

**COLLEGE OF DENTAL MEDICINE,  
HENDERSON CAMPUS**

**AEODO/MBA Resident H**



- L. Policy on Use of Personal (Mobile) Telephones and  
Other Communication Devices on Campus
- M. Resident Acknowledgement Form



**A. Advanced Education in Orthodontics & Dentofacial Orthopedics (AEODO/MBA) Residency Program: Calendar for the 2018-2019 Academic Year**

**2018**

- Classes Begin for all Returning Residents July 9
- Orientation Begins for First Year Residents July 9 -13
- MBA Classes Start for First Year Residents September 4
- Labor Day  
*(Official University Holiday)* September 3
- Thanksgiving





Seating



resident does not pass any reassessment, the original copy of that reassessment must be submitted to the Program Director within 48 hours of completion of the reassessment. A copy of that assessment will be made and returned to the resident. The original copy will be retained

Procedure When Unsatisfactory Progress is Documented for Performance in Clinic

If a resident feels that he or she may have been evaluated unfairly or in error, he/she should first contact the clinical faculty responsible for the evaluation and attempt to resolve the matter. If unable to resolve the matter at this level, the resident should contact the Program Director. The resident will be required to submit a written account of his/her reasons for believing he/she has been evaluated unfairly or in error to the Program Director (see  
ent Appeal

Residents who receive a \_\_\_\_\_ their final assessment for a clinical or didactic block will be placed \_\_\_\_\_ on probation with terms of probation set forth by the Program Director (see \_\_\_\_\_  
In the event of a resident appeal of a \_\_\_\_\_ terms of probation will not take effect until the appeal is resolved.

**C. Policies and Procedures Pertaining to Professionalism**

Roseman University of Health Sciences is committed to instilling in our residents the importance of personal and professional honor and integrity. In our position as a gatekeeper for the profession of dentistry, we intend for our graduates to uphold and maintain the level of confidence and trust the public has in dental professionals. Consequently, upon accepting admission to the University, each resident agrees to abide by basic standards of honesty and academic integrity, which include but are not limited to:

Expected behavior includes but is not limited to:

- a. Acting with honesty and integrity in academic and professional activities. A resident never represents the work of others as his/her own.
- b. Striving for professional competence.
- c. Fostering a positive environment for learning. A dental resident will not interfere with or undermine other residents efforts to learn.
- d. Respecting

and preceptors.

ii. Residents must comply with the Standards of Professional Conduct. A resident's behavior may result in a referral to the University Resident Professionalism Board if there are allegations of professional misconduct occurring in, but not limited to,

The College Administrators will meet to consider the report. It is solely the responsibility of the College Administrators to determine appropriate sanctions should the USPB determine that it is more likely than not that the charges made are true. The College Administrators will make a final determination as to the disposition of the matter and will forward this decision to Vice President for Resident Services, and the resident, within 5 business days, or within an extension approved by the Chancellor of the South Jordan campus following receipt of the report.

The resident may appeal the decision as outlined in the University Catalog.

## **D. Consequences of Unsatisfactory Achievement of Academic and/or Professional Standards**

### **Probation**

Residents who exhibit inappropriate professional or personal behavior may be placed on probation for professional or personal misconduct. Inappropriate professional or personal behavior includes, but may not be limited to the following: excessive absence or tardiness, disruptive behavior in class; inappropriate or disrespectful behavior toward other residents, faculty and staff or disrespectful and unprofessional interaction with patients/parents; and, unprofessional dress, language, or conduct as defined by Roseman University of Health Sciences.

Matters involving a inappropriate professional or personal behavior on campus

wi 78.24 1.8 ref0.00000912 0 612 792 reW\*nQ EMC /nB4/F2 10.56 Tf15.96 ..56 Tf1 0. eW\*nBT/F2 10.56 Tf1 C

Suspension of a resident is a serious action and is only considered in situations of consistent or persistent academic difficulties, or for consistent or persistent professional or personal misconduct.

