

COLLEGE OF DENTAL MEDICINE + H Q G H U V R Q

AEOD 2 Resident Handbook
202 -202 Academic Year

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A. Advanced Education in Orthodontics & Dentofacial
Orthopedics (AEODO Residency Program: Calendar for the
20 -202 Academic Year

202

- Classes Begin for all Returning Residents
- Orientation for First Year Residents
- Labor Day
(Official University Holiday)

B. Academic Policies and Procedures

Notice of Requirement to Check Resident E-mail on a Daily Basis

University and College administration, faculty and staff rely on e-mail to share information with residents about policies, procedures, appropriate deadlines, class materials C(r)3.741

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Resident Assessment Policy

Note: All policies set forth for the assessment apply to the reassessment as well. Any deviations from these policies must be approved, in writing, by the Program Director and clearly articulated to residents prior to the assessment.

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Seating Arrangements

Faculty reserve the right to designate a pre-arranged seating order.

Faculty reserve the right to move residents during the assessment.

Residents may ask to be moved at any time prior to, or during the assessment. Granting of this prior to, or during theoi1 Tc -0.0 0 T236.60053 Tc 0sw ()Tj 0.011 Tc -0.011 , o (r)]TJ 0 ing d sTj 0.4 Tc(scr)]T9

5 HDVVHVVP Remediation

Following each summative assessment, a day is set aside in order to remediate and reassess those residents who have not successfully achieved the set of competencies assessed. Residents who do not pass will

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

The College Administrators will meet to consider the USBP's report. It is solely the responsibility ofrof4.1d [(r59Cj -0)5.36olj -0ort42 Tw41 (.)]TJ 1.359 T5.063 Tw 5861.824

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 probation and/or if the resident's conduct has not been reviewed by the USPB. The decision 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

safeguard its standards of scholarship, conduct, and orderly operation. The resident concedes this right by act of matriculation.

Voluntary Withdrawal

Applic

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. Once all forms are signed and dated, the withdrawal process is complete.

Conditions for Re-Admission for Residents Withdrawing "In Good Academic Standing"

Residents who

A resident, who is granted a leave of absence for an entire academic year, must submit a letter of intent to return to classes to the Program Director, at least three months prior to the requested date of return. It is the resident's responsibility to keep the Program Director informed of any change of address while on a leave of absence.

If the resident has not paid 100% of the tuition during the year in which the leave is granted, the balance of the tuition plus any increase in tuition or fees will be payable in the next year of attendance.

Residents on an approved leave of absence will be considered withdrawn for Federal Resident Aid and enrollment reporting purposes. Residents may be required to begin repayment on outstanding federal resident loans during an approved leave of absence longer than 180 days.

The procedure for obtaining a leave of absence is as follows:

1. The resident makes a written request to the Program Director for a leave of absence.
2. If the request is granted, the resident shall complete the leave of absence form, sign and date it. The resident shall then return the completed form to the Program Director who shall sign and date it.
3. Once all forms are signed and dated, the leave of absence process is complete. For purposes of calculating tuition reimbursement, the official date of the leave of absence will be the original date of receipt of the resident's request, providing the leave is granted.

G. Resident Appeal Process

Assessment Appeals

If a resident feels that an assessment has been evaluated unfairly or in error, he/she should submit a written account of his/her reasons for believing he/she has not been evaluated fairly or in error to the Program Director within 48 hours following the assessment.

The Program Director shall determine if the situation merits convening the Assessment Appeals Committee. The Assessment Appeals Committee is convened on an as-needed basis, and is composed of two faculty members appointed by the Dean from a list of at least four recommended by the Program Director, and the chief resident. In their recommendations, the Program Director should endeavor to suggest individuals who are not personally involved in the assessment/block.

After considering the points-of-view of both the resident and the faculty member(s), the Assessment Appeals Committee shall make a recommendation to the Dean who shall render his/her decision. The Dean shall communicate this decision in

resident, the faculty member(s) involved, the Program Director, and the Clinic. The decision of the Dean is final.

Appeals of Withdrawal Decisions

Unsatisfactory performance on any six assessments during an academic year automatically results in a resident being required to withdraw “not in good academic standing” (See Academic Probation/Withdrawal “Not in Good Academic Standing”). The requirement to withdraw and any stipulations or conditions regarding the resident’s return to the University may not be appealed. Resident may, however, appeal the outcome of an assessment as noted above.

