailed herein. The Honor Council shall have the authority to recommend sanctions upon any student appearing before the Council. The disciplinary proceedings described are not to be construed as judicial trials. Care shall be taken, however, to comply as fully as possible with the spirit and intent of these procedural safeguards.

II. Organization of the Honor Council
A. Composition
The Honor Council voting members shall consist of the Chair representing the Dean's Office, six faculty/staff members (1 Docent, 1 Basic Scientist, 2 Clinical Scientists, 1 Humanities/Social Sciences representative, and 1 Graduate faculty member), and two student members (1 Years 3-6 and 1 graduate student). Four members constitute a quorum. Two nonvoting Honor Council staff, the Council Coordinator and the Administrative Assistant, assist the Chair in investigations and generation of reports and are present at the hearings to take minutes.

B. Eligibility and Appointment
The Chair, faculty/staff, and student members shall be appointed to the Honor Council by the Dean of the School of Medicine.

C. Chair
The Chair shall count as one member of the Honor Council and shall be entitled to vote on all matters before the Council.

D. Time of Appointment and Term of Office
The Chair and faculty/staff members of the Honor Council shall serve for the duration of their appointments by the Dean. The student members of the Honor Council shall serve for one year.

A student is ineligible to continue as a member of the Honor Council if he/she is placed on academic or disciplinary probation, or if for any other reason his/her continued membership on the Council may not be in the best interest of the School of Medicine as determined by the Dean.

III. Procedures for Report of Violation, Investigation, Informal Disposition, and Notice
A. Report of Violation
An alleged violation of the Standards of Professional Conduct should be reported to the Chair or his/her designee of the Honor Council as soon as possible after discovery of the incident.

B. Preliminary Procedures and Investigation
The Chair of the Honor Council or his/her designee shall investigate any reported student misconduct before initiating formal conduct procedures. The reporter will be requested to meet with the Chair or his/her designee to discuss the alleged violation.

The Chair is responsible for notifying, in writing, the accused student of the charge brought against him/her prior to the commencement of the investigation. In addition, the student charged with misconduct shall receive a copy of these Procedures for Violations of the Standards of Professional Conduct along with the written notice. The Chair shall meet with the accused student to give the student the opportunity to present a personal version of the incident or occurrence.

C. Informal Disposition
After conducting an investigation, the Chair or his/her designee shall provide a written report to the Dean, the accused student, and the Honor Council members.

The Chair shall have the authority to dismiss a charge that is determined unfounded or to impose appropriate sanctions and shall fix a reasonable time within which the student shall accept or reject a proposed informal disposition.

A failure of the student either to accept or reject within the time fixed shall be deemed to be an acceptance and, in such event, the proposed disposition shall become final upon expiration of such time.
If the student rejects informal disposition, it must be in writing and shall be forwarded to the Honor Council.

The Chair may refer cases to the Honor Council for formal investigation and hearing without first offering informal disposition.

The Dean or his/her designee may at any time temporarily suspend or deny readmission to a student from the School of Medicine pending formal procedures when the Dean or his/her designee finds and believes from available information that the presence of a student on campus would seriously disrupt the School of Medicine or constitute a danger to the health, safety, or welfare of members of the School of Medicine community. The appropriate procedure to determine the future status of the student will be initiated within seven calendar days.

D. Notice of Hearing
Upon completion of the investigation, when a student rejects informal disposition or the charge justifies a formal hearing, in the judgment of the Honor Council Chair, the Chair will schedule a formal hearing as soon as possible.

The reporter, witnesses, and accused student will be given written notice of the hearing by email or personal delivery. The notice shall set forth the date, time, and place of the alleged violation, the conduct for inquiry, the date, time, and place of the hearing before the Council, request for attendance of the parties involved, and a reference for the accused student to the Rights of the Accused Student Upon Hearing which are outlined in these Procedures.

Notice by certified mail may be addressed to the mailing address currently on record with the university. Failure by the accused student to have a current correct local address on record with the School of Medicine shall not be construed to invalidate such notice.

The notice shall be given at least seven (7) consecutive calendar days prior to the hearing, unless a shorter time be fixed by the Chair for good cause.