The Program Director may suspend a resident even if he/she has not been placed on

shall be delivered to the resident by hand, via e-mail to her/his university e-mail address or by certified mail within a reasonable time frame not to exceed 10 business days excluding days on which the university is closed. A resident can be required to begin the suspension even if he/she refuses to accept the hand-delivered notice of the suspension, neglects to check his/her email, or refuses to sign the certified mail receipt. This decision will also include the length of time for which the suspension will be in force. During the imposed suspension, the resident is prohibited from attending or participating in any instructional sessions (either in the classroom or on experiential rotations), or any College or University events that are not open to the general public.

The Program Director will notify the resident of his/her suspension, including the terms and conditions of the suspension, in a reasonable timeframe. The decision shall be delivered to the resident by hand or by certified mail and receipt acknowledged by signature. This decision will also include the length of time for which the suspension will be in force. During the imposed suspension, the resident is prohibited from attending or participating in any instructional sessions (either in the classroom or on experiential rotations) or any Program or University events that are not open to the general public.

Following the suspension period, the resident may petition the Program Director, in writing, to allow him/her to return. The Program Director shall consider the request and notify the resident and the administrative officers, in writing, of the exact date and conditions under which his/her status is to be restored.

The Program reserves the right to require withdrawal at any time it deems necessary to safeguard its standards of scholarship, conduct, and orderly operation. The resident concedes this right by act of matriculation.

### **Voluntary Withdrawal**

Application for voluntary withdrawal from the AEODO/MBA Residency Program must be made in writing to the Program Director. Except in rare and special circumstances, the application will be accompanied by a personal interview with a member of the administrative body. Every effort should be made by the resident to assure that no misunderstandings or errors occur in the withdrawal process. Following notification by the resident and the personal interview, the Program Director will notify the Dean and will provide the resident with the forms necessary to process the official withdrawal. Residents who leave the College without notifying the Program Director and without completing the established withdrawal procedures within 30 days will automatically be terminated from the University. Residents who are terminated in this manner will not be considered for re-admission at a later date. Withdrawal is not complete until the required forms are signed by the resident, the Program Director, and the Dean.

The procedure for Voluntary Withdrawal is as follows:

1. The resident makes a written request to the Program Director to voluntarily withdraw from the College.
2. The Program Director notifies the Dean, prepares the necessary forms for withdrawal and schedules a withdrawal interview.
3. The withdrawal interview attended by the resident and the Program Director is held, and the terms of withdrawal agreed to and put in writing.
4. The completed withdrawal form and terms of withdrawal are signed by the resident and returned for signature to the Program Director, who shall forward them to the Dean for signature.
- 5.



not to exceed the number



Assessment Appeals Committee shall make a recommendation to the Dean who shall render his/her decision. The Dean shall communicate this decision in

she may appeal that decision in writing to the Chancellor. The decision of the Chancellor of the South Jordan Campus shall be final.

Unless a clear threat to the safety or well-being of members of the University community exists, the resident shall have the opportunity to continue to attend classes and participate in all sanctioned College activities until such time as any/all termination appeals are exhausted. The resident is expected to behave in a professional manner during this time period. Any disruptions of class or University operations or any other unprofessional behavior may result in rescission of the opportunity to attend class and/or all sanctioned College activities.

## **H. Personal Counseling about Non-Academic Issues**

Residents needing personal counseling services about non-academic issues (e.g., grief counseling, alcohol, substance abuse and mental health) should contact the Registrar/Resident Services Office. While these services are not provided by the University, Registrar/Resident Services Office provides residents with a confidential venue to voice concerns and ask questions. Furthermore, the Registrar/Resident Services Office can work with the resident to refer him/her to appropriate resources for additional assistance.

A list of counseling services in the local area is available on the Registrar & Resident Services <sup>§</sup> section of the University website.

## **I. Immunization Requirements**

In order to be accepted for admission to the University, all students must provide proof of immunization against the following diseases: measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, hepatitis B, meningitis, and varicella (chickenpox). The Registrar/Resident Services Office provides information on immunization requirements and procedures. For more information, contact the Registrar/Resident Services Office at (801) 224-1000.