Appeals of Probation Decisions

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Appeals of Suspension Decisions

A student may be suspended as decided by the Dean. If a student feels he/she has been treated unfairly in a matter involving suspension, he/ she may appeal that decision to the Chancellor of the South Jordan Campus. The written appeal must be submitted to the office of the Chancellor and Program Planning within five (5) business days of notification of suspension with notification directly to Dean. The Dean must submit information regarding the suspension to the Chancellor within 5 business days of notification by the student of the intent to appeal to the Chancellor. The Chancellor shall consider the appeal and render his/her decision. The Chancellor shall communicate this decision in writing to the student and Dean. The decision of the Chancellor shall be final and effective immediately. A copy of the decision will be provided to the Vice President of Student Services.

If the issue does not involve patient care, the student shall have the right to continue to attend classes, continue patient care activities, and participate in all sanctioned College activities until such time as any/all probation appeals are exhausted. Otherwise, all appeals involving patient care will require the student to obtain the written permission of the Assistant Dean for Clinical Education and Patient Care to continue patient care activities during the time that the appeal is being considered. The Assistant Dean for Clinical Education and Patient Care will consider and be assured that patient safety will not be compromised.

Appeal of Dismissal Decisions

If a student feels he/she has been treated unfairly (due process was not followed) in a matter involving nvo^a af/ « arĚ arĚ cas b

The written appeal must be submitted to the office of the Chancellor within five (5) business days of notification of the Dean's decision with notification to the Dean. The Dean shall submit all information regarding the dismissal to the Chancellor within 5 business days of notification by the student notification. The Chancellor shall consider the appeal and render his/her decision. The Chancellor shall communicate this decision in writing to the student and the Dean. The decision of the Chancellor shall be final and effective immediately. A copy of the decision will w

documentation stating "had the disease" as proof.)
¾ Two-Step Tuberculosis Skin Test (TST) with negative results.

Proof is not required for an individual who submits an affidavit or certificate signed by a physician, duly registered and licensed to practice in the United State 856s, in which it is stated that, in the physician's opinion, the immunization required would be injurious to the health and well-I] T e (u n i) 1 2 . b e (a l)] T J r T c - 0 .
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director,

Furthermore, we will require our residents to successfully complete the American Board of Orthodontics

contains a notation that the applicant has passed a clinical examination administered by the Western Regional Examining Board.

2. The Board shall examine each applicant in writing on the contents and interpretation of this chapter and the regulations of the Board.

3. All persons who

(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

attendance for the seminar is current (i.e. not expired) and that the Program maintains a current copy on file at all times.

S. Policy on Outside Employment/Moonlighting

Residents are not allowed to enter part-time

removed if abused.

X.Attendance Policy

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If an absence from a scheduled assessment or reassessment is excused, the resident will be assessed using a different assessment instrument at a time set by the assessment leader. Residents with excused absences will be given the same assessment opportunities as residents who were present at the assessment or reassessment. However, in blocks when team assessment is also utilized, because the resident could not participate in the team assessment, the resident will not be entitled to receive team points on any makeup assessment. Working with the resident, the faculty should arrange for the resident to take the assessment as soon as possible following the resident's return to school. Every effort should be made to schedule the makeup assessment so that it does not jeopardize the resident's performance on other scheduled assessments. The date and time of the makeup assessment will be communicated to the Program Director and may or may not be scheduled for regular school hours.

If an absence from a scheduled assessment is excused, the resident will be required to attend the scheduled reassessment and pass that assessment or attend a scheduled summer remediation period. If an absence from a scheduled reassessment is unexcused, the resident will be required to attend a scheduled remediation period (to be determined by block faculty in conjunction with the Program Director) and be assessed on those competencies at that time. More than one unexcused absence is not permitted. Following an unexcused absence, the resident will be notified, in writing, that any additional unexcused absences will result in the resident being placed on probation and potential loss of Permitted Time Off.

The scheduled dates for assessments and reassessments are set prior to the beginning of the block. These dates are communicated to residents in writing and as such, represent a contract with the residents and may only be altered in extenuating circumstances and with the approval of the c

Any deviations from this policy must be

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 will receive a "No Pass" and will be required to attend summer remediation for that assessment.