Any request for continuance shall be made in writing to the Chair who shall have the authority at his/her discretion to postpone the hearing if he/she determines the request is timely and made for good cause. The Chair shall notify the Honor Council members, the accused student, the reporter, the witnesses, and any other relevant individuals of the new date for the hearing.

If the accused student fails to appear at the scheduled time, the Honor Council may hear and determine the matter in the student's absence.

IV. Procedure for Honor Council Hearing
A. Rights of the Honor Council
The Honor Council shall have the right to:
1. hear together cases involving more than one student which arise out of the same act of misconduct, but in that event shall make separate findings and determinations for each student;
2. permit a stipulation of facts by the Honor Council member who performed the investigation and the student involved;
3. permit the incorporation in the record by a reference of any document, affidavit, or other material produced and desired in the record by the School of Medicine or the student charged;
4. question witnesses or challenge other evidence introduced by either the School of Medicine or the student at any time;
5. hear from the Council Chair about dispositions made in similar cases and any dispositions offered to the student appearing before the Council;
6. call additional witnesses or require additional investigation;
7. dismiss any action at any time or permit informal disposition as otherwise provided;
8. permit or require at any time, within a reasonable time as determined by the Council, amendment of the Notice of Hearing to include new or additional matters which may come to the attention of the Council before final determination of the case; provided, however, that in such event the Council shall grant to the student or the School such time as the Council may determine reasonable under the circumstances to answer or explain such additional matters; and,
9. dismiss any person from the hearing who interferes with or obstructs the hearing or fails to abide by the rulings of the Council Chair on any procedural question or request of the Chair for order.

B. Rights of the Accused Student
A student scheduled to appear before the Honor Council pursuant to formal notice of charges and disciplinary hearing shall have the right to:
1. submit a written response to the charge outlined in the Notice before the scheduled hearing is to commence;
2. request in advance of the scheduled hearing a review of any materials contained in his/her hearing file.
3. submit a written request for the identities of witnesses to be called to testify before the Council;
4. be present at the hearing;
5. have an adviser or counselor appear with him/her and to consult with such an adviser or counselor during the hearing; however, the adviser/counselor will not be allowed to question witnesses and/or members of the Council;
6. hear or examine evidence presented to the Honor Council against him/her;
7. question witnesses present who are testifying against him/her at the hearing;
8. present evidence by witness, affidavit, written report, other memoranda, photographs, drawings, and any other relevant evidence of any defense the student desires;
9. make any statement to the Honor Council in mitigation or explanation of the conduct in question;
10. remain silent to avoid self-incrimination;
11. be informed in writing of the findings and any decisions imposed by the Honor Council, Coordinating Committee, and the Dean; and,
12. appeal the decision and/or disposition to the Chancellor, as herein provided.

C. Rights of Witnesses
Witnesses shall be notified of the scheduled time, date, and location of the hearing. Witnesses shall bring with them whatever documentation is requested. Failure of a student witness to appear, without good cause, is a violation of the Standards of Professional Conduct.

D. Record of Hearing
All proceedings of the Honor Council are to be held in the strictest confidence by the members and all other persons involved. The hearings shall be audio taped, and written minutes are also recorded. The notice, exhibits, hearing record, verdict, and disposition of the Honor Council shall become the “Record of the Case”. This official document shall be filed under strictest security in the permanent records. The record shall be accessible at reasonable times and places to both the University and the student for the purposes of review or appeal.

E. Conduct of the Hearing
The Honor Council Chair shall preside at the hearing, call the hearing to order, call the roll of the Honor Council members in attendance, ascertain the presence or absence of the student charged with misconduct, read the Notice of Hearing and charge and verify the receipt of notice of charge by the student, report any continuances requested or granted, establish the presence of any adviser or counselor of the student, call to the attention of the student charged and the adviser any special or extraordinary procedures to be employed during the hearing, and permit the student to make suggestions of or objections to any procedures for the Honor Council to consider.

All requests to address the Council shall be addressed to the Chair. The Chair will rule on all requests and points of order and may consult with Council's legal adviser prior to any ruling. The Chair's ruling shall be final, and all participants shall abide thereby, unless the Chair shall present the question to the Council at the request of a member of the Council, in which event the ruling of the Council by majority vote shall be final.