Varicella (chicken pox) proof of completion of 2-shot series (4 weeks apart); or positive serologic titers showing immunity (We cannot accept physician documentation stating the

telephones may not be used in the clinic except for communication with patients. Residents may not leave any scheduled classes or seminars to answer personal phone calls except for rare cases of true emergencies. If a resident is found in violation of this policy by the course

to enroll in Master of Business Administration courses which will ensure an exceeding level of knowledge and skill in the areas of: business communication; financial accounting; legal and ethical issues; statistical methods for decision making, managerial economics; leadership creativity and innovation; organizational management; management information system; human resources; strategic management; and advanced finance and accounting. We require our residents to successfully complete the Written Examination prior to their graduation from our program and then to become Diplomates of the ABO.

## **of Dental Examiners**

for limited license to practice dentistry in the State of Oregon. Licensees must follow all regulations and guidelines set forth in Oregon Administrative Rules 631.200, 631.205, 631.210, and 631.271, which are detailed below. It is2541 0re212 70000 BT9

(1) Successfully pass a clinical examination approved by the Board and the

- (1) At the educational or outpatient clinic, hospital or other facility where the person is employed;  
and
  - (2) In accordance with the contract required by paragraph (c) of subsection 1.
- (b) Shall not, for the duration of the limited license, engage in the private practice of dentistry or dental hygiene in this State or accept compensation for the practice of dentistry or dental hygiene except

Nevada State Law requires all Healthcare Professional to attend periodic seminars and attendance for the seminar is current (i.e. not expired) and that the Program maintains a current copy on file at all times.



- 1.
2. If the resident has more than one block that have  
at the time of each bi-annual evaluation
3. Less than an overall score of 3.0 within the cumulative evaluation

If at any bi-annual evaluation time-

(Incomplete status) and/or if the resident has been placed on academic probation more than once, the Program Director will send graduation delay notices to the resident and the progress will be re-evaluated in the following bi-annual Performance Evaluation.

## **U. Graduation Requirements**

To qualify for graduation from AEODO/MBA Residency Program, residents must:

1. Successfully complete all assigned didactic, clinical and research blocks in the AEODO/MBA Program;
2. Successfully complete the American Board of Orthodontics Written Examination;
3. Satisfactorily complete all professional courses and competencies within four and a half (4.5) years, having no course grade below a
4. Receive a favorable recommendation for conferral of the AEODO certificate and the MBA degree from the faculty, Dean, Administrative Council, and the Board of Trustees.

Residents will be expected to follow all policies



the approval of the course director or his/her designee.

Any deviations from this policy must be approved in writing and in advance by the Program Director or his/her designee.

For additional information regarding attendance policy, please refer to the University Catalog.

If a resident has an absence which would prevent him/her from taking a scheduled initial assessment or initial reassessment, the resident *must* request an excused absence from

a requested absence approved by the Associate Dean of Academic Affairs in accordance with this policy.

**The decision to grant an excused absence for the reasons listed below is at the sole discretion of the Associate Dean of Academic Affairs.** Should a resident not provide requested documentation, fail to inform the Associate Dean of Academic Affairs within the timeframes specified below, or if administering the makeup activity at an alternate time would impose an undue hardship on the instructor or the university that could not reasonably have been avoided, then an excused absence may be denied. Falsification of

result in disciplinary action up to and including termination.

Requ

provided that the original copy is received within one week. The Associate Dean of Academic Affairs reserves the right to require the resident to provide additional information and/or documentation beyond that listed above if deemed pertinent in determining whether or not an absence should be approved.

## **2. Personal or Family Emergency**

Should a resident experience an emergency personally or in his/her immediate family

preclude him/her from attending a scheduled assessment or remediation, the resident should notify the Associate Dean of Academic Affairs as soon as possible following the event, but no later than 10:00 am on the day of the scheduled assessment/reassessment.

Such an emergency may include, but may not be limited to, hospitalization, or other unforeseen, debilitating events. Notification can be made by telephone, email, or fax. Whether or not a request for an excused absence due to personal or family emergency is granted is solely the purview of the Associate Dean of Academic Affairs. The Associate Dean of Academic Affairs may request that the resident provide documentation of the emergency in order to determine if granting an excused absence is warranted.