If granted an excused absence for a scheduled reassessment for one of the above reasons, the resident will complete a makeup reassessment. The makeup reassessment must be completed within two business days of the scheduled reassessment. Otherwise the resident will receive a "No Pass" and will be required to attend summer remediation for that assessment.

If a resident has an excused absence for both the assessment and the reassessment, the resident will have the opportunity for a makeup assessment and reassessment. Since the resident could not participate in the team assessment, the resident will not be entitled to receive team points for the makeup assessment and reassessment. The makeup assessment and, if necessary, the makeup reassessment, must be completed within five business days of the initial assessment. If the resident has not passed the makeup assessment or reassessment within five business days of the initial reassessment, the resident will receive a "No Pass" and will be required to attend summer remediation for that assessment.

Excused absences are not permitted for makeup assessments or reassessments.

Faculty who write assessment items need not be present during any makeup assessment or reassessment. No pre- or post-assessment review will be provided for makeup assessments or reassessments. The date and time of the makeup assessment or reassessment may or may not be scheduled during regular school hours.

Tardiness

Tardiness for class and/or clinic is extremely unprofessional, disruptive and unacceptable. As such, we have instituted a strict policy pertaining to tardiness. % H L Q D E M H P L Q X W H V R P R U Z L E I R Q V L G H W B I G G H Q H Y S R U V L L E H O M L G P K Q M W M R W I B W D I I D Q I R S A U R J U D P ' L U H O F R A E N U H F W D P S U S O L F D K E H O H V L R Q U H D V R Q E H L Q D S W E

When emergencies do at times occur, every calendar year each resident is allowed a maximum of W K U H H tardy incidents, all of which will be documented by the Program's 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 (rc6438 31dia18 esTc -0.06 Tw -31.006 -18. Tw (h 1 99.048 508.465 5Td0 ()Tj

Sick/Unplanned/Emergency Leave Request

AEODO Handbook

Appendix A

RESIDENT ACKNOWLEDGEMENT FORMS

Subject to payment of applicable deposit, tuition and fees when due:

Resident Name: _____

Address: _____

Home: _____

Phone: _____ Cell: _____

Degree Enrolled: AEODO Residency Program

Catalog date under which enrollment is effective: 202 -202

BY SIGNING THIS AGREEMENT I ACKNOWLEDGE THAT I RECEIVED, READ AND UNDERSTOOD THE DOCUMENT AND THE UNIVERSITY CATALOG WHICH IS PART OF THIS AGREEMENT. THE CATALOG IS ALSO AVAILABLE IN YOUR DEAN/PROGRAM DIRECTOR'S OFFICE AND/OR WEBSITE.

Signature: _____ Date: _____

Print Name of Signor: _____

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

- _____ 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 2011-2012 Resident Handbook.

_____ I am aware that I can access and obtain a copy of the University Catalog at 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 Dentists' Ethics Handbook for Dentists and understand and accept all guidelines as detailed in the document.

_____ I acknowledge that I have been given a copy of American Dental Association's Code of Ethics publication and understand and accept all guidelines as detailed in the manuscript.

_____ I acknowledge and understand that I can obtain information about the safety and security of the University campus and graduation rates by

ROSEMAN UNIVERSITY OF HEALTH SCIENCES
COLLEGE OF DENTAL MEDICINE
ORTHODONTIC CLINIC

Phone: 702-968-5222 Fax: 702 -52277

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Fax: 702-968-5277

Website: www.rosemanbraces.com

4 Sunset Way, Bldg,

Roseman University of Health Sciences
College of Dental Medicine (Henderson)

Resident Research Sign -Off Sheet

Resident/Principal Investigator: _____

Project Title: _____

Research Mentor: _____

Research Advisors: _____

Each resident is required to obtain signatures of the Research Mentor (first) and Research Block Director after completion of the respective project milestone.

1. Research Outline _____

2. Initial Defense _____

3. IRB Submission _____

4. Data Collection & Analysis _____

5. Final Research Document/ Manuscript Submission _____

6. Final Defense _____

Following successful completion of all project milestones and proof of necessary updates on the research portal, the Research Block Director and Program Director will sign-off, signifying fulfillment of the research component of the AE ODO residency graduation requirement.

Research Block Director, Name & Signature

Date

Program Director, Name & Signature

Date