Rules of common courtesy and decency shall be observed at all times. An adviser or counselor may be permitted to address the Council at the discretion of the Chair. An adviser or counselor may request clarification of a procedural matter or object on the basis of procedure at any time by addressing the Chair after recognition.

**Opening Statements:** 1) The Honor Council Chair or his/her designee shall make opening remarks outlining the general nature of the case and testify to any facts the investigation has revealed. 2) The accused student may make an opening statement to the Council about the charge at this time or at the conclusion of the School of Medicine's presentation.

**School of Medicine Evidence:** 1) School of Medicine witnesses are to be called by the Chair of the Honor Council and identified or written reports of evidence are introduced as appropriate. 2) The Council may question witnesses at any time. 3) The student may question witnesses or examine evidence at the conclusion of the School of Medicine's presentation.

**Student Evidence:** 1) The student shall have the opportunity to make a statement to the Honor Council about the charge. 2) The student may present evidence through witnesses or written memoranda. 3) The Council may question the student or witnesses at any time.

**Rebuttal Evidence:** The Honor Council may permit the School of Medicine or the student to offer a rebuttal of the other's presentation.

If it appears that essential testimony is unavailable, or that for other good cause the hearing should be deferred, the Council may continue, recess, or discontinue the hearing without prejudice.

V. Determination of the Honor Council
Following the hearing, the Council shall promptly deliberate in closed session out of the presence of the student charged. Determination is to be made regarding both the validity of the misconduct charge and on the discipline, if any, to be imposed.
A. Violation of the Standards of Professional Conduct
The Honor Council shall determine if the evidence presented in the hearing supports the charge of violation of the Standards of Professional Conduct. The Council shall render a decision, by simple majority vote, of whether a violation has been committed by the accused. Each charge of misconduct, if there are more than one, shall be considered individually and/or collectively at the discretion of the Council.

B. Discipline Imposed
The Honor Council shall determine the discipline to be imposed, if any, based upon its deliberations. One of the following forms of discipline is to be recommended by means of simple majority vote of the Council members. Where there are multiple violations, there can be separate sanctions for each violation. The sanctions include, but are not limited to, the following:
- **No Disciplinary Action.** Given when the student is not found in violation of the Standards of Professional Conduct.
- **Warning.** A written reprimand to the student that the student has violated the Standards of Professional Conduct. A copy is to be placed in the student's file.
- **Probation.** A written reprimand to the student for violation of the Standards of Academic Conduct that includes a designated period of time, the probability of more severe sanctions if the student violates any institutional regulation(s) during the probationary period, and subject to any appropriate terms or conditions, such as loss of privileges, restitution, and discretionary assignments.
- **Suspension.** An involuntary separation of the student from the School of Medicine for a specified period of time or until a special conditions have been met, with a statement whether suspension should relate back to the date of the offense, begin at the time imposed, or begin at a date specified in the future. At the conclusion of the period of suspension, the suspended student is automatically returned to student status. Conditions for readmission may be specified.
- **Dismissal.** An involuntary separation from the School of Medicine for an indefinite period of time. The order of dismissal may specify a date before which the faculty will not consider a petition for readmission from the dismissed student.
- **Expulsion.** Permanent separation of the student from the School of Medicine.

The above sanctions apply to the status of the accused student in the School of Medicine. Any sanction impacting a student's enrollment status and/or privileges will be forwarded to the Vice Chancellor for Student Affairs or designee for information purposes.

An oral presentation of the Council's findings and recommendations is permitted following the hearing, but a written document including findings of fact, verdict, and recommended disposition shall be completed as soon as possible after the hearing. This Final Report of the Council shall be submitted to the Coordinating Committee, the Dean, and the Office of the Vice Chancellor for Student Affairs.

VI. Decision of the Coordinating Committee
The findings and determination of the Honor Council serve as recommendations to the Coordinating Committee and to the Dean of the School of Medicine. The Coordinating Committee, chaired by the Associate Dean for Academic Affairs and composed of members detailed in The Academic Plan for the School of Medicine, reviews the charge of misconduct, the findings of fact, the decision of the Council, and the recommended discipline to be imposed from the Honor Council.