## **3. Bereavement**

A resident may request an excused absence from an assessment or reassessment to attend scheduled funeral services for a close friend or family member. The funeral service must be scheduled within five calendar days of the date of the assessment or reassessment to receive an excused absence. The resident must notify the Associate Dean of Academic Affairs no later than 10:00 am on the date of the absence. Documentation will be required for an excused absence to be approved, and must be submitted prior to any scheduled make-up assessments.

## **4. Attendance at Orthodontic Professional Meetings**

The College encourages residents to attend orthodontic and/or related professional meetings. In order to receive an excused absence for an assessment or reassessment scheduled during an orthodontic professional meeting, **each resident** attending the meeting must **individually** submit a request, in writing to the Program Director at least ten business days prior to the assessment or reassessment. The request must be accompanied by a copy of the resident's schedule for the meeting, including one travel day on either end of the published schedule for the meeting.

## **5. Religious Observance**

It is the policy of Roseman University of Health Sciences and the College of Dental Medicine to receive

take a scheduled assessment or reassessment due to a religious obligation, the resident must request an excused absence from the Associate Dean of Academic Affairs as soon as possible, but not later than the end of orientation week for the school year. The Associate Dean of Academic Affairs reserves the right to require the resident to provide additional information and/or documentation from a clergyman confirming the religious prohibition asserted by the resident if deemed pertinent in determining whether or not an excused absence should be granted.

If granted an excused absence for an assessment for one of the above reasons, the resident will be assessed during the scheduled reassessment. Since the resident could not participate in the team assessment, the resident will not be entitled to receive team points for the reassessment. A resident who received an excused absence for the assessment and did not pass the reassessment will have the opportunity for a makeup assessment. The makeup assessment must be completed within two business days of the reassessment. Otherwise the resident remediation for that assessment.

If granted an excused absence for a scheduled reassessment for one of the above reasons, the resident

## **Tardiness**

Tardiness for class and/or clinic is extremely unprofessional, disruptive and unacceptable. As such, we have instituted a strict policy pertaining to tardiness. Since emergencies do at times occur, every calendar year each resident is allowed a maximum of three tardy incidents, all of which will be documented by the Administrative Assistant. For each additional tardy, the resident will lose one-half day of Permitted Time-Off (PTO) for that academic year. Please see below for appropriate documentation.

## **Y. Absenteeism Policies and Procedures**

### **Permitted Time Off (PTO)**

Each resident is allowed up to ten (10) permitted time-off days per academic year to use as he or she wishes to do so (with the exception of outside employment or moonlighting). Permitted time-off days that are not used in one academic year do not carry over to the following academic year. No more than five (5) PTO days may be taken at one time. No more than five (5) PTO days may be combined with the university granted winter or summer break. It is highly recommended that residents utilize the PTO days wisely so sufficient paid time-off is available for unexpected events and/or sickness. Any unanticipated scenarios must be discussed with the Program Director. If the requested time-off interferes with continuity of patient care or the resident, the Program Director may decline the request. Sick, Unplanned or Emergency days will apply to the resident allotment of (10) Permitted Time-Off Days per year.

Completed and accurately-dated Personal/Leave Request Forms (Appendix B) must be turned in to the Administrative Assistant at least 2 weeks prior to the planned leave date for verification of the amount of days available prior to the Program approval. It is the resident's responsibility to make sure he or she has received an email from the Administrative Assistant verifying approval of requested leave. If the resident does not receive this email, the he or she must contact the Administrative Assistant for verification and/or clarification. Submittal of a Leave Request Form does not guarantee that leave will be granted. All PTO days must be approved by the Program Director in addition to faculty/course director for each particular class or clinic session that will be missed.

In the event of an unexcused absence by a resident (i.e. the resident is absent from clinic without informing the administrative assistant or without completing a Personal/Leave Request Form prior to his or her absence), he or she will lose **two** (2) PTO



## **AA. Policy on Resident Complaints to Commission on Dental Accreditation**

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program or a program which has an application for initial accreditation pending, may not be in substantial compliance with Commission standards or required accreditation procedures.