After deliberation and careful consideration, the Coordinating Committee approves, by simple majority vote, one of the following actions: 1) to sustain the recommendations of the Honor Council; 2) to amend the recommendations of the Honor Council to another type of sanction; 3) to remand the Honor Council's recommendations; or, 4) to reverse the Honor Council's recommendations.

The findings and determinations of the Honor Council and the Coordinating Committee shall be transmitted to the Dean in writing within seven (7) consecutive calendar days following the Coordinating Committee meeting. A copy of this recommendation shall also be transmitted to the accused student by email or personal delivery in the indicated time frame.

VII. Decision of the Dean
Upon receipt of the documents from the Honor Council and the Coordinating Committee, the Dean shall review the entire record that includes the following: 1) formal notice of the charges; 2) minutes of the Honor Council hearing; 3) written findings of the Honor Council and its recommendations to the Coordinating Committee; and 4) written decision of the Coordinating Committee concerning the sanction passed.

The Dean will, within a reasonable amount of time, make a decision to either affirm, amend, or reverse the Coordinating Committee's sentence, or remand the Coordinating Committee for further proceedings.

The Dean shall notify the student in writing by certified mail or personal delivery of his/her final decision. Copies of the letter will be sent to the Honor Council Chair and the Coordinating Committee Chair, and will be placed in the student's file and in the official hearing file.
VIII. Right of Appeal
When a recommendation from the Honor Council and the Coordinating Committee is made for some form of disciplinary action other than “none”, and this is upheld by the Dean, or if a recommendation of "no disciplinary action" is revised to one of greater severity by the Dean, the student may appeal such decision to the Chancellor or his/her designated representative by filing written notice of appeal with the Chancellor within ten (10) consecutive calendar days after notification of the decision of the Dean. A copy of the Notice of Appeal will also be given by the student to the Dean of the School of Medicine at the time of filing. The student may file a written memorandum for consideration by the Chancellor with the Notice of Appeal.

The Chancellor or his/her designated representative shall review the full record of the case and the appeal documents and may affirm, reverse, or remand the case for further proceedings and shall notify the Dean and the student in writing of the decision on the appeal. The action of the Chancellor shall be final unless it be to remand the matter for further proceedings.

Status during Appeal: In cases of suspension, dismissal, or expulsion where a Notice of Appeal is filed within the required time, a student may petition the Chancellor in writing for permission to attend classes pending final determination of appeal. The Chancellor may permit a student to continue in school under such conditions as may be designated pending completion of appellate procedures, provided such continuance will not disrupt the University or constitute a danger to the health, safety, or welfare of the University community. In such event, however, any final disciplinary action imposed shall be effective from the date of the action of the Dean.

IX. Status of the Standards of Professional Conduct
Amendments to the Standards of Professional Conduct and/or Honor Council Procedures for Violations may be proposed by petition of any twenty-five members of the student body, the Honor Council on its own motion, or the faculty.

A proposed amendment in the Standards of Professional Conduct and/or Honor Council Procedures for Violations must be approved by the Honor Council, the Coordinating Committee, the Dean, the Chancellor, and the Board of Curators.

The Standards of Professional Conduct and/or Honor Council Procedures for Violations may be terminated at any time by action under the general amending procedure.

All students in the School of Medicine, including students enrolled in either the M.D. or graduate Professional programs involving direct patient care at the UMKC School of Medicine are subject to the jurisdiction of the Standards of Professional Conduct and Honor Council Procedures for Violations upon enrollment. To insure their knowledge of the Standards of Professional Conduct and Honor Council Procedures for Violations, the presentation of these documents shall be an integral part of the orientation of newly accepted students in these programs to the School of Medicine.
School of Medicine Graduate Programs

Procedures for Managing Suspected Violations of Standard Conduct and Professional Standards version 2013.1

All students at the University of Missouri–Kansas City are expected to abide by the Standard of Conduct as described in the University of Missouri System Collected Rules and Regulations, Chapter 200 Student Conduct, section 200.010 Standard of Conduct. In addition, students in the M.S Anesthesia and M.M.S. Physician Assistant Programs must abide by the School of Medicine Standards of Professional Conduct. The conduct code is designed to ensure social responsibility, academic integrity, and the safety of our community. Students found to be in violation of the Standard of Conduct may face formal sanction, ranging from warning to expulsion. Students have the right to a formal hearing.

The following outlines the procedures for instructors to follow when confronting alleged academic dishonesty issues. It is important to emphasize that when any form of academic dishonesty is suspected, the instructor should approach the situation from the perspective of “due process” rather than “punishment”.

1. The instructor should first meet with the student to explain how the student’s conduct or scholarly work has raised the suspicion of cheating, plagiarism or sabotage or violation of the Standards of Professional Conduct (Honor Code). At this point, evidence from both parties will be discussed and this may lead to various outcomes including, but not limited to: dismissal of the allegation based on evidence provided by the student; receipt of a failing grade for an assignment, exam or course, as appropriate; an opportunity for other learning opportunities or assignments to be levied to benefit the student’s understanding or mastery of content; or, moving the process forward in the informal discovery process.

2. If academic dishonesty is either admitted or confirmed by evidence, the faculty should employ an independent 3rd party “investigator” (the Assistant Dean for Graduate Studies) to meet with the faculty member and student to review issues and make recommendations regarding sanctions as indicated. The next steps depend on the student program of study.

A. MS Anesthesia or MMS Physician Assistant students

1. The investigator will refer the alleged incident to the School of Medicine Honor Council for investigation and recommendation.

2. The Honor Council will undertake a review of the alleged incident and associated evidence, as appropriate. This will include meeting with the involved faculty, students, witnesses and others deemed appropriate. The following sanctions may be recommended:
   a. Warning (Note: the warning will be forwarded to the student and goes into web-based records so that other faculty can be alerted to previous misconduct.)
   b. Probation (Note: probation may be rendered for any length of time deemed to be appropriate for the given academic dishonesty infringement.
c. Suspension
d. Dismissal

3. Recommendations will be made to the SOM Dean via Coordinating Committee.
4. The Dean will make the final determination.
5. A letter will be sent to the student indicating that the review has occurred and the student can either accept the sanctions or appeal to the Chancellor.

B. All other School of Medicine graduate and doctoral students

1. If sanctions are indicated, the “investigator” will notify the Dean of the School of Graduate Studies in writing of the allegations and make recommendations regarding sanctions. The following sanctions may be recommended:
   a. Warning (Note: the warning will be forwarded to the student and goes into web-based records so that other faculty can be alerted to previous misconduct.)
   b. Probation (Note: probation may be rendered for any length of time deemed to be appropriate for the given academic dishonesty infringement.
   c. Suspension
d. Dismissal

2. The Dean of School of Graduate Studies will undertake a review of the alleged incident and associated evidence. If he/she feels that the sanctions are indicated a letter will be sent to the student indicating that the review has occurred and the student can either accept the sanctions or appeal. If the student appeals, then a formal process will be initiated through the Vice Provost for Academic Affairs Office to convene an honor council review of the alleged incident.
Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. To undertake and successfully complete the Master of Medical Science Physician Assistant program, an individual must possess those intellectual, emotional and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required for graduation from the program.

Candidates for the Master of Medical Science Physician Assistant degree must demonstrate the ability to work as an effective member of the health care team and must be able to observe and perform a variety of procedures. Intact sensory and motor functioning is required for accurate observation and the competent performance of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance and close at hand. This necessitates the functional use of the senses of vision, hearing, touch and sometimes smell. A candidate must be able to communicate effectively, to hear and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. Candidates must have the ability to maintain attendance, especially in clinical coursework, in order to earn the required clinical practice hours and experience for graduation.

Problem solving is a critical cognitive skill demanded of physician assistants, and it requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. In addition to these skills, a candidate must possess the high moral and ethical standards demanded of physician assistants and the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,* may be granted additional time on required examinations, be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations.

The University of Missouri-Kansas City School of Medicine Admissions Committee for the MMS PA program will review qualified applicants who are unable to meet the technical standards for admission as stated above. The entire application file will be formally reviewed by the committee in consultation with the UMKC Office of Services for Students with Disabilities.

*Contact the UMKC Office of Services for Students with Disabilities for information regarding definition and documentation of learning disabilities.

I have read and understand the above technical standards, and I hereby certify that I believe that I am able to meet these standards if I become a physician assistant student at the University of Missouri-Kansas City School of Medicine.