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or residents.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

The Program will maintain a record of all complaints related to the accreditation standards and/or policies, and the actions taken.







FOR OFFICE USE ONLY

Acceptance of Enrollment Agreement Dean/Program Director or Designee:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Acknowledgment of Roseman University of Health Sciences AEODO/MBA  
Residency Program Handbook, University Catalog, Code of Ethics, Policies  
and Procedures**

Resident's

**Initials**      **Policy**

\_\_\_\_\_ AEODO/MBA Calendar for the 2018-2019 Academic Year

\_\_\_\_\_ Academic Policies and Procedures

Policies and Procedures Perdures

\_\_\_\_\_ Course Descriptions

\_\_\_\_\_ Nevada State Board of Dental Examiners

\_\_\_\_\_ Professional Liability Coverage

\_\_\_\_\_ Cardiopulmonary Resuscitation (CPR) Certification

\_\_\_\_\_ Bioterrorism Training for the Healthcare Professionals

\_\_\_\_\_ Policy on Outside Employment/Moonlighting

\_\_\_\_\_ Graduation Requirements

\_\_\_\_\_ Notice of Requirement to Check Web-Based Calendar

\_\_\_\_\_ Policy on Use of Printers, Copiers and Fax Machine

\_\_\_\_\_ Attendance Policy

\_\_\_\_\_ Absenteeism Policies and Procedures

\_\_\_\_\_ Methods of Evaluation of Resident Progress

\_\_\_\_\_ Policy on Resident Complaint to Commission on Dental Accreditation

\_\_\_\_\_ Research Requirements

\_\_\_\_\_ I acknowledge, understand and accept all of the policies and procedures in the 2018-2019 Resident Handbook.

\_\_\_\_\_ I am aware that I can access and obtain a copy of the University Catalog at

[www.roseman.edu](http://www.roseman.edu).

By signing my registration and payment agreement I acknowledge that I have read the Catalog and understand that it is part of this agreement. In the event that a University policy is in conflict with a specific College/Program policy, the more strict policy will apply.

- I acknowledge that I have been given a copy of the American College of Ethics\_ Handbook for Dentists and understand and accept all guidelines as detailed in the document.

I acknowledge that I have been given a copy

ROSEMAN UNIVERSITY OF HEALTH SCIENCES  
COLLEGE OF DENTAL MEDICINE  
ORTHODONTIC CLINIC

Phone: 702-968-5222 ☐☐☐Fax: 702-968-5277 ☐☐☐Website: www.rosemanbraces.com ☐☐☐4 Sunset Way, Bldg C, South Jordan, NV 89014

**Appendix B**  
**PERMITTED TIME OFF - REQUEST FORM**

**Advanced Education in Orthodontics & Dentofacial Orthopedics**  
**Master of Business Administration (AEODO/MBA)**

**Residency Program**

Residents are required to obtain leave approval from all teaching faculty (didactic and clinical) as well as the Program Director **at least two (2) weeks prior to scheduling any leave.** It is the responsibility to make sure he or she is not on call during the requested time, or that appropriate coverage has been obtained if leave is requested during assigned call. Please have this form completed and signed by the faculty member(s) assigned to the day(s) you will be absent from school and return to the Administrative Assistant prior to leave.

<b>date:</b>	<b>Date(s) of leave:</b>
<b>Reason</b>	

**Block number & name**

**Faculty name & signature**

1  
2  
3  
4

ROSEMAN UNIVERSITY OF HEALTH SCIENCES  
**COLLEGE OF DENTAL MEDICINE**  
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Jordan, NV 89014

## **Appendix C**

### **SICK/UNPLANNED/EMERGENCY LEAVE REQUEST FORM**

**Advanced Education in Orthodontics & Dentofacial Orthopedics  
Master of Business Administration (AEODO/MBA)**

#### **Residency Program**

Residents are required to provide the following information to Program Director should an unexpected absence occur during their residency. All missed work must be completed at the discretion of course director(s) and/or clinic supervisor(s) for the missed day(s). Please complete and return this form to the



**Roseman University of Health Sciences**  
**College of Dental Medicine (Henderson)**  
**Resident Research Sign-Off Sheet**